

AN BORD ALTRANAIS NEWS

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Conclusion of the Nurse and Midwife Prescribing Project

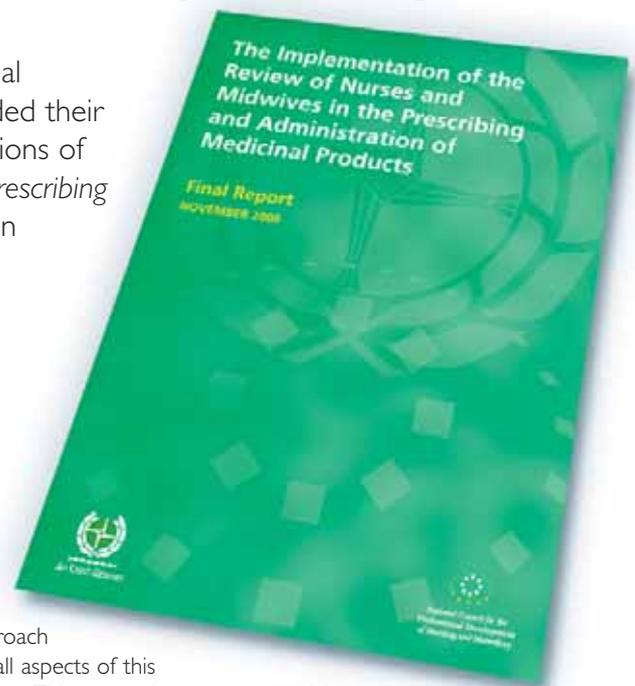
An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery have recently concluded their three-year partnership, realising the recommendations and actions of the seminal report, the *Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products Final Report* published in June 2005.

To mark this important milestone the Final Report of *The Implementation of The Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products* (November 2008) which details the objectives, activities and outcomes of An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery in facilitating the introduction of prescriptive authority and expanded medication management practices for nurses and midwives has been produced. The report specifies the five key areas of the project implementation that extended from October 2005 to November 2008. These areas were legislation, professional regulation, education, professional development, and communication and collaboration with key stakeholders. The report, divided into five sections, includes the specific achievements and outcomes for each area.

The expedient introduction of prescriptive authority within a robust legal framework, championed by the Minister for Health and Children, Ms. Mary Harney, TD, with the enactment of medicines legislation and nursing regulation in May 2007, is a significant accomplishment for nursing and midwifery in Ireland. An Bord Altranais was committed to assisting other key stakeholders in the creation of the professional and regulatory supports required for the commencement of nurse and midwife prescribing.

The project implementation work of An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery to support the professions in safe and responsible medication management practices is also presented in the Final Report. Key outcomes of this collaborative work encompass continuing professional developments such as the e-learning programme *Guide to Medication Management* and the dissemination of the medication protocol framework.

An Bord Altranais with the National Council for the Professional Development of Nursing and Midwifery utilised an evidence-based



approach for all aspects of this project. This ensured a transparent, high-quality process which has produced significant outcomes as outlined in the project plan. Improving the patient/service user health care journey in a safe, accountable and effective manner through the provision of quality evidence-based nursing and midwifery practice was a central tenet for An Bord Altranais through the project activities up to its conclusion.

As a consequence of the implementation project health care services and professionals have begun to critically review and improve medication systems and practices. The links between medications, patient safety and clinical/corporate responsibilities are being strengthened. The organisations' vision of introducing nurse/midwife prescriptive authority and expanded roles in medication management is now a reality.

The Final Report of *The Implementation of the Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products* (November 2008) which details the objectives, activities and outcomes can be accessed and downloaded from the publication section of An Bord Altranais website at www.nursingboard.ie.



An Bord Altranais introduced this column to respond to queries from nurses and midwives with regard to their scope of practice. The queries will be addressed in a manner that protects the identity of the individual nurse, midwife or healthcare facility.

QUESTION:

I currently work in a small residential centre for intellectual disability clients. Recently I was told that we will be accepting a gentleman client from an acute care setting who has a permanent tracheostomy. I am concerned about caring for this gentleman as I have never taken care of anyone with a tracheostomy. I don't want to be working outside my scope of practice as an intellectual disability nurse as I don't believe I am competent in this area of nursing care. I have spoken to other staff members and they expressed the same concerns. What advice can you give me?

