

Institute of Community Health Nursing Spring Newsletter

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Photographs in this edition were taken at the Annual Conference in Galway in September, 2009 and can be viewed on 'ICHN Dublin' Facebook (Link on www.ichn.ie)

education and professional development as well as being a professional voice for Nursing in the Community in the larger arena of Nursing and the Health Service in the country.

Our Autumn Conference and AGM on September 18th, 2010, will mark our 25 year celebrations in style and I hope that many of you will be joining us. New faces are always welcome. There are details within

Spring Forward

Catriona Duignan

The Institute of Community Health Nursing is this year celebrating its 25th Anniversary. This is an important milestone and has afforded us the opportunity to reflect on not just the past 25 years of the Institute, but on Public Health Nursing and the changing face of Nursing in the Community. The resilience of the Institute is down to the commitment of its grassroots members around the country and the hard work of the branch members, of whom many became members of The Institute Executive and Council. With the great work and support, without which we could not function, of our past and present Administrator and Professional Development Officer, the Institute remains a vibrant and significant Organisation. It provides a forum for



Catriona Duignan, ICHN President

the Newsletter and on the website, www.ichn.ie. I can guarantee an enjoyable and informative Conference.

Many of you may already have had the opportunity to attend the Institute's Network and Education evening in various venues throughout the country. The dates of upcoming events in your area are also available within and on the website, www.ichn.ie.

I have had the opportunity to attend in Dublin North in February and more recently in Galway and Athlone. I was impressed with the Organisation and



Patricia O'Dwyer, Mary O'Malley, Julianna O'Carroll, Sr. Elizabeth McNicholas, Annette O'Gara, Catriona Duignan, Margaret McLaughlin, Margaret Keohane, Ann Corridan.

content of the event. The turnout was very good and the multi-disciplinary attendance was a welcome mix. It is an opportunity for education and networking.

Mary O'Dowd, Professional Development Officer in the ICHN is speaking at each event. There is a presentation from the Local Primary Care Transformation Programme Team. Joanne Flood, CNS, gives an excellent talk on dementia, care and services. The evening rounds off with a tea/coffee/wine reception which affords the opportunity to catch up with colleagues and meet new ones.

The Institute remains busy on your behalf on a number of projects. I wish to acknowledge the continued excellent work of the Institute's Professional Forum. As usual I urge you to follow the work of the Forum by logging on to the website, www.ichn.ie and as always I would urge you to consider joining the Professional Forum where your contribution would be welcomed.

The area P.H.N.'s and R.G.N.'s in the Community are very important members of the Forum. I appreciate attendance at meetings (bi-monthly) may prove difficult for some, but correspondence can be done electronically.

The Institute of Community Health Nursing is committed to the continuous Professional Development of Nurses in the Community in the area of education and research. A new Education and Research Application Policy is designed to offer support, in real terms, for members planning to undertake same. Details are within and on the website at www.ichn.ie.

I wish to finish by wishing Happy Anniversary Greetings to the Institute on it's 25 years. These good wishes extend to all members, past and present, all those who have been involved over the years. You know who you are and well done!

Looking forward to our Conference and AGM in September. Look forward to seeing you there.

Update from Professional Development Officer, Spring, 2010

Professional Forum: The Forum continues to meet bi-monthly at Dr Stevens 10.00-3.00pm. The group have completed the **Training & Education plan** for members in 2010. Details of the plan can be viewed on the member's page of web site Also on the members page are the minutes of the Forum meetings. We would welcome new members to the Forum.

ICHN Strategic Plan 2010-2013: The plan and the plan evaluation has been approved by Executive Council and is now available on Members page on web site

Web site: From October 2010 we will be moving the **Resources Section** into the Member's page.

The ICHN is now on **Face book**. Visit our website www.ichn.ie and click the Face book badge, or search Face book for 'ichn dublin' to become a friend of the ICHN. We will be posting news and photos to both our Face book page and our website

Annual Conference: Details of the Annual Conference on September 18th, 2010 are available in this edition of the newsletter and on web site. We recommend booking early as numbers are limited.

