

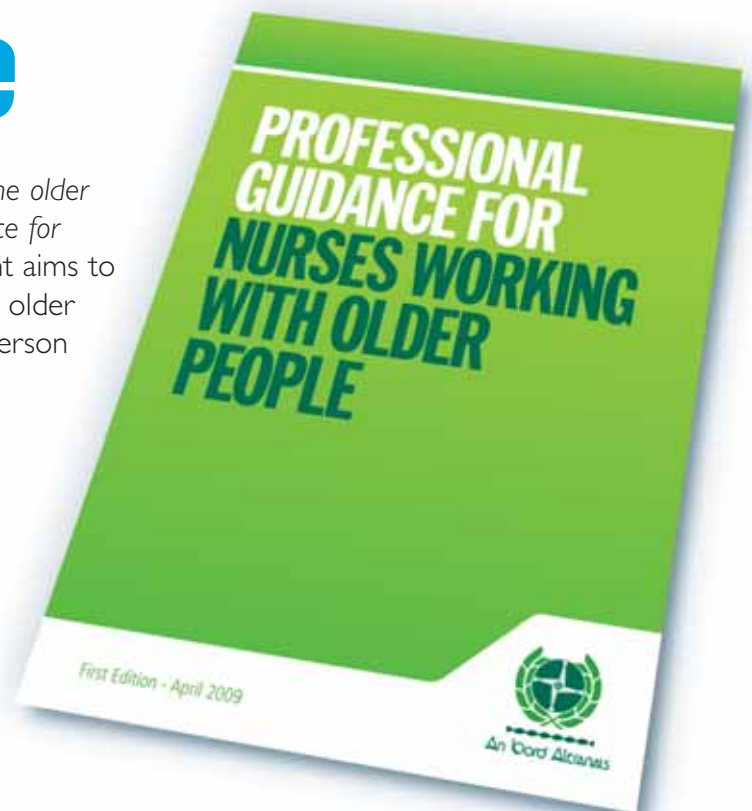
Professional Guidance for Nurses Working with Older People

At its recent annual conference, *Caring for and about the older person*, An Bord Altranais launched *Professional Guidance for Nurses Working with Older People* (2009). The document aims to provide guidance and support to nurses in care of the older person and to act as a public resource for the older person and his/her family.

Providing guidance addresses imbalances of the past (Leas Cross Review, 2006) and will effect transformation of the nursing care that is provided to older people in every setting. Nursing care of the older person is highly skilled and must continue to improve, evolve and respond to societal and technological changes and challenges through ongoing education, extending scope of practice, role development and research development. This challenges all nurses, both generalist and specialist, in all healthcare settings to develop knowledge and skills of age related issues and to continuously develop their nursing care.

Older people are major users of hospital, community and residential services. The progressive increase in the older population and the intensity of quality of care required to meet their complex needs reinforces the need for nurses in all care settings to continuously develop and support this area of nursing based on excellent standards of nursing care. With an increasing number of people older than 65 years and a strong correlation between ageing and chronic illness nurses as members of the multi-professional team are central to the creation and delivery of high quality person-focused care for older people.

Standards are critical in order to develop a nursing vision which will facilitate role development and aid articulation of expected levels of professional performance. Generic in nature, the standards are clustered around 2 themes: Nursing Practice Standards (Person-Centred Holistic Care; Therapeutic Relationship; Care Environment and End-of-Life Care) and Nursing Quality Standards (Quality of Caring and Professional Development). They describe the minimum standards of nursing care



that older people should receive in all care settings.

Prior to publication the guidance document was reviewed by a large number of interested stakeholders and subsequently revised to ensure that they meet the needs of the older person, their carers and the professional nurse.

The standards are designed to ensure that the older person is treated with respect; that the nursing care they receive is not only clinically effective and delivered in a competent manner but is provided in a way that enhances their dignity, independence and autonomy. They are also intended to complement other national standards and guidelines including the *National Quality Standards for Residential Care Settings for Older People in Ireland* (HIQA, 2007).



