

Institute of Community Health Nursing Autumn Newsletter

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Working Together

Catriona Duignan

The Institute Conference held in May in Dublin, "Contemporary Nursing in the Community" was a great success. We had a broad ranging programme that showcased important initiatives and work carried out in the community. The majority of the speakers came from our membership including 3 P.H.N. students from St Angela's College.

I was very proud to be part of this, my first conference of the Institute, during my Presidency.

Firstly a word of appreciation and praise to all the speakers and contributors for an informative and entertaining programme.

Senator Anne Ormond performed the role of chairperson with her usual professionalism and enthusiasm.

Special thanks to Grainne Lynch, conference co-ordinator and those she brought on board. The Grand Hotel in Malahide was a popular venue and our sponsors made the event possible.

Appreciation en-masse to the members of the Institute's Executive and council, Dorothy our Administrator, Mary O'Dowd, P.D.O. for all their input during the planning and Execution phase.

Finally, a special word for those who were able to attend; our invited guests, including, Sheila O Malley, DOHC, and Institute members old and new. That is what the conferences are about, networking and sharing.



Welcome Dr Mark Harrold, Senator Ann Ormonde,
Ms Sheila O Malley



Council Members Margaret McLaughlin, Annette O'Gara,
Kathleen Cusack, Catriona Duignan,
Sr Elizabeth McNicholas, Mary O'Malley

A Traveller Specific Child Safety Awareness Training of trainers Programme took place in Dublin on Sept 3rd. The Institute supported the day with sponsorship. There was a very good attendance and the day was a great success.

Hot on the heels of this Newsletter is The Institute's AGM with a Conference / Workshop "Working Together... Lets do It" in Galway in September.

This is the Brain-child of The Professional Forum and Mary O'Dowd, PDO. The programme presents representation from those organisations and agencies that have an input and influence in where Nursing in the

cont. next page

Community is heading. Some of the areas to be explored include:

Framework for Nursing in Primary Care ,

The DOHC's Strategic Plan for Community Nursing, Operational plan for Community Nursing from a HSE viewpoint,

An Bord Altranais' Regulation and Registration in Community Nursing and

The National Council's plans in relation to Clinical governance & Professional Development in Community Nursing.

The Institute is recognised as a very important organisation in relation to responding to and influencing change in this area. The invitees eagerly accepted the invitation to this forum for discussion where all present will have the opportunity to ask questions, highlight opinions and debate the necessary issues that relate to Nursing in the Community.

This is a marvellous opportunity for all PHNs and RGNs working in the community. Please share with your colleagues and anyone wishing to attend that may not be a member is welcome to register and we can discuss membership on the day!

The Health Service Executive is proposing to carry out a review of Nursing Services in the Community. This review will commence in September 2009.

A Representative Group for the Review is being established and will have an Independent Chair. The Representative Group will provide strategic direction and guidance to the Project Team. This Group will report on a regular basis to the high level Governance Group regarding progress.

The Organisational Structure for this review comprises of a high level Governance Group and a Representative Group.

Laverne McGuinness, National Director, Primary, Community & Continuing Care at the DOHC has invited me as President of the Institute to be a member of the Representative group.

The Institute has been keeping busy over the summer. Those of you who haven't had the opportunity to check our Website recently will be very pleasantly surprised. It offers a wide range of information and links. You will find it an excellent resource and if you have any suggestions for items for inclusion etc. please advise. While most of the site is openly accessible there is a member's area with a member's forum accessible with a password which if you have lost, can be got from our office. Log on at WWW.ICHN.IE

Other major work on-going in The Institute includes The Professional Forum which meets monthly. If anyone is interested, contact Mary O'Dowd PDO.

The All Ireland Conference 2010 is due to be hosted in Belfast on this occasion. Preparations are ongoing and the Institute was represented at a Planning meeting in Belfast recently.

Looking forward to meeting you at the upcoming Conference/ Workshop in Galway. I appreciate the difficulties of getting time away from work but please take a closer look at the details and consider it strongly. This is a ideal opportunity... Let's Do It!



Catriona Duignan President ICHN, Dr Mark Harrold,
Senator Ann Ormonde

Conference Report

Medico Legal Issues in Community Nursing

Ms Rosemary Wilson

Experienced nurse, barrister and lecturer on all legal aspects of nursing.

