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Foreword

The Institute of Community Health Nursing (ICHN) is a professional organisation representing community nursing throughout the State since 1985. Its core purpose is to promote community nursing services through continuing education, development and research. The ICHN has a long history of supporting community nurses to use evidence in practice and policy. It has organised and hosted many seminars and conferences over the last 25 years, most recently the 3rd International Public Health Nursing Conference in 2013, which brought together internationally renowned speakers and delegates from 24 countries. From its inception, the ICHN has funded and supported many research studies, including the seminal *Survey of the Workload of Public Health Nurses*, conducted by Burke in 1986, to more recent reports such as the *Audit of School Health Nursing Service Delivery* (Brady *et al*, 2013) and *The Future Direction of the Community Nursing Service* (O'Dwyer, 2012a); *Best Option for Children Discussion Paper* (ICHN 2013), *The digiPHIT project* (McDonald, 2013) and the *National Audit of PHN Documentation* (Pye, 2013).

One of the most useful initiatives by the ICHN presently underway are its interest groups, whose purpose is to link and network community nurses nationally to share models of best practice in community nursing. The current interest groups are in child and family health, population health, palliative care, schools and documentation. We are currently exploring how these groups might be extended to accommodate other elements of community nursing. Internationally, the ICHN is leading a project on developing a global network for community nursing.

Directors of Public Health Nursing provide leadership for the development, management and delivery of nursing services in communities and the ICHN works collaboratively with them through its various structures. It also works in partnership and collaboration with statutory and other non-governmental organisations to progress nursing services for people in communities. In doing so, it provides leadership for debates, discussions and developments on community nursing services, their progress, structure and organisation, and their impact.

The strategy presented in this report brings together many different elements of community nursing services and consequently involves many different stakeholders. Many developments outlined here will be led by the ICHN, while others will require the collaboration and assistance of other stakeholders. In implementing this strategy, we will actively seek out partners and collaborators so that nurses working in the community can be supported in their day-to-day work.

We wish to thank Dr. Sinéad Hanafin, who led the development of this strategy and who, with colleagues, carried out the work on behalf of the Institute of Community Health Nursing. We also wish to thank all those who have already contributed to the process. We look forward to implementing this strategy in partnership with our members and the many other agencies, organisations and stakeholders who can help to deliver on this important agenda. The implementation of this strategy will help community nurses to be better equipped to deliver evidence-based policy and care, and through that, to enhance the lives of the many individuals, families and communities throughout Ireland.

Mary O'Dowd
Director
Institute of Community Health Nursing

Acknowledgements

I would like to thank all the people who contributed to the development of this strategy and the many stakeholders who met with me and discussed potential developments. Particular thanks to Ms. Sandra Roe who oversaw the online survey questionnaire.

I would especially like to thank all the public health and community nurses who gave of their time and expertise to meet with me and to respond to the online questionnaire. I am very grateful to you for your assistance.

Finally, I would like to thank the Institute of Community Health Nursing for the opportunity to investigate and contribute to this important new strategy for community nursing.

Dr. Sinéad Hanafin
Research Matters Ltd.
November 2013

A strategy to support the implementation of evidence-informed policy and practice through the Institute of Community Health Nursing

Context

Ireland is developing as a knowledge economy and this is reflected in research funding provided through the State. In 2011-2012, Government spending in Ireland on research was €796 million and while this was a 16% decrease over earlier years, it nevertheless represents an extensive investment in this area (Forfás, 2013). The investment has resulted in considerable progress in recent years in the generation of evidence in the health services sector, with organisations such as the Health Research Board, Science Foundation Ireland and the Irish Research Council all providing research funding for this area.

The largest Irish funding of research and development (R&D) projects in 2012 was through the Higher Education Authority, which has a funding allocation of €225.2 million (Forfás, 2013). Much of this funding is disbursed through the Programme for Research in Third-level Institutions (PRTL). Nursing and Midwifery Departments within the University and IT sector have been successful in drawing down funding from this and other sources, as well as from other national and international funding streams. As a result, the third-level sector now has a number of research teams, as well as individual researchers, from nursing and other disciplines who are pursuing research studies in areas of relevance to community nursing.

The recently published *Future Health – A Strategic Framework for Reform of the Health Service, 2012-2015* makes a commitment to ‘driving the capacity for, and development of, excellent research for health’ (Department of Health, 2012, p. 47). A commitment to research and evidence has also been articulated in *Healthy Ireland – A Framework for Improved Health and Wellbeing, 2013-2025*, where one of six themes refers to ‘Research and Evidence’ as follows (Department of Health, 2013, p. 28):

‘The objectives, programmes, funding strategies, communication strategies, interventions, work practices and actions within the framework will be based on robust evidence, and resources will be directed to evidence-based initiatives where possible.’

The Health Act 2004 places a statutory responsibility on the Health Service Executive (HSE) in respect of research in healthcare and that, along with other statutory organisations such as the Irish Nursing and Midwifery Board and the Health Information and Quality Authority (HIQA), play a centrally important role in supporting a research culture, as well as providing direct research support for nurses. A number of recent reports of relevance to community nursing have been funded and published directly through the HSE Office of the Nursing and Midwifery Services Director, such as the 2011 publication on the *Population Health Information Tool (PHIT)*. The PHIT is of direct relevance to the implementation of good practices in data collection. In an incremental approach and building on prior developments, the Institute of Community Health Nursing has published a report outlining a mechanism through which this tool can be digitalised (McDonald, 2013).