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 am working as a practice nurse in a large General Practitioner (GP) practice and I am responsible for assisting with immunisation programmes. This includes infant vaccinations (e.g. Polio, MMR), travel immunisations (e.g. Tetanus, Hepatitis A), influenza and pneumococcal vaccinations. These are just a few examples of the immunisations provided in our primary care centre.

We use the 2008 Immunisation Guidelines from the Royal College of Physicians of Ireland and the Health Service Executive Immunisation website for keeping up to date regarding current vaccination/immunisation practices in addition to other sources. Recently some practice nurses and I shared concerns about administering immunisations particularly in relation to obtaining an individual prescription from the GP for each person being immunised. I have read the section on medication protocols in the *Guidance to Nurses and Midwives on Medication Management (An Bord Altranais, 2007)* and I am wondering if the use of a medication protocol could be considered for immunisations in the community. It is not clear from reading this section about the use of medication protocols and whether they can be used in settings other than hospitals. Can An Bord Altranais give any clarity on this situation?

RESPONSE:

When An Bord Altranais was involved in the development of the medication protocol framework it received information from the Department of Health and Children that the Attorney General had determined the legislative basis for medication protocols for

the supply and administration of medication through the *Medicinal Products (Prescription and Control of Supply) Regulations, 1996 and 2003*. These Regulations provide authority for hospitals to utilise medication protocols in order to meet patient/service user needs for medication management. The Regulations term hospital as including a clinic, nursing home or similar institution.

The medication protocol framework is recognised by An Bord Altranais, the Department of Health and Children and the Health Service Executive as an appropriate medication management practice for the supply and administration of medications without an individual prescription. An Bord Altranais has previously shared the framework with the Medical Council, the Irish College of General Practitioners and the Pharmaceutical Society of Ireland to support the development of medication protocols using a nationally recognised template based on international evidence and best practice.

In considering whether or not to develop medication protocols to support the immunisation programmes within your primary care centre, there are a few factors to explore with other members of the health care team. The main issue is to determine what structures and processes are needed within the primary care setting for developing and implementing the medication protocol safely and effectively. This may require you to discuss/review the protocol framework and any draft protocols with individuals in the practice responsible for clinical risk management and the organisation that provides clinical indemnity for health care professionals. There should be an examination of the education and competency requirements for staff involved with the development of medication protocols and their use. The e-learning programme *Guide to Medication Management (An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery, 2007)* contains a dedicated unit on medication protocols that allows the

user to explore the various issues for this expanded practice.

Immunisation programmes are essential for the maintenance of public health. Collectively working with key stakeholders (e.g. Professional Development Coordinators for Practice Nurses, Irish College of General Practitioners, Health Service Executive (HSE) National Immunisation Office) to examine the feasibility of devising such protocols to facilitate immunisation administration in the primary care/community setting is suggested. This type of a national collaborative and inclusive approach is in keeping with principles of best practice for medication management and patient safety advocated by An Bord Altranais.

QUESTION:

I work as a clinical nurse specialist in palliative care with responsibilities for providing services in the hospital and also to several nursing homes in the area. My question involves recording my nursing assessment and treatment plan in a nursing home resident's chart. When the palliative care nursing services were introduced to this nursing home we were instructed by its Director of Nursing to write our palliative care notes in the nursing care plan. This is kept separate from the resident's medical chart.

Over the course of the past six months the palliative care nursing team have experienced difficulties with communication and follow up with other health care professionals (such as the resident's general practitioner and medical consultants) as a result of documenting our notes separately from the resident's medical chart. I am concerned that this separation is adversely affecting the resident's palliative care needs and plan especially in relation to

communicating medication management issues amongst all the staff - nursing and medical. I want to be able to address this issue with the Director of Nursing, recommending that record keeping of multidisciplinary notes in a central location in the resident's chart be implemented. I think it is within my scope of nursing practice to advocate for this change, yet some of the nursing home staff think it is solely at the discretion of the Director of Nursing. What is your advice on this?