RESPONSE:

It is important to identify with your nursing manager the specific issues that concern you and consider together what supports are necessary for you and other nursing staff in caring for this person who has a tracheostomy. This involves examining the clinical nursing skills and knowledge required to achieve the necessary competency. An initial step is identifying who can assist you in this activity e.g. nursing practice development staff and/or clinical educator of your organisation if available. Are there links that can be established with the nursing staff from where this person is being transferred from such as a clinical nurse specialist from the acute care setting who may be able to provide in-service education and clinical skills teaching for the residential care nursing staff? The Centre for Nursing Education in your area may also be another source for education. Making contact with speciality nursing organisations such as the Irish Head and Neck Nurses Association for their experience and advice may be helpful for developing an in-service education programme for the staff and a nursing care plan for this client. In addition to the above suggestions, there are resources readily available on the internet from professional nursing/medical organisations and academic sources on related topics such as practice guidelines, presentations and videos on tracheostomy care.

The scope of nursing practice is dynamic and new professional challenges may arise when you are asked to care for patients/clients with diverse physical, mental and social conditions that you may not have been faced with before. Self assessment of your own nursing competencies, sharing your concerns with nursing management and then mutually planning how you can achieve new and different competencies through continuing education and professional development processes are essential activities for ensuring you are able to safely and effectively provide quality nursing care.

Health service providers also have a responsibility to assist staff through organisational policies and procedures, in-service training, making available evidence based practice sources, and audit and evaluation of clinical practice. You may find it helpful to refer to the *Scope of Nursing and Midwifery Practice Framework* (An Bord Altranais, April 2000) to assist you.

QUESTION:

The day surgery department where I work as a CNMI recently had a critical incident that involved a serious adverse effect on a patient. As a result of the investigation and findings all the staff have been asked to participate in risk identification and reduction activities for surgical patients. One of the initiatives being considered is a safety checklist to be completed before surgery. I have been asked by nursing management to review current policies or standards that may be in use. Does An Bord Altranais have such a checklist that we could use in our hospital or if not where could I get information about this topic?

RESPONSE:

An Bord Altranais provides guidance for nursing and midwifery practice through the publication of its Requirements and Standards for Registration Education Programmes and also through its guidance documents, all of which can

be found on its website (www.nursingboard.ie) under publications. An Bord Altranais advocates the development and use of policies and standards that contribute to improving patient safety and solid structures and processes for the delivery of quality evidenced-based nursing and midwifery care. There is increasing international and national attention directed at ensuring safety in the surgical environment. The World Health Organisation (WHO) has a comprehensive programme titled *Safe Surgery Saves Lives Challenge* that may be accessed through the WHO website - www.who.int/patientsafety/challenge/safe.surgery/en/index.html. (This is the second challenge developed by the WHO that focuses on patient safety issues. The first was on health care-associated infections).

The Safe Surgery Saves Lives programme includes various publications, videos and presentations to help individuals and organisations to improve their practices, communication and teamwork in the surgical setting. It includes a checklist (see page 3) to assist the surgical staff (nurses and doctors alike) to consider the key areas of patient safety assessment during the continuum of surgical care. The checklist is divided into three key time periods – before anaesthesia, before skin incision and before the patient leaves the operating room. There are a number of safety/assessment activities highlighted for each of these periods to be reviewed by the surgical team as a whole before proceeding to the next stage in the operating room. As with all tools, the checklist should be reviewed and adapted by additions and modifications to suit your facility's needs.

Involve other members of your department and others in the hospital for discussion and development in devising a patient safety checklist perhaps by utilizing the WHO programme as a starting point. In addition *Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols* (An Bord Altranais, 2000) provides an overview of the processes for creating and supporting nursing and midwifery involvement in these critical areas of patient safety.

Research Abstracts



The following Research Abstracts are from research carried out by nurses and midwives, supported by a research award from An Bord Altranais. A copy of the completed work is usually held in the library in An Bord Altranais.

‘Gradual Spiritual Formation’ – Postcolonial Mental Handicap Nursing in Ireland 1919-70



John Sweeney RNID, RPN, RNT, TNur, CNT, DANS, MSc, PhD. Senior Lecturer, Director of Teaching & Learning, Catherine McAuley School of Nursing & Midwifery, University College Cork

Purpose: An historical study of documentary records for the period 1919 – 70 in Britain and Ireland was undertaken to investigate the role played by key stakeholders in the development of intellectual disability nursing. The main argument of the thesis is that an initial rejection of mental handicap nursing in 1922 represented a postcolonial response. During the nineteen-fifties a confluence of medical, social, religious and nursing ideas about specialist care for people with intellectual disabilities led to the development of a new workforce.

Methodology: For this study postcolonial and social historical frameworks were utilised to examine the development of mental handicap nursing in the Irish Republic during the early twentieth century. Primary sources were examined to construct a narrative chronology of the role of specific Catholic religious orders, the Irish Division psychiatrists of the Royal Medico-Psychological Association (RMPA), the State and the nursing regulatory bodies.