Other initiatives implemented under the auspices of the HSE, such as the Lenus Library Service and the professional development services provided through HSELand, provide practical supports to community nurses and are very positive enablers of evidence utilisation. The non-governmental sector also provides resources to support the development of evidence relevant to nurses working in

the community. Organisations such as the Centre for Ageing Research and Development in Ireland (CARDI), the Irish Nurses and Midwives Organisation, the Institute of Public Health and the All-Ireland Institute of Palliative Care – all are important stakeholders in funding, generating, creating, synthesising, disseminating and supporting the use of evidence by healthcare workers, including nurses.

Internationally, there are many statutory (e.g. World Health Organization) and non-statutory (e.g. The Wellcome Trust, International Council of Nurses) organisations that support research generation and utilisation. The National Institute for Health and Care Excellence (NICE) in the United Kingdom provides a regular and ongoing source of easily accessible guidance across a range of different areas, many of which are relevant to community nurses. This is also the case with the Cochrane Collaboration, which is an international network across 120 countries that prepares, updates and promotes the accessibility of systematic reviews across key topics (for further information, see <http://www.cochrane.org/>).

Community nursing in Ireland

A commitment to primary care has been re-stated in the recent Programme for Government, *Toward Recovery* (Department of An Taoiseach, 2011), and this commitment has significant implications for the development of community nursing services. There is a recognition that practitioners and managers need to base their decision-making on good evidence and in that regard, there have been a number of recent developments in respect of community nursing in Ireland. Many of these initiatives have been supported through funding from the Office of the Nursing and Midwifery Services Director in the HSE. These include, for example, the Child and Family Health Needs Assessment Framework Project (O'Dwyer, 2012b) and the recent review of public health nursing services, which mapped service provision across Ireland (Office of the Nursing and Midwifery Services Director, 2012). In addition, a number of peer-review articles, reports and books have been published in areas such as caseload management (McDonald *et al*, 2013); community mothers programme (Molloy, 2010); service organisation (Clancy *et al*, 2013); infant (Mulcahy *et al*, 2012; Leahy-Warren *et al*, 2012) and child health (Cawley and Mannix McNamara, 2011; Stewart-Moore *et al*, 2012); child protection (Kent *et al*, 2011; Hanafin, 2013); and care of older people (Phelan, 2013; Ballard *et al*, 2013; Hickey *et al*, 2012). There is, therefore, a growing evidence base being generated on community nursing in Ireland.

The Institute of Community Health Nursing (ICHN) has played a central role in generating and utilising evidence, and it provides significant support for community nurses through their sub-group structure (palliative care; child and family; school nursing; and population health), as well as their direct support for evidence-informed care in the community. The ICHN recently published reports on validating public health nursing actions using the American Intervention Wheel (Population Health Interest Group, 2013) and a preliminary report on a national audit of PHN nursing documentation (Pye, 2013). Both reports will be very helpful in aligning various developments around nursing in the community.

Despite these developments, however, there are gaps in the knowledge base for those working in community nursing practice and management. It is, therefore, timely that a strategic approach be adopted to systematically identify and meet these needs, given the changes that are taking place. These changes include areas related to policy (e.g. the Department of Health's (2013) *Framework for Improved Health and Wellbeing*); the HSE clinical programmes; legislation (e.g. mandatory reporting of child protection concerns); and service structures (e.g. the forthcoming Child and Family Agency). All these developments have implications for those working in community settings.

A strategic approach will facilitate:

- the availability of reliable up-to-date evidence to make informed decisions;
- improved effectiveness and efficiency of services;
- increased accountability and improvements in performance;
- reduction in risk;
- identification of trends, impacts, outcomes and challenges;
- comparisons and benchmarking between and within organisations, nationally and internationally.

This community nursing strategy draws on best practice in Ireland and elsewhere. It takes account of, and builds on, existing developments for the purpose of making research useful for decision-makers in policy and practice in the area of community nursing.

Vision

The vision for this strategy is that:

The Institute of Community Health Nursing will actively support and facilitate public health and community nurses to provide services to individuals, families and communities that are based on the best available research evidence.

Mission

This vision will be operationalised by the Institute of Community Health Nursing through direct and indirect support for:

- the generation of comprehensive understandings of community nursing services;
- developing research capacity;
- promoting a good research and data infrastructure;
- improving evaluation of community nursing services;
- supporting a continuum of research and data utilisation;
- generating and maintaining international linkages with other nursing organisations.

Aim and objectives of strategy

The aim of this strategy is to provide a comprehensive set of actions through which Public Health and Community Nursing can be supported to identify, access and use evidence in their day-to-day work. The specific objectives of the strategy and action areas to pursue for each are detailed in Table 1.

Table 1: Objectives and actions areas of strategy

OBJECTIVE		ACTION AREA	
A	To generate a comprehensive and coherent understanding of community nursing services , including structures, processes, interventions and outcomes.	1.	Build and improve both survey and administrative data.
		2.	Support and promote maximum use of existing information.
		3.	Prioritise and inform the generation of new research and data.
B	To develop research capacity in the area of generating and utilising evidence in community nursing.	4.	Build capacity in the area of community nursing research and data, with a particular focus on increasing publications in the area and on utilising evidence.
C	To develop, support and promote good infrastructure in the area of community nursing research and data.	5.	Contribute to and inform national and international developments around community nursing. Support mechanisms for the development of appropriate methodologies, concepts and understandings of community nursing.
		6.	Support the development of an overarching governance structure for research, data and evidence utilisation around community nursing.
D	To improve evaluation and monitoring of community nursing in Ireland at local and national level.	7.	Develop coherent approaches to evaluation of services, supports, interventions, outputs and outcomes around community nursing.
E	To support a continuum of research and data use within policy and practice settings.	8.	Improve awareness, knowledge and understanding of the potential of research and data in policy and practice settings. Contribute to change in attitudes, perceptions and ideas in relation to utilisation of information around community nursing. Provide resources and support for utilisation of research and data in policy and practice.
F	To maintain and generate international links with other community nursing organisations.	9.	Build close relationships with international organisations by acting as a focal point for international research, jointly sharing and developing resources, and identifying opportunities to promote community nursing research in Ireland internationally.