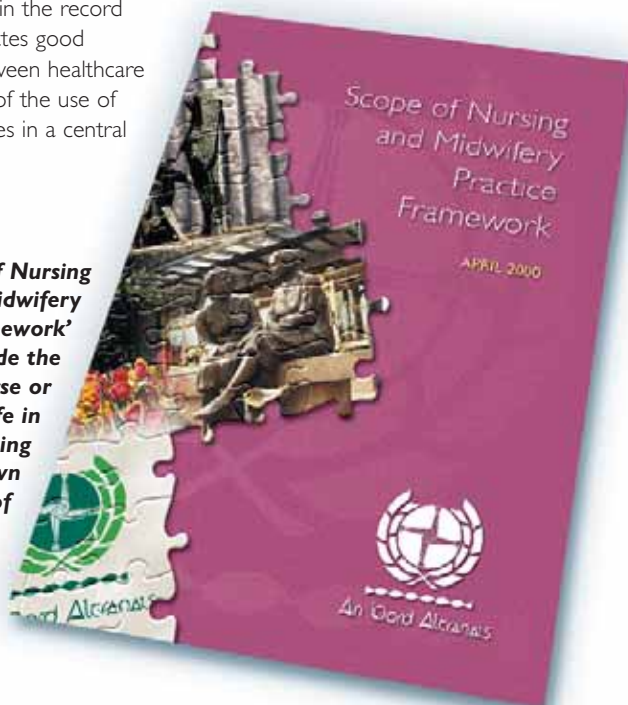
RESPONSE:

It is important that there are clear lines of communication and documentation to facilitate palliative care planning as part of addressing the overall needs of the individual. Sharing information about the assessment, care and treatment plan of a patient/resident is a critical point for each member of the health care team. In *Recording Clinical Practice Guidance to Nurses and Midwives* (An Bord Altranais, 2002) it is stated that the nursing record provides substantiation of practice for continuity of care between health care professionals amongst other record keeping factors. (pgs. 2 & 3). In Section 7 of the document – Guidelines for Good Practice in Recording Clinical Practice, it is stated that all healthcare staff should be encouraged to read each other's entries in the record (chart) as this facilitates good communication between healthcare staff. Consideration of the use of multidisciplinary notes in a central

location within the resident's chart supports this point. The recently published *Professional Guidance for Nurses Working with Older People* (An Bord Altranais, 2009) clearly illustrates the importance of collaboration with others in providing best practice and this includes documentation of care.

Advocating for change for documentation and record-keeping policies that would promote collective sharing of professional notes and records within the resident's chart is indeed within your scope of practice as nurse. To influence change for documentation systems within the nursing home with the Director of Nursing and other key stakeholders you may wish to review *Guidance to Nurses and Midwives on the Development of Policies, Guidelines and Protocols* (An Bord Altranais, 2000). Referencing the above guidance documents in conjunction with relevant national standards (e.g. *National Quality Standards for Residential Care Settings for Older People in Ireland*, HIQA 2008) may be a starting point for you in highlighting to the nursing home management and staff the importance of reviewing current policy with a view to improving documentation practices and most importantly communication for the resident's care and health care services provided. Each nurse is individually accountable for communicating his/her assessment and care plan to the appropriate members of the health care team involved with the resident's care.

The 'Scope of Nursing and Midwifery Practice Framework' should guide the individual nurse or midwife in determining her/his own scope of practice.