Findings: Mental handicap nursing emerged in the aftermath of Ireland's struggle for self-determination from postcolonial oppression. The Department of Local Government and General Nursing

Council for Ireland (GNCI) opposed a mental deficiency colony solution to a legacy of workhouses and asylums. Training by a weak psychiatric establishment was distrusted because of the profession's links to Britain. The Irish Government, as part of a policy to move growing numbers from County Homes, funded specialist residential schools developed by Catholic religious orders. Staffing needs during the nineteen-forties led to one order to request the RMPA to train its psychiatric nurses for the mental deficiency register. Since the GNCI had closed its mental deficiency register in 1923 and opposed medical involvement in nursing education, 37 nurses were trained under the RMPA scheme with approval of the General Nursing Council (GNC) for England and Wales. Encouraged by the Department of Health, a new nursing regulatory body introduced mental handicap nurse training in 1959 and the new workforce was endorsed by a Commission of Inquiry in 1965.

Recommendations: Historically divergent psychiatric, nursing, social and religious discourses on the nature of intellectual disability nursing have led to enduring tensions as to the role of its practitioners. These discourses underpin current debate on its future and tenuous position within nursing.

Quality of Life of People Living with HIV in Ireland



Vidar Melby DPhil, MPhil, BSc (Hons), RN, RNT, PGCTHE. Senior Lecturer, School of Nursing, University of Ulster at Magee.

Background: Quality of Life (QL) assessments have become prominent adjuncts to clinical research on people living with the Human Immunodeficiency Virus (PLH). Such studies, which are almost exclusively quantitative in nature, have identified considerable impact of HIV on a range of aspects of the lives of PLH.

Purpose: This study aimed to describe and explore the QL of PLH in Northern Ireland and the Republic of Ireland.

Methodology: Quantitative measures of QL, social support, life satisfaction, and psychosocial adjustment were investigated and correlated with a range of demographic variables using a total sample of 75 respondents. Qualitative interviews were undertaken to explore the experiences of PLH, and a total of 10 interviewees took part.

Findings: Findings suggested that HIV imposes considerable physical and emotional distress on PLH in Ireland to the extent that most individuals are unable to remain in paid employment and subsequently suffer financial hardship. PLH design personal and atypical social support networks that are entirely determined by whom the individuals decide to disclose their diagnosis to.

Furthermore, PLH live complex lives that embrace dependent behaviours such as drug and alcohol abuse, prostitution and self-injurious actions. When people are diagnosed with HIV, their reactions and subsequent behaviours are partly guided by their interactions with health and social care personnel. While such interactions were generally positive, and PLH reported satisfaction with care and treatment, there were numerous examples of bad practice. Following an initial traumatic response to diagnosis, most PLH undertake an appraisal of their lives that results in transformations of major aspects of their lives, including partner and family relationships.

Conclusion: This study offers substantial contribution to methodology, with new knowledge offered on issues related to confidentiality and access to vulnerable individuals. It has also demonstrated that the use of qualitative methods is vital to help to explain quantitative data. Contribution to knowledge has been demonstrated by the proposed new model for QL, based on quantitative and qualitative research. This model of QL provides a framework that can be used by clinicians to guide a holistic assessment of PLH.

Decisions following **Fitness to Practise** Committee Inquiries

An Bord Altranais Publication Policy regarding Part V, Fitness to Practise, of the Nurses Act, 1985

Approved 4th July, 2007

Rationale for Publication:

To inform the public, and so fulfil the remit of An Bord Altranais under Section 51 (3) of the Nurses Act, 1985

To guide nurses and midwives on all matters relating to ethical conduct and behaviour:

Policy of the Board:

In all cases where a nurse has been found, as a result of a Fitness to Practise Inquiry, to be:

- (a) guilty of professional misconduct and/or
- (b) unfit to engage in the practice of nursing by reason of a physical or mental disability,

publication of the findings of the Fitness to Practise Committee on any matter referred to it and the decision of the Board on any report made to it by the Fitness to Practise Committee will occur.

The allegations proven will be redacted, where appropriate, to protect the identity of other persons and institutions.

Publication will be made to the following:

- (a) The complainant.
- (b) The Minister for Health and Children.

- (c) The Chief Executive Officer of the Health Service Executive.
- (d) The employer, if known.
- (e) Regulatory authorities in any country/jurisdiction where the person is known to hold or have held registration.
- (f) Regulatory authorities in any country/jurisdiction where the person is known to currently reside even if they are not known to hold registration in that country/jurisdiction.
- (g) Any person or organisation that makes an inquiry in relation to the matter.