Ms Wilson gave a very interesting and thought provoking talk on legal aspects of community Nursing. She focused on four areas: accountability, elder abuse, negligence and documentation. Highlights of her talk are as follows:

Abuse of elderly is widespread, almost nine out of 10 nurses working in the community have come across cases of abuse of an elderly person, a survey has found, but it was not all reported (*bbc news Feb 2003*). The IRISH EXAMINER June 13th 2008 ran a heading titled “Community Nurses don’t intervene in cases of elderly abuse according to a new study”. This was a study carried out by Amanda Pelan, UCD School of Nursing.

The professional reluctance to report abuse appears to be based on a belief that family privacy is important. Professionals may have a fear of repercussions if they “whistle blow”.

Bridget McDaid, HSE West elder abuse officer, said: “There is a lot of shame and denial associated with the abuse. They almost begin to accept it as normal.” Clare O’Tuathail, a lecturer at the school of nursing and midwifery at NUI Galway, said that for every reported case, 10 to 15 others were unreported! There are no proper figures, but 21,500 people may be subject to abuse at any particular time in Ireland,” she stated. She said work needed to be done in terms of encouraging health professionals to report abuse, and that an urgent evaluation was needed of their training.

When abuse is suspected whom to tell?

- Follow local policy procedures
- Preferably involve the client/patient & gain their consent to report (proceed in their best interest based on a risk management decision making process)
- Inform line manager (line manager should contact appropriate person if abuse/suspected abuse is by other staff e.g. voluntary organisations etc)
- Refer to Senior Case worker Elder Abuse
- Refer to Garda if immediate or serious risk



Sheila Golden Student PHN, Cait Grumley Student PHN, Caitriona Duignan ICHN President, Caroline McAteer Student

- (Often abuses are Criminal Offences)

Negligence occurs when:

1. A duty of care is owed by the Defendant (Nurse) to the Plaintiff.
2. There has been a breach of the Standard of Care owed to the Plaintiff.
3. The Breach has caused reasonably foreseeable harm, loss or damage to the Plaintiff.

A Duty of Care exists when:

Two parties are involved in a “close & proximate” relationship e.g. Community nurse and patient. Lord Atkin ruled in the *Donoghue-v-Stevenson* (1932) “you must take reasonable care to avoid acts or omissions which you can reasonably foresee would be likely to injure your neighbour” (patient).

Some examples of duties of care re Elder Abuse:

- Part of any ASSESSMENT of patient care undertaken by community nurse should include elder abuse issues eg vulnerability of patient
- Be constantly vigilant
- If abuse is disclosed, support elder person, preferably gain consent and contact appropriate authorities
- Document all evidence/discussions carefully

Documentation

- Every community nurse is legally & professionally accountable for everything they write/don’t write

- This includes all records including electronic/computerised records
- Good documentation is integral to everyone's practice and "not something to be fitted in where time allows"
- Any document required by the court or complaint investigator team becomes a "discoverable" document e.g. Nursing care Plans, diaries, Referral Records of Abuse to Managers, HSE Abuse Officers, Garda etc

Records should demonstrate: -

1. Proper assessment & history taken from patient / client
2. Information professional used to elicit problems / needs
3. Plan of care to meet patient / clients individual problems/needs
4. Appropriate investigations / referrals / communication with other professional groups (eg reporting abuse / suspected abuse to line manager / Senior case worker / garda etc)
5. Appropriate care given by all professionals

6. Appropriate monitoring of changes, improvement, deterioration, progress etc
7. Appropriate Discharge from service
8. Confidentially/safe storage of all records

Good Practice in Record Keeping

- Write legibly
- Black ink preferably
- Record contemporaneously
- Any alterations, line through and sign and date
- No correcting fluid
- Abbreviations and jargon to a minimum
- All entries date, time and sign
- Proper sequencing
- Is objective- explaining opinions?

Legal Accountability is being personally answerable to the law of the land for all your actions or omissions (including what you write or don't write, what advice or don't give) while fulfilling your contract as a community nurse.