Forthcoming Events

Education and Research Centre, Our Lady's Hospice Ltd., Harold's Cross, Dublin 6W

Tel: 01 – 406 8810/806
Fax: 01 – 406 8856
Email: education@olh.ie
Website: www.olh.ie

Introduction to Rheumatology for Nurses and Allied Health Professionals

Dates: Monday, 21st &
Tuesday, 22nd September 2009

The Struggle Against Restraint

Date: Thursday, 24th September 2009

Introduction to Pain Management in Palliative Care (incorporating syringe driver)

Date: Wednesday, 30th September 2009

Syringe Driver Workshop (3 hours)

Date: Wednesday, 30th September 2009

Master Class – Advanced Pain Management for Experienced Palliative Care Nurses

Date: Tuesday, 10th November 2009

Activity Programming for Residential Units

Date: Wednesday, 11th November 2009

Reminiscence Therapy (Weekend workshop)

Dates: Saturday, 14th & Sunday, 15th Nov 2009

Palliative Care for the Older Person in All Healthcare Settings

Date: Thursday, 19th November 2009

USEFUL WEBSITE



www.lenus.ie

LENUS, the Irish Health Publications Repository, is Ireland's most comprehensive online repository of health related reports, research and official publications. The repository spans a period from the 1960s to the present day. It is a source of information from the former Irish health boards, the Health Service Executive, the Department of Health and Children, and many other organisations active in the field of health in Ireland.

An Evaluation of An Bord Altranais Regulatory Framework for Prescriptive Authority

An Bord Altranais recently completed its project *An Evaluation of An Bord Altranais Regulatory Framework for Prescriptive Authority*.

CONTEXT

The Minister for Health and Children, when signing nurse prescribing into law, stated that the regulations would be reviewed within two years. In consideration of this review, An Bord Altranais committed itself to an evaluation of its own professional regulations and professional guidance for prescriptive authority. This involved examination of the *Nurses Rules, 2007* (An Bord Altranais, 2007), *Requirements and Standards for Education Programmes for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2007), *Decision Making Framework for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2007), *Collaborative Practice Agreement for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2007), *Practice Standards for Nurses and Midwives with Prescriptive Authority* (An Bord Altranais, 2007) and the application and registration process for the Registered Nurse Prescribers Division of An Bord Altranais.

STRUCTURE

This project was overseen by a multidisciplinary Steering Committee representing key stakeholders.

The research was conducted by the Project Team which recently concluded its responsibilities for the implementation of nurse and midwife prescribing. The six principles of *Regulating Better* (Department of An Taoiseach, 2004) provided the guiding structure to evaluate the various elements of An Bord Altranais' regulations and professional guidance.

PROCESS

An extensive literature review formed the initial phase of the project

focusing on the international experiences of regulating prescriptive authority for nurses and midwives, and review of evaluation studies/projects for nursing/midwifery regulations and implementation of prescribing by the professions.

The research design and methodology employed by the evaluation sub-committee was a mixed method approach, using both qualitative and quantitative designs (i.e. survey, focus group, documentary analysis and interview). Main participants of the evaluation included registered nurse prescribers, candidates who undertook the education programme and not registered, directors of nursing and midwifery, prescribing site coordinators, educators and lecturers from the two higher education institutions delivering the programme, medical practitioners serving as clinical mentors, pharmacists, and representatives of Drug and Therapeutic Committees from various organisations.

OUTCOMES

In the main the results confirm that the regulatory framework (inclusive of the education requirements and standards and professional guidance) for nurse and midwife prescribing is viewed by stakeholders as a safe system to support the registered nurse prescriber in this expanded scope of practice. The clinical governance aspects of An Bord Altranais framework are seen to facilitate prescribers and health service employers in developing and implementing safe accountable prescribing and medication management practices. The evaluation highlighted several areas of professional guidance and information provision that An Bord Altranais will consider for quality assuring its own framework.

The report of *An Evaluation of An Bord Altranais Regulatory Framework for Prescriptive Authority* will be available for downloading from the website www.nursingboard.ie in the near future.

**New Registration
Call Centre Number
01 266 9777**

*A dedicated telephone line has been installed and is currently in operation for any callers wishing to contact the Registration Call Centre. **This number is exclusively for enquiries relating to Registration queries only.***



Decisions following Fitness to Practise Committee Inquiries

1. Name: Ms. Gertruda Kudelska, P.I.N. 115915

FINDING OF THE FITNESS TO PRACTISE COMMITTEE:
PROFESSIONAL MISCONDUCT

Sanction: Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. Kudelska's name was erased from the Register following an unsuccessful Appeal to the High Court. The decision to erase Ms. Kudelska's name from the Register was confirmed by the High Court on 10th February, 2009.