Network & Education evenings: Details of future dates are available in Newsletter and also on web site.

Child Safety Awareness Programme training: Details

and application for this training are available in newsletter and on web site.

Interest groups: The ICHN plan to set up Interest groups for members. If you would like to suggest or join an interest group you can contact me.

Master Classes: The ICHN are planning Masters Classes in association with NCNM in May & June 2010. Members will be notified and details will be posted in web site.

Funding for Education & Research: Application for funding to be submitted by May 31st 2010. Application forms will be available on member's page on web site from April 15th 2010.

Clinical Leadership for Innovation in Primary Care: The School of Nursing & Midwifery, UCD in association with ICHN are currently preparing a Level 9 Module (15 ECTS) to commence September 10. Further details will be posted on ICHN web site.

A meeting has been arranged with Siobhan O' Halloran, Nursing Services Director, HSE to discuss members concerns.

For further information contact me at maryodowd@ichn.ie, Mobile: 086-0266728.
Web: www.ichn.ie



Institute of Community Health Nursing
Conference and AGM
2010



Celebrating 25 Years
1985 – 2010

'Achieving Quality and Safety in the Community'

Saturday 18th September 2010

The Grand Hotel, Malahide, Co Dublin

All Conferences are worth attending, but if you want to be part of one of the most exciting and memorable Conferences for Community Nurses, then make sure that you register for this one. You will be in good company.

President of Ireland, Mary McAleese, has graciously accepted the invitation to formally open the conference and join the Institute in celebrating a milestone in the history of Community Nursing in Ireland.

Dr John Bowman, historian and broadcaster, will Chair the Conference and facilitate stimulating discussions with the high profile speakers who will present on the theme.

Mr Fergus Finlay, Chief Executive of Barnardos Ireland, who will no doubt captivate your mind and heart in his address about the work of Barnardos and the role which the Public Health Nurse and Community RGN can play.

The aim of the Conference is to inform community nursing staff of the implications of the implementation of the Madden Report, and to provide opportunities to interface with speakers on subjects including: Maternal and Child Health, Elderly care, Population Health and Leadership in Community Nursing.

A large Exhibition of products, samples, services and educational material relevant to community nursing will give ample opportunity to speak to representatives in a relaxed and informal mood.

'Never mix business with pleasure' – there is always an exception to every rule. In addition to meeting and greeting old and new colleagues over coffee, why not extend the day and join us for the Conference Dinner which will take place on Saturday night. Better still take advantage of the Conference Package being offered by the Grand Hotel and make a weekend of it.

This conference will be open to members and non members of ICHN (nurses working in the Community). If you are not already a member, take advantage of the reduced conference rate by becoming a member and enjoy the additional benefits of the Institute.

Full programme and Booking details will be available on www.ichn.ie or email ichnconference@gmail.com for further details.

Support Services Provided by Public Health Nurses to Breastfeeding Mothers

Helen Mulcahy, School of Nursing & Midwifery, U.C.C.

A National Study of Breastfeeding Support Services Provided by Public Health Nurses (PHN) was commissioned by the HSE and undertaken by nurse/midwife researchers in UCC to review provision of existing breastfeeding support services. The breastfeeding rates in Ireland are among the lowest in Europe. In 2006, 44.5% of mothers were recorded as breastfeeding on discharge from hospital and this decreased further to 19.5% at 3 months. Breastfeeding support services in Ireland include both statutory and voluntary services and also include family and friends. PHNs provide a universal statutory service to mothers and babies from birth to school going age.

This study used three national samples; mothers with children under three years of age (n=1,854), Directors of Public Health Nursing (DPHNs) (n=24), and PHNs (n=204). Questionnaires were completed and returned either by mail or online.

The results showed that Directors of Public Health Nursing reported that there was consistency around the country in terms of a positive organisational culture towards breastfeeding. This finding demonstrates a commitment to breastfeeding support by the PHN service. In terms of appropriate service delivery, findings revealed that the majority of PHNs were educated in breastfeeding support and they reported a high degree of self-rated confidence in their ability to support mothers.