Synopsis by Margaret McLoughlin

Networking Mothers

Maria Flannery O'Boyle PHN

Maria Flannery O'Boyle is a Public Health Nurse working in Galway city. She gave an interesting and thought-provoking talk on her research on the challenges facing the transition to motherhood in modern society. When carrying out her research, Maria interviewed 13 mothers attending a Breastfeeding support group between ages 19-41 with between one to five children. The research revealed that Mothers attended the Breastfeeding support group primarily for social support. Motherhood was difficult to adjust to and the majority of the participants found that motherhood was natural but found the lifestyle changes were not natural. Some of the mothers found the imbalance in the home i.e. dad seen as the breadwinner as difficult to adjust to. Some mothers looked on returning to work as a lifeline as they felt isolated in the community, with only one participant identifying the community as a support.

As a result of this research Maria and her colleagues offered mothers in the Galway area the opportunity to meet other mothers on a monthly basis. This group allowed the mothers to meet other mothers and develop



Catriona Duignan President,
Maria Flannery Conference Speaker

friendships. Meeting other mothers and sharing experiences generally helps a woman's transition into motherhood.

The women usually attended the network group 6 weeks post partum. The group meets on a regular basis with support and advice given on feeding and post natal topics. As the group progresses and friendships are made the PHN promotes the mothers awareness of their children's very early learning and development through

play and interactions. This intervention is based on the Peers Early Education Partnership (PEEP), which is a programme started in Oxford in 1995 to work with caregivers and parents of children aged 0-5 especially in deprived areas. Research shows that working directly through groups of parents is an effective way of enhancing children's cognitive and social-emotional development. The programme involves nursery rhymes and promotes the early introduction of books and toys to children thereby encouraging parents in the development of positive learning experiences.

The networking group which initially was established to support new mums in the community has now evolved to assist parents in the early education of their children



Senator Anne Ormonde, Caitriona Duignan President, Anne McDonald Speaker

Population Health Information Tool (PHIT)

A dynamic tool which can systematically link community nursing to a wider epidemiological framework and generate population health information was described by Anne McDonald. The PHIT project 2006-2008 which developed the tool was funded by the HSE and the National Council for Nursing and Midwifery. A PHIT Care Plan to support valid and reliable PHIT individual patient assessment and registration into the tool is currently being developed.

The PHIT cycle has four phases

- Registration of all public health nursing service clients into one of four registers
- Coding of all clients for health need, self care ability, nursing intervention, geography and caseload
- Caseload Analysis which is a structured meeting between caseload and line manager detailing quantitative and qualitative caseload information including local community representation
- Comparison of PHIT with Census and other data

Anne presented PHIT outcome data which she had compared with Census 2006 and mapped to the Health Atlas, she then described how such outcomes have the potential to influence PCCC resource and service planning.

By changing the focus of data collection from nurse activity to client need relative to a geographic location, population health trends over time are estimated and evidence of PHN services in primary health care quantified and made visible. The PHIT tool is currently being implemented in LHO Dublin North Central and in other LHOs nationally.

Synopsis by Eithne Garrick



Jane Mander Speaker, Dr Mary Cosgrave, Caitriona Duignan ICHN President, Joanne Flood Speaker, Anne McDonald Speaker,

SERIES OF THE 3 D's: Dementia, Delirium and Depression in the Elderly:

Joanne Flood: RPN, PG Dip Gerontological Nursing, MSc (Hons), PhD candidate

1: DEMENTIA:

Dementia is a condition characterized by a progressive deterioration in mental and physical health, disability and dependency. The World Health Organisation WHO describes **dementia** as a syndrome, usually of a chronic or progressive nature, in which there is impairment of multiple higher cortical functions, including **memory, thinking, orientation, comprehension, calculation, learning capacity, language and judgement**.

There are approximately 40,000 people in Ireland with dementia (Alzheimers Society Ireland 2009). There is broad agreement in the literature that people with dementia should remain in their own homes for as long as it is appropriate. Family care accounts for 76% of the overall responsibility of care (Dementia Manifesto 2007). However, carer burden is noted in the literature to be the cause of severe stress and burnout (Papastavrou et al 2007, Eters Et al 2007, Rodney 2000, Hallberg And Norbeg 1993). The causes of this stress can be multiple but research suggests it is when behavioural changes happen, psychiatric issues arise, or physical ill health develops that a crisis may occur (Eustace et al 2007). The crisis can instigate a need for an emergency or urgent review by a healthcare member (doctor or nurse) in the community and may lead to admission into an acute care setting such as A&E Departments or Psychiatric units/hospitals. It is probable that some of these admissions are avoidable with appropriate community care structures.