(The High Court Judgment in respect of Kudelska – V – An Bord Altranais can be obtained at www.courts.ie – search under "Judgments" "Judgments by Court" "High Court" "2009" "10/02/2009")

2. Name: Ms. Ann Patricia McNulty, P.I.N. 40003

FINDING OF THE FITNESS TO PRACTISE COMMITTEE:
PROFESSIONAL MISCONDUCT

Sanction: Pursuant to Section 41 (1) of the Nurses Act, 1985, Ms. McNulty was censured in relation to her professional misconduct and pursuant to Section 40 (1) of the Act, conditions were attached to the retention of her name in the Register. The decision to attach conditions to the retention of Ms. McNulty's name in the Register was confirmed by the High Court on 9th March, 2009.

3. Name: Ms. Bridget Mary Murphy, P.I.N. 47994

FINDING OF THE FITNESS TO PRACTISE COMMITTEE:
PROFESSIONAL MISCONDUCT

Sanction: Pursuant to Section 41 (1) of the Nurses Act, 1985, Ms. Murphy was censured in relation to her professional misconduct and pursuant to Section 40 (1) of the Act, conditions were attached to the

retention of her name in the Register. The decision to attach conditions to the retention of Ms. Murphy's name in the Register was confirmed by the High Court on 9th March, 2009.

4. Name: Ms. Grazyna Katarzyna Gorska, P.I.N. 104198

FINDING OF THE FITNESS TO PRACTISE COMMITTEE:
PROFESSIONAL MISCONDUCT

Sanction: Pursuant to Section 40 (1) of the Act, conditions were attached to the retention of Ms. Gorska's name in the Register. The decision to attach conditions to the retention of Ms. Gorska's name in the Register was confirmed by the High Court on 9th March, 2009.

5. Name: Ms. Hanorah Theresa Butler, P.I.N. 16451

FINDING OF THE FITNESS TO PRACTISE COMMITTEE:
PROFESSIONAL MISCONDUCT

Sanction: Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. Butler's name was erased from the Register. The decision to erase Ms. Butler's name from the Register was confirmed by the High Court on 9th March, 2009.

6. Name: Ms. Moreblessings Musungu, P.I.N. 121919

FINDING OF THE FITNESS TO PRACTISE COMMITTEE:
PROFESSIONAL MISCONDUCT

Sanction: Pursuant to Section 39 (1) of the Nurses Act, 1985, Ms. Musungu's name was erased from the Register. The decision to erase Ms. Musungu's name from the Register was confirmed by the High Court on 27th April, 2009.

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.

Revised Policy for Category 1 Approval of Education Programmes

An Bord Altranais has recently revised the policy and guidelines to education programme developers and providers intending to submit short education and learning programmes for An Bord Altranais approval. The policy was approved by the Board at its meeting of the 23rd April 2009 following a consultation with the Directors of the Centres of Nursing and Midwifery Education and became effective from 1st May 2009. It replaces the previous An Bord Altranais policy in relation to Category 1 approval.

The policy provides the requirements that inform the submission of programmes for An Bord Altranais approval. Category 1 approval applies to programmes developed to support continued professional and practice development. It applies to short programmes, study days, in-service education, seminars, conferences and continued professional development programmes that are not accredited by an academic awarding body, university or college. These programmes are

considered central to the continued development and maintenance of knowledge, skills and competencies for practice within a rapidly changing health care environment. All learning should support the concepts of critical thinking, reflective practice, problem solving and lifelong learning in professional practice.

The principles that guide this policy are informed by the mission of An Bord Altranais which is public protection through setting standards for professional education and training, clinical practice, professional and ethical conduct. The principles guiding this policy are also underpinned by the findings of the *Post-registration Education Nursing and Midwifery Education Review Group* (HSE, 2008).