Development of strategy

A multi-methods, consultative approach, using primary and secondary sources of information, was adopted to the development of this strategy and all members of the Institute of Community Health Nursing (ICHN) were invited to take part in the development: 49 individuals participated in focus group discussions and 80 responded to the survey questionnaire. A comprehensive report on the findings that emerged are presented in a separate document (Hanafin and Roe, 2013).

Situational analysis

The initial stages of developing the strategy involved a situational analysis of the current position on the generation, availability and utilisation of evidence in practice and policy. This was informed by peer-reviewed and grey literatures, as well as through discussions with key stakeholders.

Consultation with ICHN members

A consultation process with was carried out between June and August 2013 and included the collection of both qualitative and quantitative data. Two main approaches were adopted – focus group discussions and an online survey questionnaire. All were given an opportunity to participate and to give their views on key aspects of evidence-informed decision-making.

Focus groups

Qualitative data were collected from Public Health and Community Nurses using a focus group method (n=3 groups). In total, 49 participated in this approach. Those taking part included public health nurses, registered general nurses, specialist nurses and managers, all of whom were currently working in community settings. The focus of the discussions were on:

- main challenges currently facing front-line practitioners and managers;
- current mechanisms for identifying relevant evidence;
- information that is currently collected;
- sources of evidence (e.g. key databases accessed, other sources of information);
- supports in place to facilitate the use of evidence;
- challenges arising in the use of evidence.

A thematic analysis was conducted and key areas emerging related to challenges and barriers arising; current practices and experiences; and potential mechanisms for supporting decision-makers to use evidence. The findings from the focus groups, along with information emerging through desk research, formed the basis for the survey instrumentation. The findings from the focus groups were also very helpful in gaining a more in-depth understanding of the key issues arising for nurses working in community settings in Ireland.

Survey

A survey questionnaire provided an opportunity for all members of the ICHN to contribute to the development of the strategy and the final response rate was 28%. The instrument included new and previously tested questions relating to nurses' knowledge, skills and attitudes to evidence-based practice (Munroe *et al*, 2008). A pilot survey was conducted with 10 ICHN members and the findings from this analysis were used to inform the final questionnaire. The questionnaire was made available online through the ICHN and arrangements were also made for those who wished to complete the survey in hard copy.

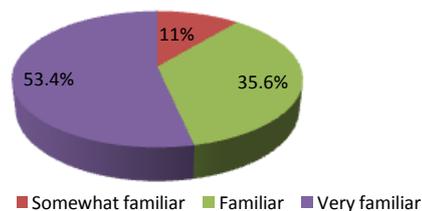
Summary of key findings from development process

A summary of key findings from the development process are presented below. These findings are centred around issues relating to evidence-based practice; continuous professional development; resources available; challenges, enablers and sources of evidence; data; mechanisms to support ICHN members; and priority topic areas.

Familiarity with evidence-based practice

The questionnaire asked respondents how familiar they were with the concept of evidence-based practice in their work. As can be seen in Figure 1, over half of respondents (53.4%) stated they were 'very familiar' with evidence-based practice in their work and a further 35.6% stated that they were 'familiar' with it. More than 1 in 10 (11%) stated they were 'somewhat familiar' with it. No respondents stated they were not familiar with the concept.

Figure 1: Familiarity with the concept of evidence-based practice in work



Examples of evidence-based practice in use

- **Clinical nursing:** Diabetic management; pressure relief assessment; infection control, including hand hygiene; compression bandaging, including the use of the ankle-brachial pressure index; stoma care.
- **Screening and Health Promotion:** Use of Edinburgh Post-Natal Depression Scale; percentile charts to monitor growth; child safety awareness programmes; NICE guidelines on enuresis assessment and treatment.

Table 2 shows that the majority of respondents (between 54% and 60%) were either 'very confident' or 'confident' at wording questions (12.5% and 41.7% respectively), searching databases and literature (12.5% and 41.7% respectively) and reading and interpreting research papers (12.3% and 48% respectively). However, a sizeable proportion of respondents were only 'somewhat confident' (30%-36%) or not at all confident (8-15%). This suggests a need for some capacity-building in this area.

Table 2: Confidence in wording questions, searching for research evidence and interpreting papers

	Word research questions	Search databases/literature	Read/interpret research papers
Very confident	12.5%	12.5%	12.3%
Confident	41.7%	41.7%	48%
Somewhat confident	30.5%	36.1%	31.5%
Not confident	15.3%	9.7%	8.2%

Continuous professional development

Almost two-thirds of respondents (65.4%) said that they had undertaken certified Continuous Professional Development (CPD) in the last year, while just over one-third (33.6%) had not. Types of CPD undertaken by respondents included training days, short courses, workshops, master classes and conferences, as well as more extensive study including, for example, diplomas, Masters and PhDs. Many different subject areas were covered, ranging from clinical issues (e.g. basic life support, understanding blood results and IV training) to health promotion and protection (e.g. breastfeeding, ante-natal training, prevention of infections) to issues relating to management (e.g. clinical supervision, quality and risk in healthcare, health informatics).

Resources available

A number of key resources used by community nurses were identified in the course of the development and in a web-based approach to supporting evidence use, these resources will be identified and, where possible, made accessible to ICHN members.