This behaviour can be very challenging and is commonly associated with frustration on behalf of the person with dementia (usually due to being unable to communicate their unmet needs), disorientation, distress or anxiety and is particularly apparent when the person with dementia is placed in an unfamiliar environment (Alzheimer's Scotland, 2003). Behavioural and Psychological Symptoms of Dementia (BPSD) or challenging behaviour (as it is commonly called) such as wandering, agitation and aggression can occur in between 60 – 70% of persons with Dementia (International Psychogeriatric Association). The reason this occurs is because the person with dementia needs to communicate with or to others, but often conveys the message through a change in behaviour as their ability to explain themselves becomes diminished.

Irish policy documents and academic literature are unanimous that care should start with early diagnosis

and be stepped up seamlessly. During the course of dementia the person will, in general, undergo a gradual and progressive deterioration in their symptoms. As an individual progresses through the mild, moderate and severe stages of their illness, so their requirement for care increases. Family members have a critical role in the life cycle of care of a person with dementia. It is through advocating on behalf of the person with dementia whether it is a family member or a healthcare professional that the person with dementia will continue to have a voice throughout the course of their dementia promoting person centred care (Kitwood 1997).

In an Irish study by Chill and Clarke (2005) examining GP's knowledge of dementia, a large majority commented their patients often presented late in the course of the illness. A number of possible explanations offered by GPs for this included that memory loss was a normal part of ageing and hence these difficulties were "tolerated", possible denial, or because the stigma of dementia caused people to defer seeking help. Some of the **early signs** of a dementia can be: forgetting names of family members, forgetting dates or anniversaries, misplacing items on a continuous basis, or getting lost in a usually familiar place. However these symptoms can also happen for many other reasons such as stress or depression and so it is only through getting an assessment for these symptoms with a GP or through a memory clinic that a diagnosis can be clarified with a view to early intervention and treatment.

An important aspect of assessing the person with dementia is to not only assess them but also their carers or next of kin and their coping abilities and understanding of the person with dementia. The following are assessment templates for the assessment of the person with dementia and their carers/next of kin:

Assessment of behavioural and psychological symptoms of dementia:

Characterise the behaviour precisely with special attention to the circumstances under which it occurs. Was it gradual or sudden. Sudden changes in cognition or behaviour may be the result of a delirium - this must be ruled out.

- If it appears inappropriate to us, consider whether the patient has an underlying goal or if they are misperceiving their environment or the situation. They might feel like they must go and collect the

kids at a certain time of the day when their kids are grown up.

- Review the patients past psychiatric history, social history and premorbid personality. If they were always active people they may continue to require a lot of occupation and activity into their dementia. If they were solitary and not sociable they may require a very low stimulus environment.
- Review the medication list. Side effects and interactions.
- Be vigilant of the ongoing progression of the patients dementia and the potential change in symptoms. Mood disorders (depression) can occur in the milder stages of dementia, challenging behaviour can occur predominantly in the moderate stages.
- Examine the patient with attention to changes in mental status from baseline. Look for signs of painful/uncomfortable physical conditions. Pain can be a factor in challenging or resistive behaviour particularly when being moved or changed.

Adapted from the International
Psychogeriatric Association

For further information please contact Joanne Flood at Home Instead Senior Care:
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Assessment of carers/nok of persons with behavioural and psychological symptoms of dementia:

- Step 1: What exactly is the problem – what matters most is the caregivers understanding of the problem
- Step 2: List all possible solutions – get the caregiver(s) to list different ways in which the problem may be solved
- Step 3: Highlight the strengths and advantages – help the carer name the advantages and disadvantages of each solution
- Step 4: Choose the best solution – help the carer find the most achievable solution in the situation
- Step 5: Plan how to carry out the solution – Help carers plan how to put the suggested solution into action with consideration as to potential problems that might occur
- Step 6: Review the progress – help the carers review how successful the suggested approach/solution is. ADVISE FAMILY TO KEEP A DIARY.... Adams (2008)

Transition to Motherhood – Embracing Modern Challenges in an Urban Environment

Maria Flannery O'Boyle, PHN

A study was conducted from 2006 to 2007 in an urban community in Galway. The purpose was to explore an intervention of informal supports offered by the Public Health Nurse (PHN), for post-natal mothers, in their transition to motherhood. The focus of this informal support is through a 'Networking Mothers' group. It identified their sources of support during the change and categorised the supports that enabled or inhibited the modification.