The majority of mothers who responded were over 35 years; married and had third level education. The



majority of mothers had decided on a method of infant feeding prior to pregnancy or in early pregnancy, which is consistent with International literature. Mothers also indicated making a conscious decision to breastfeed using a whole variety of feeding combinations. Furthermore, satisfaction with breastfeeding was related to mothers' achieving their own goals in terms of planned duration of breastfeeding, indicating the importance of planning care in collaboration with mothers' desired outcomes.

Overall, mothers had high levels of breastfeeding self-efficacy (confidence in their ability to breastfeed) with a sub group of mothers in which their levels were very high, indicating broad variability in characteristics of breastfeeding mothers. PHNs had a more positive attitude to breastfeeding than breastfeeding mothers which was highly statistically significant and an unexpected finding but may be related to the fact that they had education on breastfeeding.

PHNs were not always able to provide timely support services in the form of primary follow-up visits, or planned essential week-end service. Mothers indicated that the PHN service was not always enough to meet their needs. A wide variety of appropriate supports are available, and encouraged, but not always referred to



Sheila O'Malley, Catriona Duignan, Brian Murphy - National Primary Care Services Manager HSE

by PHNs or used by mothers to their full potential. This indicates that the referral agent part of the PHN role is underutilised and not focussed enough on the health assessment element inherent within the concept of community as client. Universal services generally have universal reach; therefore it is not surprising that statutory support services were deemed more widely available than voluntary within this study.

Mothers indicated their preference for one-to-one support in the early postnatal period, while also valuing the availability of support groups which were facilitated by over half the respondent PHNs. While mothers highly ranked 24 hour help-lines as supportive, it was also found that where this service was available, it was not used to its full potential. Specifically in relation to PHNs, mothers indicated that breastfeeding support groups in their area, phone numbers of PHNs, especially with same day response, seven day week PHN service, more home visits, and scheduled phone calls would have been considered beneficial. The majority of mothers were satisfied with their overall breastfeeding experience. The services they used and rated most highly were chat rooms/blogs and the drop-in well baby clinics run by PHNs received very positive evaluation and comments. The researchers have made recommendations based on the results to improve breastfeeding support services nationally.

Recommendations

1. Ensure evidence-based breastfeeding education is available to all PHNs at initial education and in-service levels*.
2. Standardise breastfeeding education for PHNs and undertake yearly audits to monitor the numbers who have attended breastfeeding course and the numbers awaiting attendance at these courses*.
3. Increase the availability of breastfeeding education programmes for all relevant community health workers and monitor attendance*.
4. Ensure that breastfeeding education of mothers is in line with that provided for health workers to avoid conflicting information being given*.
5. Extend the availability of e-learning opportunities and web-based information for PHNs on best practice in relation to supporting, protecting and promoting breastfeeding for their clients*.
6. Provide high quality interactive web-based breastfeeding educational resources, to include blogs, social networking sites etc. for expectant and new mothers*.
7. Develop strategies that address organisational cultures that are ambivalent or antagonistic to breastfeeding promotion and support*.
8. Achieve and maintain the HSE Performance Indicator that requires PHNs to visit all new mothers within 48 hours of discharge from maternity hospital care*.
9. Ensure that early, concentrated and follow-up home visits to breastfeeding mothers are prioritised by DPHNs and LHO managers*.
10. Ensure that breastfeeding support home visits are prioritised for planned essential home visits at weekends (i.e. the PHN weekend service) thus making the PHN service to breastfeeding mothers a 7 day service*.
11. Increase PHN accessibility for breastfeeding mothers e.g. by telephone*.
12. Ensure that the breastfeeding mother's partner and family are included to effectively support breastfeeding.
13. In undertaking community needs assessments PHNs need to identify all available resources for breastfeeding support and provide their clients with contact details for these resources*.
14. Increase the availability, geographic spread and frequency of breastfeeding support groups and consider the needs of mothers in the timing of these*.
15. Encourage the development of the community mothers programmes to provide breastfeeding support*.
16. Increase the accessibility of appropriate breastfeeding specialists to act as resources for PHNs –this could be a PHN, Midwife or lactation consultant*.
17. Develop an appropriate 24 hour breastfeeding information help line for clients and communicate its availability*.
18. Implement a formal mechanism for evaluating breastfeeding support services and identifying gaps in service in each LHO area*.
19. Assess facilities in health service areas and public service areas generally to ensure they are welcoming to breastfeeding mothers and provide information on how this can be achieved*.