Challenges, enablers and sources of evidence

Respondents were asked to identify what were the challenges in using evidence. These were identified as:

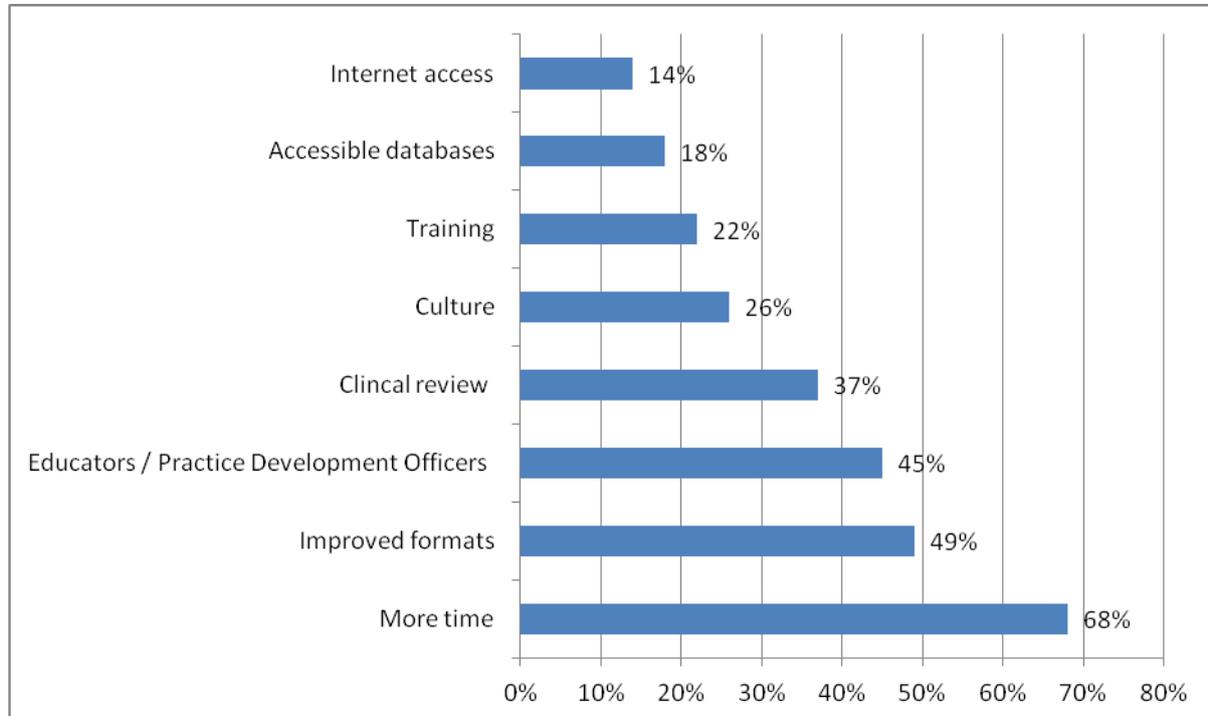
- lack of time to access/review evidence (93.1%);
- lack of training/knowledge in how to access information (58.5%);
- lack of actual access to information (30.6%);
- lack of emphasis on importance of evidence-based policy/practice (23.6%);
- no access to the Internet or computer in workplace (11.1%).

These challenges were raised in each of the focus group discussions, with the **constraints on time** being particularly acute at present due to many growing challenges in the community, including **demographic** (e.g. increase in births and in the number of elderly people); **epidemiological** (e.g. increase in conditions such as diabetes and dementia); **sociological** (e.g. impact of the financial crisis on families); and **workforce** (e.g. high number of retirements in recent past, fewer student public health nurses being trained, lack of replacements for maternity and other leave due to the staffing moratorium).

Respondents also identified a number of ways in which they could be facilitated to use evidence in their day-to-day work (see Figure 2). Understandably, the highest percentage of responses identified having more time (68%). However, a number of other suggestions were made, including improving the dissemination of research findings by presenting them in an easy-to-read format (49%) and access to a Practice Development Officer (30.6%) or clinical educator through the centres for nursing education (19.4%). Other areas related to improving access to training on key elements of research

use (22%), more accessible databases (18.1%) and having access to a computer and the Internet at work (14%). Providing opportunities to review clinical cases and issues was identified as an enabler by more than 1 in 3 respondents, while 26% of respondents identified the culture of the organisation as important.

Figure 2: Enabling factors identified for using evidence in day-to-day work



A key issue that emerged throughout the development of this strategy is the amount of work already carried out by community nurses in respect of developing guidelines or other evidence-based resources at local or regional level. However, concern was expressed that these developments were not made available or implemented nationally. As one participant commented:

'I want to be able to type in the words, we'll say, "venous leg ulcer" and whatever guidelines are there to come up and let that be the national level. Let there not be a version here, another version in Donegal and another version in Cork or whatever.' [Focus Group 2]

An additional issue arising, identified by both practitioners and managers, related to the extensiveness of the written information that individual nurses and managers are asked to collect. One person noted:

'Yes, and sometimes I think it gets very repetitious and the amount is huge. It's wearisome and time-consuming and I wouldn't mind if it was to great effect. I just wonder what's it for at all!' [Focus Group 1]

Data

The amount of writing and paperwork that nurses are obliged to complete, and the corresponding lack of technological support to do so, emerged as an important issue throughout the course of the focus group discussions. This issue was followed up in the survey, with respondents being asked to identify data they currently hold or collect in their role. As can be seen in Box 1, the list is extensive. However, as noted by one participant:

'Nursing documentation also has to support EBP [evidence-based practice]. There is no standardisation of records nationally and some records are of a very poor quality.'
[Focus Group 3]

Box 1: Data identified as being held or collected by nurses working in the community