Initially a literature review was conducted and a phenomenological study undertaken which explored and examined women's experience in the transition to motherhood. A purpose-full sample of thirteen women was chosen and semi-structured one-to-one interviews were conducted and recorded on tape. Pre-defined questions were asked to discover feelings, perceptions and thoughts around the transition.

The interviews showed that the majority of the women expressed a negative experience around the transition. When their network size was measured it revealed that nearly half of the women were found to have a low size network. Those with a medium to high network of support did not always reflect a quality level of social support. The analysis was carried out using Cutrona's framework. This characterised the support in terms of *information, emotion, esteem* and *concrete* support which was identified as best when received from other mothers. For the nine of the thirteen who attended the intervention, the dominant reason for their attendance was to meet other mothers.

The Networking mothers groups are now in existence for over two years in Galway. Each month a new group is created by the PHN's. The PHN's support each group over a three week period in a local hotel, by the

last week the group are self sufficient. The PHN's and the group themselves are guided by the Networking principles which were developed with focus groups following the initial study.

These principles were launched in March 2008, at the first Networking Mothers conference. The event was organised by mums from the different groups some of the topics included child development, child psychology, speech and language, dental hygiene, domestic violence, post-natal depression and psychosexual issues following birth. Over a hundred and thirty mothers and babies attended the event which was a great success. Not excluding dads in the transition a follow up event took place this was a teddy bears picnic but it had a particular focus on dads health. The outcome of the study demonstrated that by the PHN applying a psychosocial approach in their practice they can offer a therapeutic intervention to post-natal women in the transition to motherhood. This can be achieved by them creating the opportunity for social networks to occur.

Networking Mothers success is based on the evidence that in order for social networks to be successful it is dependent on three essential elements closeness,



Mary O'Dowd PDO, President Catriona Duignan, Speaker Maria Flannery

durability reciprocity. The mothers are all new mothers therefore they are connected in some way to each other, the durability refers to how accessible the group is within the community of where the mothers live without being intrusive and finally reciprocity, within the mothers there is an atmosphere of helpfulness and protection to each other. This therefore implies that the potential for informal support lies within the mother's community.

Nurse Led Holistic Approach To Leg Ulcer Management

Greally, K. & Wardick, K.

It is clear that nurse led services are wide ranging, flexible and patient centred. With the proper educational and structural supports nurse led services have great potential to expand.

In the area of wound care, the aim of the nurse led clinic, is to ensure that patients get more efficient access to healthcare and to make better use of nurses' skills. Nurses' knowledge of the holistic approach in leg ulcer assessment is essential for effective and safe practice. Holistic assessment involves the physical, psychological, social and investigative needs ie Doppler assessment of the patient.

Nurses work within the scope of their own competency, having the ability to recognise boundaries and knowing when to consult with other professionals. Additionally on going professional development and needs of the nurses in Doppler training should be supported by their organisation.

Around 1-2% of the population will develop a leg ulcer at some point in their lives (Briggs and Close 2003). The recurrence of leg ulceration is significant and the ulcers can take a long time to heal.

Although most ulcers fall into the category of venous (81%), a significant number are arterial (10%) or mixed venous/arterial (7%) with the number of arterial

ulcers likely to increase as the general population ages (Morison & Moffatt 2004).

The mainstay of conservative treatment for uncomplicated venous ulcers is compression bandaging. The recommended treatment pathway developed by the International Leg Ulcer Advisory Board highlights the association between accurate assessment, detailed diagnosis and effective compression therapy in the management of venous ulcers (EWMA). The pathway also identifies the importance of the identification of arterial disease and the role of the multidisciplinary team in ensuring safe practice.

It is not sufficient merely to palpate foot pulses as this is not a good indication of adequate limb perfusion (Baker *et al* 2005). Doppler ultrasound is used to assist the diagnosis of the aetiology of an ulcer, by helping to determine the presence or absence of compromised arterial flow, in the lower limb (Dugdill 2006, Worboy 2006).