Programmes seeking An Bord Altranais approval should demonstrate:

- Service driven clinical/patient focussed care
- Equity of access

- Flexibility
- Evidence from current practice
- Quality
- Consistency
- Partnership
- Sustainability
- Value for Money

The policy document provides detailed guidance for education and programme providers regarding submission requirements including an application form based on the submission structure. A copy of this policy and application form is available as a pdf document at www.nursingboard.ie or it can be obtained on request from education@nursingboard.ie.

This policy will be reviewed in May 2010. The authority to award An Bord Altranais Category 1 approval is delegated to the Board to the Chief Education Officer:

Registration Statistics 2008

The Register is maintained by An Bord Altranais in accordance with both provisions of the Nurses Act, 1985 and the Nurses Rules, 2007.

Statistics as of the 31st December, 2008, with comparative figures from 2007

Nurses Registered

	Active	Inactive	Total
2007	67,245	18,537	85,782
2008	68,614	19,610	88,224
2007→2008	+1,369	+1,073	+2,442
2007→2008	▲ 2%	▲ 6%	▲ 3%

Qualifications Registered

	Active 2007	Active 2008	Inactive 2007	Inactive 2008	Total 2007	Total 2008
General	56,542	57,474	15,730	16,619	72,272	74,093
Psychiatric	9,614	9,796	2,809	3,001	12,423	12,797
Children's	3,986	4,076	1,006	1,067	4,992	5,143
Intellectual Disability	4,090	4,233	690	740	4,780	4,973
Midwifery	12,993	12,988	4,526	4,775	17,519	17,763
Nurse Prescriber	0	51	0	0	0	51
Public Health	2,291	2,378	619	662	2,910	3,040
Tutor	548	562	158	167	706	729
Other	243	228	366	379	609	607
Total	90,307	91,786	25,904	27,410	116,211	119,196

Summary: As of 31st December, 2008 there were a total of **88,224** individuals registered with **119,196** qualifications.

Active file: **68,614** individuals with **91,786** qualifications.

Number of Newly Registered Qualifications

	Ireland 2007	Ireland 2008	EU 2007	EU 2008	Non-EU 2007	Non-EU 2008	Total 2007	Total 2008
General	918	974	704	714	1,296	511	2,918	2,199
Psychiatric	292	287	106	95	31	29	429	411
Children's	119	111	43	20	1	0	163	131
Intellectual Disability	167	183	18	11	0	0	185	194
Midwifery	158	168	122	98	15	10	295	276
Nurse Prescriber	0	44		0		0		44
Public Health	120	131	2	10	2	0	124	141
Tutor	31	20	1	2	2	0	34	22
Total	1805	1,918	996	950	1,347	550	4,148	3,418
2007→2008		+113		-46		-797		-730
2007→2008		▲ 6%		▼ 5%		▼ 59%		▼ 18%

Country of Training of new EU registrants in 2008

Country – 2007	Country - 2008
1st: United Kingdom = 676	1st: United Kingdom = 574
2nd: Poland = 124	2nd: Poland = 123
3rd: Germany = 84	3rd: Germany = 67
4th: Lithuania = 30	4th: Portugal = 59
5th: Finland = 25	5th: Romania = 22
13 other countries	18 other countries

Inactive File

An Bord Altranais maintains an Inactive File of nurses who are not engaged in the practice of nursing in Ireland.

	2007	2008
Retired	7,057	7,676
Unemployed	791	827
Career Break	2,026	2,077
Working Abroad	5,122	5,312
Other	3,541	3,718
Total	18,537	19,610

Number of applicants for registration

Many individuals apply to have their name registered in more than one Division of the Register.