- Monthly returns (e.g. child health, elderly care, crucial caseload)
- Patient/client records
- Patient/client care lists (e.g. home care package clients)
- Number of clinics (e.g. child health, leg ulcer, well baby clinics)
- Breastfeeding data/statistics
- Clinical returns (e.g. child health returns)
- Clinical data
- Patient/client database (e.g. physical and intellectual disability database)
- Active caseload lists
- Dressings list
- Area profiles
- Immunisation statistics
- At-risk registers (e.g. elderly, children and families)
- Risk assessments
- Screening records (e.g. audio/vision screening numbers who passed/failed, number of schools, absentees, etc)
- Call and communication data (e.g. number of calls, type of calls, number of communications)
- Caseload numbers (e.g. clinical and child caseloads)
- Education databases
- Area diary
- Absence data
- Clinical case meeting minutes
- Folders (e.g. policy folders, clinical record folders, wound care clinic folder, leg ulcer clinic, patient assessment folder, family folders, child repository folders)
- Digital images (consent given), anonymous and safely stored as per HSE policy
- Product information (e.g. about wound care)
- Yearly statistics
- Yearly point prevalence studies
- Annual caseload audits
- Annual and quarterly summary data from PHN caseloads
- Order forms (e.g. stock, equipment)
- Servicing data
- Performance indicators
- Register of births
- Charts (e.g. wound charts)
- School screening returns
- Expenditure reports
- Complaints and compliments files
- Vulnerable adult list for emergency planning purposes
- Staff data (e.g. staffing levels, personnel files, absenteeism data, mileage, travel expenses, training/courses completed)
- Budgetary information

The challenges experienced by community nurses in this area have been previously identified by the ICHN, who supported a project to review the range of existing nursing documentation in use in the public health nursing (PHN) service nationally. A working group, which included representation from the ICHN, PHN service, third-level colleges, the Office of the Nursing and Midwifery Services Director and practice development, has examined this area and a recent report provides an overview of the key issues emerging and makes recommendations for further development (Pye, 2013). This will make a welcome contribution to the development of more harmonised and nationalised approaches to data collection.

Mechanisms to support ICHN members

Respondents in the survey were asked to identify three ways they would like the ICHN to support them in using evidence in their day-to-day work and the following mechanisms were identified. These, along with other actions identified in the course of developing this strategy, form the basis for the preliminary actions set out in the Action Plan (*see below*).

The most commonly mentioned types of support members wanted from the ICHN were:

- Dissemination of information through the ICHN website, e-mails, blogs and newsletter, e.g. the latest research evidence findings, updates, reports, articles and new documents, links to journals and websites, information on conferences, networking, facility to reference evidence-based practices, recommended reading and case studies of evidence in practice submitted by PHNs, provide easy-to-read formats of information.
- Enable access to information, e.g. create an easily accessible database on the ICHN website, provide links to databases, research reports, allow PHNs to develop a library, provide links to other websites.
- Develop national policies and guidelines.
- Run educational courses/workshops/training, e.g. relating to clinical practice, best practice, reviewing local policies, accessing and using research followed up with link to ICHN research hub.
- Enable protected time/study days.
- Develop and provide information on online training and learning opportunities, e.g. online training, tutorials, courses, modules.
- Facilitate professional interest groups/research interest groups.
- Increase awareness of the importance of evidence-based practice, particularly at managerial level.
- Conferences and seminars.
- Recognise and support nurses with expertise and qualifications as 'knowledge brokers' by sharing knowledge with others in a more systematic and accessible way.
- Provide research funding.
- Actively promote research among members.
- Write articles in national nursing magazines.
- Create a quarterly publication with a summary of recent studies on subjects of interest to public health nursing.
- Influence leadership in community nursing.
- Develop a mobile phone app.
- Lobby policy-makers.

As can be seen, there is a wide breadth of potential ways in which ICHN members would like the Institute to support them in their day-to-day work. Some of these issues can be addressed directly by the ICHN itself, while others will require the support of other stakeholders and national and international organisations.

Priority topic areas

Given the great range of community nursing services, it is not surprising that the number of areas identified in the consultation process, and in discussion with other stakeholders, is extensive. These priority areas are now presented.

Children and families

- Child health and development, e.g. autism, growth monitoring, immunisation, health assessments, behavioural issues, emotional and mental health
- Maternal and infant health, e.g. breastfeeding, post-natal depression, pre-term babies' development
- Parenting support, e.g. care planning, support for parents of children with behavioural problems
- Child protection, e.g. clinical supervision, effective interventions for children, families, schools
- Nutrition, e.g. childhood obesity, feeding issues in children, nutrition in the elderly
- Vision and hearing screening
- Health promotion, e.g. school health/hygiene, head lice

Adults and older people

- Tissue viability/wound care
- Care of the elderly, e.g. dementia, Alzheimer's, assessment/management of memory loss, depression, nutrition
- Palliative care in adults and children, including communication with families about end of life
- Super pubic catheterisation
- IV lines/central line care and management
- Continence/incontinence
- Infectious diseases
- Interpreting blood results
- Chronic illness management
- Oncology developments
- Stoma care
- Resuscitation policies

Population health

- Clinical governance
- Guideline development
- Risk management
- Legal issues, e.g. consent
- Patient-centred care
- Disability
- Nurse prescribing
- Rehabilitation

- IT skills, e.g. how to create databases
- Prioritisation/service rationalisation and risk management
- Measuring cost-effectiveness and value for money of nursing interventions in the community
- Population-based interventions in public health nursing
- Public health nursing outcome data for individual and population levels
- Health informatics/epidemiology
- Legal implications of documentation, record-keeping and report writing

Action Plan

This action plan for implementing the community nursing strategy draws on the best principles of evidence-based policy and practice. It is ambitious and inclusive, and has 6 key objectives, summarised in Figure 3.