National guidelines recommend that Doppler assessment is a compulsory part of leg ulcer care (SIGN 1998), thus highlighting the need for a holistic leg ulcer assessment for each client. This concurs with Vowder 2005, that holistic care to clients with leg ulceration, should include calculation of ankle brachial pressure index (ABPI).

Additionally, the literature reveals that Doppler ultrasound is used internationally to calculate the ABPI in clients with vascular problems, Australia (Fisher et al. 1999), Europe (Kaiser et al. 1999; Fette, 2006), United Kingdom, (Vowder and Vowder, 2001) and Ireland (Carsar, 2001).

To conclude, research findings into wound healing is advancing and influencing wound care, but in order to utilise these findings effectively an accurate assessment

of the underlying condition is necessary (Morison et al, 2004). Doppler is an invaluable non invasive tool and together with a full holistic assessment can indicate treatment options. In particular care needs to be taken in the clinical setting with the methodology, training, interpretation and recording of the Doppler technique. Therefore accurate training in full leg ulcer assessment including Doppler needs to be available to all nurses involved in leg ulcer management.

Developing Life Story Books with Family Carers

Day, M. R. & Wills, T.

Background: Life story book (LSB) is a term given to biographical approaches in health and social care setting that gives people time to tell their story and talk about their life experiences (McKeown, Clarke & Repper, 2006). Life Story Books involves collecting and recording aspects of a person's life both past and present and consists of photographs and materials relating to the person's life (Heathcode, 2005). A person-centered approach to care requires practitioners to learn more about an individual's life story in order to seek meaning and understanding of the older person's life experiences and attitude (McCormack 2004; William & Grant 1998). Sharing of life stories and autobiographical reflection can help us see and understand the person as an individual within the context of their past and present life (Clarke et al. 2003).

Aim: The aim of the study was to facilitate the development of life story books with family carers and illuminate and describe the value of life story books.

Methodology: A convenience sample of eight family carers attended a series of six workshops where they were actively engaged and supported in developing a life story book. On completion, focus groups were conducted with family carers, and these were tape recorded, transcribed and thematically analyzed.

Key Findings: Three key themes emerged from qualitative data and these were: carers perspective on life story books, relationships and life story books and seeing and understanding the person. The life story book captured the uniqueness of each person's story promoted awareness of the person identity, personality, values and relationships.

Conclusion: Creating life story books was an innovative therapeutic activity for family carers. It gave carers the opportunity to bring to life the person's life story and allowed connectivity with the person's past

and present life. Creating life story books is an important but overlooked activity.

References:

- Wills, T. & Day, MR. (2008) Valuing the person's story: Use of life story books in a continuing care setting *Clinical Interventions in Ageing*, 18, 3 547-552
- Day, M. R. Wills, T. (2008) A biographical approach *Nursing Older People* 20 (6) 24-26
- Award 1st Prize Research Poster Competition:
Wills, T. & Day, MR. (2008) Family Carers & Life Story Work Poster Presentation at the National Council for the Professional Development of Nursing & Midwifery 8th Annual Conference Integrating Health Care Supporting Patient Care Pathways Dublin Croke Park 19th November

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Margaret O Donovan, ADON PHN, Brenda Molloy, Director Community Mothers Programme

Update from Professional Development officer Autumn 2009

Web sites for Swine Flu (H1N1) Information

Department of Health & Children: www.dohc.ie
 Health Service Executive: www.hse.ie/eng/swineflu/
 Health Surveillance Centre: www.hpsc.ie
 World Health Organization: www.who.ie
 Irish College of General Practitioners: www.icgp.ie

Report on the Audit of the Child Health Screening and Surveillance Programme HSE May 2009

Link to www.hse.ie/eng/Publications/services/Children/chss%20audit.pdf

Request for submissions on Positive Ageing

The Minister for Older People and Health Promotion, Áine Brady TD, is developing a **National Positive Ageing Strategy** which will set the strategic framework for future policies, programmes and services for older people in Ireland.

The preparation of the National Positive Ageing Strategy takes forward the commitment in the *Programme for Government 2007-2012* to better recognize the position of older people in Irish society. The intention behind the Strategy is to put in place arrangements that would ensure that issues affecting older people are mainstreamed in policy-making at all levels and across all sectors. Another objective is to ensure coherence and integration in planning and implementing programmes for older people.