	Number of individual applicants	Number of applications Ireland	Number of applications EU	Number of applications Non-EU	Total number of applications
2007	4,617	1,805	1,446	1,577	4,828
2008	3,705	1,918	1,088	845	3,851
2007→2008	-912	+113	-358	-732	-977
2007→2008	▼ 20%	▲ 6%	▼ 24%	▼ 46%	▼ 20%

Registration Appeals

The Registration Appeals Committee was established in May 2003.

The Committee considers appeals from

- Applicants for registration who do not hold the educational qualifications for direct registration;
- Applicants who do not hold the educational qualifications that would allow them to undertake a period of adaptation and assessment;
- Applicants who were not recommended for registration upon completion of a period of adaptation and assessment.

In **2008** a total of **68** appeals were considered.

Certificate of Current Professional Status Requests (Verification requests)

Certificates of Current Professional Status (CCPS) are issued for nurses/midwives who wish to register abroad. CCPSs are sent directly from An Bord Altranaís to the equivalent Competent/Regulatory Authority in the country/state where the nurse/midwife is seeking registration. A nurse/midwife may apply for more than one CCPS of registration in any given year.

- **3,108** individuals made a total of **5,623** CCPS requests in 2008.
- Of the 3,108 individuals who applied for a CCPS, 1,341 individuals submitted more than one request in 2008.

NOTE: CCPS request **does not** equate to travel. An individual may request more than one CCPS in any one year: A separate CCPS is issued for each Division of the Register.

Country	CCPS breakdown:	Number of requests 2007	Number of requests 2008
Australia		1,641	4,896
Canada		158	282
United Kingdom		163	272
United States of America		117	88
New Zealand		44	55
Other countries		45	30
Total		2,168	5,623

The highest numbers of individuals requesting a CCPS were nurses/midwives educated and trained in India, with the majority of these nurses/midwives requesting this document to issue to Australian Competent/Regulatory authorities.

Launch of CEMACH Ireland

CEMACH (Confidential Enquiry into Maternal and Child Health) Ireland was launched by the Minister for Health and Children, Ms. Mary Harney, T.D. on 28th April 2009. This is an important milestone for those involved in the delivery of maternity services in Ireland. Its establishment follows a proposal from the joint Institute of Obstetrics and Gynaecology and Health Service Executive (HSE) Maternal Mortality in Ireland Working Group that had the specific objective of linking with CEMACH, UK.

This development has the support of the Department of Health and Children, the HSE and the State Claims Agency. CEMACH Ireland's office will be located in the National Perinatal Epidemiology Centre

at Cork University Hospital. A coordinator, who will be appointed shortly, will be in contact with health professionals and will be responsible for arranging the assessment of reported cases, anonymisation of data, and linking with the CEMACH central office in London.

In future, Irish mortality data will be included in the CEMACH triennial report that currently covers all cases in England, Wales and Northern Ireland. The CEMACH Report has over many years informed professionals engaged in the provision of maternity services, and has made a major contribution to improving standards of care.



Publications of Interest to Nurses and Midwives

Open Your Eyes – Elder Abuse Service Developments 2008.

The Health Service Executive (HSE) has recently published a report titled *Open Your Eyes – Elder Abuse Service Developments 2008*. This document describes the main developments of the HSE's elder abuse service in 2008 as well as providing, for the first time, a detailed analysis of elder abuse referrals to the HSE. The report may be accessed through the HSE's website at http://www.hse.ie/eng/Publications/Older_People_and_Nursing_Homes/



Female Genital Mutilation: Information for Health Care Professionals Working in Ireland

AkiDwa, the African and Migrant Women's Network in Ireland, has published this resource as part

of a project funded by the Office of the Minister for Integration and in collaboration with the Royal College of Surgeons in Ireland's MSC Women's Health course director and students. It examines the healthcare needs of women who have undergone female genital mutilation (FGM) in their countries of origin and who now reside in Ireland.

The publication should be useful to a range of healthcare professionals working in a broad range of settings. It is accompanied by a removable image sheet that may be used with a patient or client to illustrate typologies and FGM prevalence across Africa. Further information may be obtained from info@akidwa.ie