Figure 3: Key objectives



The Action Plan is designed to be implemented over a 3-5 year period and to build on existing developments taking place. If it is to be successful in achieving its objectives, it will require the assistance of key stakeholders and other organisations, as well as the support of the members of the Institute of Community Health Nursing (ICHN). The ICHN will work collaboratively and in close partnership with all stakeholders to ensure that individual actions are implemented for the purpose of creating an evidence base around community health nursing in Ireland, and elsewhere.

Priority actions

Objective A: To generate a comprehensive and coherent understanding of community nursing services, including structures, processes, interventions and outcomes.

- Compile a list of key interventions that have been shown to be effective across common areas of community nursing services.
- Commission an economic evaluation of community nursing services.
- Evaluate approaches and mechanisms for the allocation of community nursing staff to support service implementation.
- Examine mechanisms through which public health practices can be integrated into primary care.
- Generate summaries on current best practice in key areas based on an analysis of current literature.

Objective B: To develop research capacity in the area of generating and utilising evidence in community nursing.

- Provide funding for analysis and generation of information on specific topic areas.
- Provide access to workshops (online, conferences, face-to-face) on key areas of research generation and utilisation, including accessing literature, interpreting research findings, using research in practice and getting work published.
- Support community nurses to develop, write up and present case studies of good practice across multiple areas.

Objective C: To develop, support and promote good infrastructure in the area of community nursing research and data.

- Identify and develop national guidance on key areas of clinical nursing care.
- Support nurses with specialist knowledge to act as 'knowledge brokers' for the purpose of increasing awareness among colleagues of best practice in their specific area (e.g. continence management, wound care, immunisation, child health, child protection).
- Support communities of practice in child health, clinical care and managing community nursing services.
- Support activities to increase awareness of the importance of evidence-based practice.
- Facilitate professional interest groups/research interest groups.

Objective D : To improve evaluation and monitoring of community nursing in Ireland at local and national level.

- Develop a national comprehensive set of indicators on community nursing.
- Build on the analysis of data documentation currently being used to report on community nursing services and support the development of a common template for national use, in conjunction with the Directors of Public Health Nursing.
- Promote, and advocate for, the national implementation of the digitalisation of the Population Health Information Tool (PHIT).
- Build a feedback structure to support ongoing information on inputs, activities and outputs to individuals in community nursing services at Local Health Office and regional levels.
- Publish a quarterly report on community nursing activities.

Objective E: To support a continuum of research and data use within policy and practice settings.

- Generate regular up-to-date information on key areas through a quarterly publication on research studies and subjects of interest to community nursing.
- Develop links with HSE library services to facilitate access to key articles.
- Provide access to up-to-date information on key areas related to:
 - community nursing management;
 - population health;
 - clinical nursing activities.
- Develop a community nursing hub drawing on evidence and guidance from multiple sources, including journals and websites.
- Provide and facilitate access to Continuous Professional Development in association with the Office of the Nursing and Midwifery Services Director across key areas, using online training, tutorials, courses and modules.
- Develop a listing of mobile phone applications that support community nursing.

Objective F: To maintain and generate international links with other community nursing organisations.

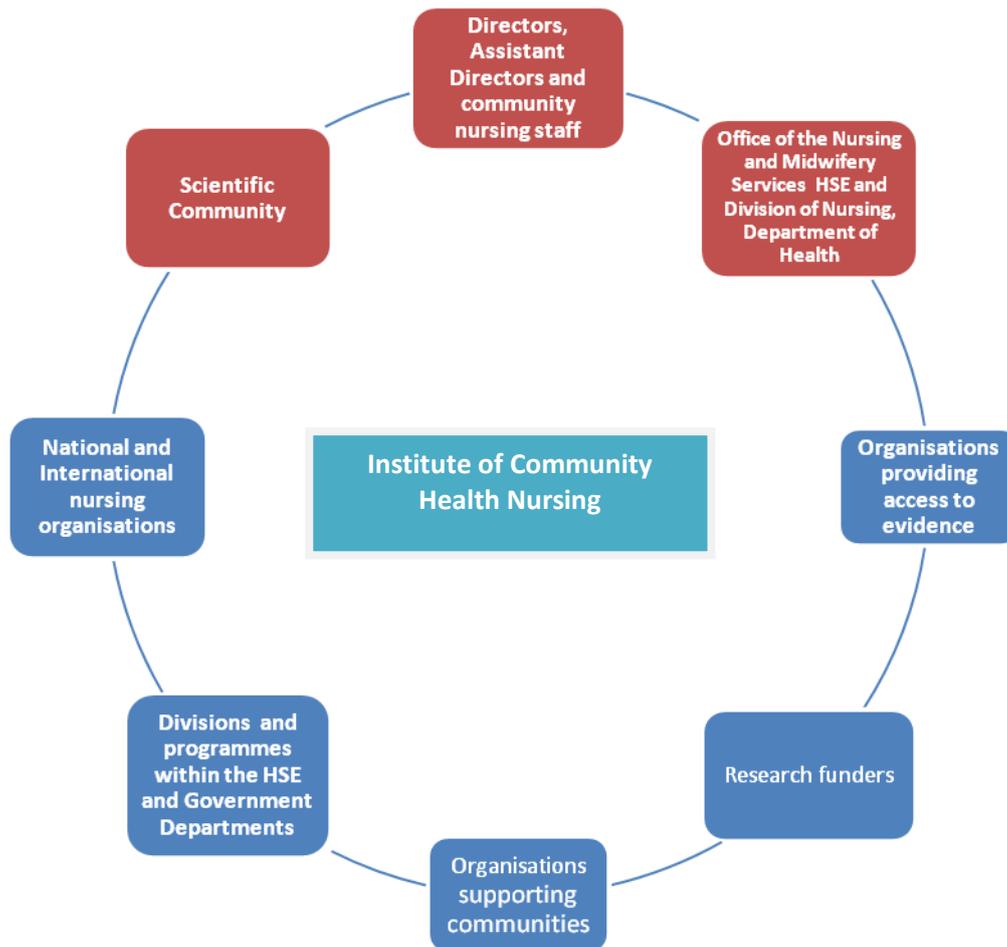
- Build close relationships with community nursing organisations in other jurisdictions.
- Act as a focal point for international research on community nursing.
- Draw on, and share, resources around evidence in community nursing with the international community.
- Seek out opportunities to promote community nursing research in Ireland internationally.