Minister Brady wishes to have as many views as possible to inform the new Strategy. She would welcome the views and comments of individuals (of any age), institutions, agencies, organisations and groups on any issue they consider of importance or relevant to older people. She particularly wishes to hear views on the way services are organised and how they are used by older people.

The Minister emphasizes that the Strategy must be developed within the constraints posed by the present fiscal situation. It is not the intention that the Strategy will propose new service developments; rather it will set strategic direction for future policies, programmes and services for older people.

Please return to:

Mary O'Dowd, Professional Development Officer not later than September 7th email maryodowd@ichn.ie

International Conference on Public Health Nursing in Oslo October 15/16th 2009

Diakonova University College arranges an international Conference on Public Health Nursing/School Nursing/Health Visiting and Quality of Life in the middle of October 2009. The conference will focus on children, adolescents and their families as well as elders. The main goals for the conference are:

- To explore international challenges and solutions in Public Health Nursing across the life span
- To establish international networks in Public Health Nursing

Target group: Nursing leaders, Nurses in the community, Public Health Nurses, School Nurses, Health Visitors

When: October 15th and 16th 2009

Where: Diakonova University College, Linstows gate 5, 0166 Oslo, Norway

Conference language: English
 International Conference on Public Health Nursing
 - Challenges, Approaches and Solutions
 October 15th and 16th 2009

For further details log on to
www.diakonova.no/index.php

May 2009 ICHN Conference Presentations now available on resources section on ICHN web site: www.ichn.ie

"Growing up in Ireland"

Growing Up in Ireland is a Government-funded study of children being carried out jointly by the ESRI and Trinity College Dublin. The study will take place over seven years and will follow the progress of two groups of children: 8,000 9-year-olds and 10,000 9-month-olds. The 9-year-olds will be re-visited when they are 13 years old, and the infants when they are 3-years-old. This study is the first of its kind on this scale in Ireland. A large and varied amount of information will be collected as part of the study, and will be used to form evidence-based policy and services for the benefit of all children and families in Ireland. http://www.esri.ie/Childrens_Longitudinal_Study/

Looking After Your Mental Health during Tough Economic Times

The HSE's National Office for Suicide Prevention launched information material and advice on looking after your mental health in tough economic times.

Over 100,000 leaflets and pocket information cards with details of support agencies and advice on how to look after your mental health will be available around the country for those who are unemployed or experiencing financial difficulties.

Guidelines for workplaces and organisations working with the unemployed have also been produced which will help frontline staff respond to stressful situations.

www.hse.ie/eng/News/National_Tab/mentalhealth.shortcut.html

Information pack for unmarried parents

A new information pack for unmarried parents has just been published by Treoir, the support group for such parents. The pack includes information on guardianship, access, custody and financial issues following pregnancy. Copies of the pack can be obtained by calling 1890-252084 or emailing info@treoir.ie

Unique Health Identifier Report (HIQA, March 2009)

It calls for the immediate introduction of a more robust and safer method of identifying patients in the health and social care system http://www.hiqa.ie/media/pdfs/Unique_Health_Identifier_Report.pdf

Upcoming events

Institute of Community Health Nursing AGM and Workshop

'Working together – Lets do it'

Thursday, 17 September 2009 -

Friday, 18 September 2009

Takes place in The Radisson Hotel, Galway
Public Health Nurses and Registered General Nurses working in the community

Take a fresh look at what your Institute can do for you!

Speakers from

Department of Health and Children

National Council for the Professional Development of Nursing

and Midwifery

An Bord Altranais

Health Service Executive

Primary Care

Panel Discussion and Workshops

Exhibition of Products, Services and Patient Support

Lunch in Marina's Restaurant

Further Details

Grainne Lynch Conference Co-ordinator

085 1705005 or ichnconference@gmail.com

Association of Lactation Consultants in Ireland

Friday, 2 October 2009 -

Saturday, 3 October 2009

This year's annual conference will take place in Glenroyal Hotel and Conference Centre, Maynooth, Co. Kildare on October 2nd and 3rd.

ALCI are delighted to announce a special 'recession busting' rate of just €99 for members, as well as a rate of €109 for non-members – a significant reduction on last year's rates.