In all but the most exceptional cases, findings and decisions will also be published in the following:

- (h) An Bord Altranais News.
- (i) An Bord Altranais Annual Report.
- (j) An Bord Altranais website.

Where a decision not to publish is taken by the Board, the rationale for this decision will be documented in the minutes of the Board meeting.

In cases of significant public interest, findings and decisions may also be published by means of a Press Release.

Details of the allegations proven against each of the individuals listed can be found on www.nursingboard.ie

For legal reasons, there may sometimes be a delay in publishing decisions.

1. Name: Ms. Mary Ann Carroll, P.I.N. 53726

Finding of the Fitness to Practise Committee:
PROFESSIONAL MISCONDUCT

SANCTION:

Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. Carroll's name was erased from the Register of Nurses. The decision to erase Ms. Carroll's name from the Register was confirmed by the High Court on 26th September, 2007.

2. Name: Ms. Elizabeth Valerie Clarke, P.I.N. 99137

Finding of the Fitness to Practise Committee:
PROFESSIONAL MISCONDUCT

SANCTION:

Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. Clarke's name was erased from the Register of Nurses. The decision to erase Ms. Clarke's name from the Register was confirmed by the High Court on 3rd December, 2007.

3. Name: Ms. Cicily Chandy, P.I.N. 109260

Finding of the Fitness to Practise Committee:
PROFESSIONAL MISCONDUCT

SANCTION:

Pursuant to Section 41 (1) of the Nurses Act, 1985, Ms. Chandy was censured in relation to her professional misconduct. The Board also recommended that Ms. Chandy complete a Return to Nursing Practice Course.

4. Name: Ms. Elizabeth Ann O'Toole, P.I.N. 8858

Finding of the Fitness to Practise Committee:
PROFESSIONAL MISCONDUCT

SANCTION:

Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. O'Toole's name was erased from the Register of Nurses. The decision to erase Ms. O'Toole's name from the Register was confirmed by the High Court on 15th December, 2008.

Forthcoming Events

2nd International Nursing & Midwifery Conference "Building and Promoting Excellence in Practice"

Dates: Monday, 6th April & Tuesday, 7th April 2009
Venue: School of Nursing & Midwifery, Áras Moyola, National University of Ireland, Galway
Contact: Maire Brid Uí Mhainin
Tel: 091 493 940
E-mail: mairebrid.uimhainin@nuigalway.ie
Website: <http://www.conference.ie>

Care Pathway for the Dying (A Framework for end-of-life care)

Date: Monday, 20th April 2009
Venue: Education & Research Centre, St. Vincent's University Hospital, Elm Park, Dublin 4
Contact: Frances Conlon
Tel: 01-221 4958
Email: f.conlon@svuh.ie

5th Positive Choices Conference – Celebrating the Achievements of Student Nurses in Intellectual/Learning Disability Nursing

Date: Friday, 24th April 2009
Venue: University College Cork
Contact: Paul Horan
Tel: 01 – 896 3110 / 086 852 8653
Fax: 01 – 896 3001
Email: pahoran@tcd.ie

Ophthalmic Nursing Conference

Date: Saturday, 25th April 2009
Venue: Royal Victoria Eye & Ear Hospital, Adelaide Road, Dublin 2
Contact: Christian Huet
Tel: 01-6343636
Email: chris.huet@rveeh.ie

9th Annual Spring Meeting on Cardiovascular Nursing (2 days)

Jointly hosted by the Irish Nurses Cardiovascular Association (INCA) and the European Society of Cardiology: Council on Cardiovascular Nursing and Allied Health Professionals (CCNAP)
Dates: Friday, 24th & Saturday, 25th April 2009
Venue: Royal Dublin Society (RDS), Ballsbridge, Dublin 4
Contact: CCNAP 2009
Tel: +33 (0) 492 94 76 00
Email: ccnap@escardio.org
Website: www.escardio.org/nursing

Clinical Audit Skills for Healthcare Workers (2 days)

Dates: Thursday, 21st & Friday, 22nd May 2009
Thursday, 17th & Friday, 18th September 2009
Venue: Citywest Hotel, Saggart, Co. Dublin
Cost: €450 (includes course manual, teas/coffees/lunches and ongoing support)
Contact: Tony Duffy, Clinical Quality Ireland
Tel: 087 298 2097
Email: cqj@eircom.net
Website: www.cqi.ie

St. Francis Hospice 8th Annual Kaleidoscope International Palliative Care Conference

"Rhetoric and Realities: Reflecting on Contemporary Palliative Care"