Implementation of Action Plan

The actions outlined in this strategy are comprehensive and relevant to many different aspects of nursing. Consequently, in addition to the Institute of Community Health Nursing, there are many other stakeholders who are in a position to lead implementation of key actions (*see Figure 4*). The collaboration and participation of a small number of key stakeholders, however, will be critical to the success of the strategy and these stakeholders are: Directors of Public Health Nursing and community nursing staff; the Office of the Nursing and Midwifery Services Director; the Division of Nursing within the Department of Health; and the scientific community in the form of researchers whose work is relevant to the field of community nursing. Each of these stakeholders has a core role to play, as described below.

Other stakeholders include international nursing organisations, organisations providing access to evidence, funders of research, Divisions and programmes within the Department of Health and the HSE, and organisations working in and supporting communities.

Figure 4: Stakeholders involved in implementation of strategy's Action Plan



KEY STAKEHOLDERS

Institute of Community Health Nursing

There are many areas where the Institute of Community Health Nursing (ICHN) can be the lead organisation in developing and making accessible key information.

Actions

The ICHN has committed to implementing the following actions:

- Drive implementation of the strategy through awareness, advocacy, collaboration and practical support.
- Be a knowledge broker for community nurses in Ireland and elsewhere (Objectives E and F).
- Build and make accessible an online resource on key evidence of interest (Objectives E and F).
- Host study days/workshops in using evidence (Objective B).
- Promote and advocate for the national implementation of the Digi Population Health Information Tool – *digiPHIT* (Objective D).
- Carry out regular searches of PubMed and other resources to identify up-to-date literature on key areas (Objective E).
- Advocate with other organisations to support community nurses to be evidence-informed (Objective B).

- Support the development of tailored resources through (1) providing a common template and (2) preparing materials for publication online and in hard copy (Objectives A and E).
- Facilitate professional interest groups/research interest groups (Objective C).
- Build on the analysis of data documentation and work closely with the Directors of Public Health Nursing to develop a common template for national use (Objective D).
- Develop a community nursing evidence hub (Objective E).
- Act as a contact point for community nursing research internationally (Objective F).
- Facilitate, in association with the Office of the Nursing and Midwifery Services Director, the development and availability of relevant Continuous Professional Development for community nurses (Objective E).
- Allocate a budget to support the implementation of actions across each of the objective areas (Objectives A-F).

In respect of actions where the ICHN are not in a position to be the lead organisation, they will work closely with those who adopt this role.

Directors of Public Health Nursing and community nursing staff

At the core of this strategy is a commitment to supporting community nursing services to generate, access and use evidence in their day-to-day work. The strategy recognises that community nurses themselves, particularly those working in managerial, specialist and clinical roles, have much to contribute to meeting the diverse and multiple evidence needs.

Potential actions

There are a number of actions that can only be led by the Directors of Public Health Nursing. These actions are practical, relevant and inclusive, and are intentionally designed to have maximum benefit at this time of change. They include:

- providing strong leadership in the creation and support of a culture of using evidence;
- supporting the development of a comprehensive set of indicators to describe core elements of community health nursing;
- facilitating a feedback structure on key data for community nurses;
- enabling community nurses to access relevant Continuous Professional Development;
- promoting the development of communities of practice across key areas;
- generating awareness of the actions being carried out by the ICHN and identify opportunities for community nurses in individual areas to avail of support.

The successful implementation of the strategy will ensure Directors and Assistant Directors of Public Health Nursing are better equipped in their roles as leaders. It will also ensure that nurses delivering care to individuals, families and communities base their decision-making on the best available evidence for the purpose of achieving good outcomes for their clients. The direct and indirect support of Public Health Nursing managers is crucial for the successful implementation of the strategy.

Office of the Nursing and Midwifery Services Director and the Division of Nursing, Department of Health

As noted throughout this document, the Office of the Nursing and Midwifery Services Director has played a central role in supporting the generation of evidence in respect of community nursing services. The Division of Nursing at the Department of Health and An Bord Altranais (the Irish Nursing Board) have also played an important role. It is clear that if the vision for primary care, as

outlined in the Programme for Government, is to be realised, continued and additional support for community nursing services will be needed. This strategy sets out a broad vision based on the potential contribution of many stakeholders and it is clear that the role of these national policy-making structures are central. The Institute of Community Health Nursing will work collaboratively with these national policy-makers to ensure nurses working in the community are resourced and supported to generate, access and use evidence.

Potential actions

A number of actions relate to commissioning research of direct relevance to the structuring and organisation of services. These actions could best be led by the statutory services, for example, through the Office of the Nursing and Midwifery Services Director and/or the Division of Nursing, Department of Health. Key priority areas include:

- an economic evaluation of community nursing services;
- the identification, approaches and mechanisms for the allocation of community nursing staff;
- an examination of mechanisms through which public health practices can be integrated into primary care;
- ensuring training for community nursing matches national health policy and identified need;
- the inclusion of information relevant to community settings in national guidelines being developed.

Other areas where engagement from these organisations will be critical include:

- supporting the implementation of this strategy to implement evidence-informed policy and practice;
- assisting Directors of Public Health Nursing to ensure evidence-informed community nursing is promoted through the clinical care programmes.