The theme is "Is Féidir Linn – Overcoming Breastfeeding Challenges" and guest speakers include Fiona Dykes and Dr. Niamh McCabe. Topics covered on the day will range from professional interests to tongue tie, from global issues to personal experiences. The day promises to provide a varied programme that will capture the interest of both professional and non professional practitioners in breast feeding support.

Lunch is included in the delegate fee, and accommodation is available in the Glenroyal Hotel at a reduced rate of €79 for a single room or €99 for two sharing. All our welcome to a conference dinner on Friday night, which is a great social and networking event. The workshop with Fiona Dykes on Saturday is for members only, and follows our AGM, which we hope will be a productive and informative meeting.

For Agenda and Booking Forms, please email alci@ireland.com.

Professional Forum Meeting

Tuesday, 13 October 2009

Meeting takes place at 10.30 am in Board Room at Baggot Street

Irish Practice Nurses Association Conference

Friday, 16 October 2009 -

Saturday, 17 October 2009

***IPNA ANNUAL EDUCATIONAL CONFERENCE / AGM -

Friday 16th October - Saturday 17th October 2009

Westport, Co Mayo.

For any other queries, please contact Grainne Lynch, Conference Coordinator, at 086-8697899 or conference@irishpracticenurses.ie

Council Meeting

Tuesday, 10 November 2009

Meeting takes place at 10.00am in Cherry Orchard Hospital

National Council Nursing & Midwifery Council Conference

Wednesday, 11 November 2009

The National Council's 9th Annual Conference -

Theme: Clinical Excellence: Safety, Quality and Evidence

Venue: Croke Park Stadium, Dublin

Date: Wednesday 11th November 2009

Time: 08.30-16.00

To register web address: www.ncnm.ie

Recent Publications

Child Health

Growing Up in Ireland: http://www.esri.ie/Childrens_Longitudinal_Study/

Report on the Audit of the Child Health Screening and Surveillance Programme HSE May 2009 www.hse.ie/eng/Publications/services/Children/chss%20audit.pdf

Review of Adequacy of Child & Family Services HSE 2007 www.hse.ie/eng/Publications/services/Children/2007reviewofadequacy.html

Article by Patricia O'Dwyer on PHN Contribution to Maternal and Infant Health published in May edition Community Practitioner 2009.

Clinical Practise

Guidance on the Adaptation of Clinical Practice Guidelines Paper (NCNM 2009)

Web site www.ncnm.ie/files/publications/Clinical%20Guidelines.pdf

Review of Nurses and Midwives in the Prescribing and Administration of Medicinal Products-Final Report 2008.

Published by An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery. Copies may be obtained either from An Bord Altranais www.nursingboard.ie or the National Council www.ncnm.ie.

HSE

2008 Health Service Executive Annual Report and Financial Statements www.hse.ie/eng/Publications/corporate/AFS2008.html

HIQA

National Standards for the Prevention and Control of Health Care Associated Infections (HIQA May 2009).

These National Standards just published are 'a key component in maximizing patient safety and improving the quality of health and social care services across Ireland, which include hospital, community care, primary care and residential service'. Copies of the standards and associated information can be accessed on the Authority's web site (www.hiqa.ie). For additional queries call 01-8147400.

Unique Health Identifier Report (HIQA ,March 2009) It calls for the immediate introduction of a more robust and safer method of identifying patients in the health and social care system. www.hiqa.ie/media/pdfs/Unique_Health_Identifier_Report.pdf

Institute of Community Health Nursing

Resources on ICHN Web site: www.ichn.ie

Reading List - Community Nursing
Quality & Safety in Healthcare
ICHN publications
ICHN Conferences
HIQA Standards
Recent Publications
Strategy Documents relating to Community Nursing
Assessment Tools

Links on web site

Third Level Colleges
Medical Journals
Medical Websites
Irish Nursing Journals
Irish Based Nursing Research Databases
UK Nursing Journals & Databases
Breastfeeding
Children/Teenagers
Elderly
Food & Nutrition
Health Promotion
Health Related Agencies
Heart Disease
Intercultural Health
Independent Living
Nursing Web sites
Unions
Women's Health

Office Hours are Monday to Friday, 9.30 am – 1.30 pm. Tel: 01 6602689

The Professional Development Officer can be contacted on

01 6349666, mobile 086 0266728 or e-mail maryodowd@ichn.ie

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The Institute is most grateful for all your submissions.