Dates: Wednesday, 27th & Thursday, 28th May 2009
Venue: Dublin Castle
Contact: Pamela Withero
Tel: 01 - 832 7535
Email: education@sfh.ie
Website: www.stfrancishospice.ie/education/kaleidoscope.htm

Hepatitis C 3rd International Conference

Dates: Wednesday, 17th – Friday, 29th June 2009
Venue: Dublin Castle
Contact: Paulene Mc Keever
Tel: 01-662 0125
Email: paulenemckeever@conferenceorganisers.ie
Web: <http://www.hepc2009.com>

15th International Reflective Practice Conference: Comhrá

Dates: Wednesday, 24th – Friday, 26th June 2009
Venue: University of Limerick
Contact: Patricia White
Tel: 061-233 650
Email: comhra@ul.ie
Website: www.nm.ul.ie/conference/

19th Workshop of the European Childhood Obesity Group: ECOG

Dates: Thursday, 17th – Saturday, 19th September 2009
(Deadline for receipt of abstracts 30th April 2009)
Venue: Trinity College, Dublin
Contact: Grace O'Malley
Email: ecog2009@gmail.com

The Irish Anaesthetic and Recovery Nurses Association Annual Conference

Date: Saturday, 26th September 2009
Venue: The City West Hotel, Dublin
Contact: Phil Lohan
Tel: 085 747 6913
Email: phillohan@hotmail.com / philomenalohan@beaumont.ie
Website: www.iama.ie

10th Annual Interdisciplinary Research Conference: Transforming Healthcare through Research

Dates: Wednesday, 4th – Friday, 6th November 2009
(Deadline for receipt of abstracts 30th April 2009)
Venue: School of Nursing & Midwifery, Trinity College, Dublin
Contact: Jeni Ryan
Tel: 01-896 3860
Fax: 01-896 3001
Email: ryanjen@tcd.ie
Website: <http://www.nursing-midwifery.tcd.ie/events/>

Publications of Interest to Nurses and Midwives

Royal College of Physicians of Ireland / National Immunisation Advisory Committee, Immunisation Guidelines for Ireland, 2008 edition

The Immunisation Guidelines for Ireland 2008 update the previous NIAC guidance which was published in 2002. Significant new changes to the childhood immunisation schedule have been recommended. These include:

- Replacing the 5 in 1 vaccine with a 6 in 1 vaccine to include Hepatitis B vaccine
- The addition of Pneumococcal conjugate vaccine (PVC)
- Changes in the timing of Meningococcal C vaccine
- Changes in the timing of Haemophilus influenza vaccine (Hib)

The guidelines can be downloaded from http://www.dohc.ie/publications/immunisation_guidelines.html



Health Information and Quality Authority, National Quality Standards for Residential Care Settings for Older People in Ireland, 2008

The Health Information and Quality Authority (HIQA) has published the National Quality Standards for Residential Care Settings for Older People in Ireland.

There are 32 Standards which aim to promote best practice in residential care settings for older people and improve the quality of life of residents in these settings. The Quality Standards clearly outline what is expected of a provider of services and what a resident, their family, a carer, or the public can expect to receive in residential care settings.

The document is available online from http://www.hiqa.ie/media/pdfs/HIQA_Residential_Care_Standards_2008.pdf



USEFUL WEBSITES

IRISH PRACTICE NURSES ASSOCIATION



www.irishpracticenurses.ie

The new and independent Irish Practice Nurses Association (IPNA) website was launched on 22nd September 2008 and has been well received both within and outside the IPNA. Features include scrolling news on the homepage, a history of the IPNA achievements and developments, and discussion boards in the members' area. Further information may be obtained from the website.

CHAIN



<http://chain.ulcc.ac.uk/chain/index.html>

CHAIN is an on-line not-for-profit knowledge sharing network for people working in health and social care. It is based around four specific areas of interest. The service has been sponsored since 2007 by the Health Intelligence Unit of the Health Service Executive and by the Institute of Public Health in Ireland. It has over 6,000 members worldwide including over 300 members in Ireland. Further information on CHAIN and joining the network may be obtained from the website

Indian Ambassador Visits An Bord Altranais

The Ambassador of India to Ireland, His Excellency Mr. P. S. Raghavan, recently visited An Bord Altranais for discussions in relation to the 5000 registered nurses from India currently on the register of nurses.



L to r: Mr. Eugene Donoghue, Chief Executive Officer; His Excellency Mr. P. S. Raghavan; Ms. Ursula Byrne, Acting Deputy Chief Executive Officer and Mr. David O'Flynn, Director of Operations.