Scientific and research community

The scientific community that researches, reflects, writes and theorises about community health nursing in Ireland has grown considerably over the last number of years and many examples of good practice in generating and publishing in the area of community nursing services have been highlighted in the strategy.

Potential actions

The scientific community has an essential role to play in implementing this strategy, with actions particularly in areas such as:

- carrying out research on key areas prioritised;
- compiling evidence into short, accessible key summaries or briefing notes;
- ensuring findings from their own research are accessible for community nurses;
- supporting capacity-building efforts;
- generating summaries on current best practice in key areas, based on an analysis of current literature;
- supporting community nurses to develop, write-up and present case studies of good practice;
- providing access to workshops on key areas of research generation;
- engaging with the international community in respect of nursing research.

There are also benefits for the scientific community in adopting such a strategic approach, including, inter alia, a roadmap for strategically approaching the generation of evidence; resources to support key actions; opportunities to work collaboratively nationally and internationally; and building individual research careers in a strategic way.

OTHER STAKEHOLDERS

The breadth of community nursing is such that it encompasses many areas and it would be possible to identify and connect with organisations from all areas of society. The ICHN will adopt a strategic approach in creating alliances to ensure the best possible evidence can be generated, made accessible and utilised by those nurses working in the community who are in a position to influence outcomes for so many different client groups.

In addition to the key stakeholders outlined above, there are many others who can contribute to, and benefit from, this strategic approach. In addition to Nursing, for example, there are many other relevant Divisions within the **Department of Health**, including those dealing with Clinical Effectiveness, Primary Care Services and Performance Management. These important areas are also reflected in the **Health Service Executive (HSE)**, particularly through its clinical programmes. The generation of guidelines and evidence relevant to community nursing through each of these areas is vital in supporting community nurses and the Institute of Community Health Nursing will work collaboratively with each to support developments.

Government departments, such as the **Department of Children and Youth Affairs** and the forthcoming **Child and Family Agency**, have a critical role of play in ensuring that services working for families and children are basing their work on good evidence. These statutory bodies will be an important source of support for the implementation of this strategy.

There are many commonalities in the needs of community nurses and other professionals working in the community. **Organisations working with and supporting services in communities** include the Irish College of General Practice, the Irish Association of Social Workers, Barnardos and the Kathryn Howard Foundation, to mention only a few. All of them can assist in ensuring relevant information is available for community nurses and collaborations between them and the Institute of Community Health Nursing will assist in implementation.

Organisations that provide access to evidence, particularly those relevant to community nursing, will be important in the implementation of this strategy. Such organisations include the Institute of Public Health and Lenus (the Irish Health Repository) Library Service. Developing strategic alliances with these and other key organisations will be crucial to the success of the strategy.

Research funders, such as the Health Research Board, the Irish Research Council, Science Foundation Ireland and the forthcoming EU research funding programme, Horizon 2020, among others, can all be accessed by researchers with an interest in community nursing. In setting out a strategic approach, researchers can be supported to access funds from these areas.

International nursing organisations are involved in generating and creating access to information for community nurses. The Institute of Community Health Nursing (ICHN), having successfully hosted the 3rd International Public Health Nursing Conference in 2013, is well positioned to build on the international links already in place. A key aspect of this strategy will be the role of the ICHN in acting as a point of contact for international researchers and, building on this, generating and supporting the development of relevant research for community nurses.

Potential actions

The majority of members of the Institute of Community Health Nursing (ICHN) are employed by the HSE and consequently, access to resources, particularly library resources such as LENUS and the Cochrane Collaboration, will be important **sources of information**. Other organisations that provide information of direct relevance to community nurses include the Institute of Public Health, which has over the last number of years developed a comprehensive web-based portal to information sources on many topics including obesity, chronic illness and health inequalities.

Within the HSE, there are a number of important areas that can directly support the work of nurses working in communities. The work of the **National HSE Clinical Programme** provides an important structure through which clinical nursing development can take place and extensive work has already been carried out across these areas. It is important that guidance and other resources developed through this programme are adapted for use in the community. Some work is also taking place in the Department of Health in this regard and resources developed and enabled by the Department also have a role to play in ensuring nurses working in the community are facilitated to use evidence in their decision-making. The ICHN will adopt a collaborative and partnership approach with the HSE, the Department of Health and other agencies (e.g. the Food Safety Authority) in facilitating access to information for community nurses.

There are many **organisations providing support** for people living in communities and the ICHN has, over time, developed strong relationships with many of these. Organisations such as Barnardos, the All Ireland Institute of Hospice & Palliative Care, and the Irish College of General Practitioners, among others, have many areas of common interest. Opportunities will be actively sought to share materials and, where feasible, develop joint resources to support the use of evidence in decision-making for nurses working in the community.

The support provided by the ICHN for the formation of a global alliance for public health nursing is crucially important in developing **international linkages** in this area. The ICHN can act as a point of contact for international organisations interested in pursuing a research agenda around relevant areas. Importantly, however, it can also actively pursue international links and research funding to support the generation and utilisation of evidence in this area.

Summary of implementation

In summary, while the ICHN can, and has, given a strong commitment to implementing this strategic approach to supporting nurses working in the community to use evidence in decision-making, it is clear that in order to fully achieve this aim, a number of key stakeholders also have important roles to play. Specifically, the part played by the Directors of Public Health Nursing, the HSE Office of the Nursing and Midwifery Services Director and the Nursing Division in the Department of Health are all critical if implementation is to be successfully achieved. Other Divisions in the HSE, community and other organisations and structures are also crucially important. The ICHN commits to working collaboratively and in partnership with each stakeholder for the purpose of making evidence work for community nursing.

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