*** Virtually all of the above recommendations could be addressed with the implementation of an initiative based on the WHO/UNICEF Baby Friendly Initiative.**

Delirium:

Joanne Flood, RPM, PG Dip, MSc.

Delirium is a **sudden, fluctuating**, and usually reversible disturbance of mental function. It often indicates a usually serious, newly developed problem especially in older people, and those who have a delirium require immediate medical attention. Delirium is subcategorised into; hyperactive, hypoactive and mixed delirium.

Signs and symptoms of delirium include:

- An acute or sudden onset of a confusion in someone. This may have developed over hours to a few days. In some cases it can develop over a couple of weeks.
- The confusion may fluctuate over the course of a 24 hour period. For example the person may be subdued early in the morning, become more agitated in the evening time and may stay awake in this agitated state over the course of the night.
- In a hyper active delirium the person may experience hallucinations - seeing things and paranoia .
- The person with a delirium may have an inability to focus or have any attention and mood swings may be evident that are out of character.

Delirium is usually a condition with a **medical or physical cause** and if these causes are identified, managed and treated quickly the delirium can be cured.

Delirium can occur at any age but it is more common in older people, particularly those residing in long term care settings and those who have been hospitalised. Research on those suffering from a delirium is sketchy as the diagnosis of delirium is not always successful however, it is believed to affect between 15-50% of older hospitalised patients.

Those who may be a high risk for delirium include:

- Those over the age of 65 years.
- Those who have a Urinary Tract Infection (UTI) or a Respiratory Tract Infection (RTI)
- Those with a diagnosis of Dementia
- Anyone who has recently had an operation or a recent hospital admission
- Those with a history of Alcohol excess.

The DSM IV criteria for a diagnosis of delirium is:

- Disturbance of consciousness (i.e., reduced clarity of awareness of the environment) with reduced ability to focus, sustain or shift attention.
- A change in cognition or the development of a perceptual disturbance that is not better accounted for by a pre-existing, established or evolving dementia.
- The disturbance develops over a short period of time (usually hours to days) and tends to fluctuate during the course of the day
- There is evidence from the history, physical examination or laboratory findings that the disturbance is caused by the direct physiological consequences of a general medical condition.

These criteria help to differentiate Delirium from Dementia or help identify a delirium superimposed on a pre-existing dementia.

Delirium superimposed on Dementia is often very difficult to identify and can go left untreated. This is because both cause confusion. to distinguish between the two Physicians need to pay particular attention of the onset and duration, and what the persons baseline or previous level of confusion or cognitive impairment was. It is important to treat any serious worsening of confusion in a person with dementia as a delirium until proven otherwise.

References:

- 1: Forsyth, D. et al (2005)
- 2: NICE Delirium Final Scope (2008)
- 3: Irving, K. et al (2006)
- 4: DSM IV



Patricia Dwyer - Conference Chair

HSE Child Safety Awareness Programme (CSAP)

An evidence based model of best practice

Background:

Unintentional injuries (accidents) remain a significant cause of death in Ireland for children under the age of five. They account for almost 50% of all childhood deaths each year.

Each year, in Ireland, approximately 75 children die, 15,000 are admitted to hospital and 150,000 are treated in Accident & Emergency Departments as a result of unintentional injuries.

Children are naturally curious and will therefore want to explore the world around them. The more mobile they get, the more adventurous they get. But all around them, particularly in the comfort of their own home, there are many seen and unseen dangers.

Certain unintentional injuries can occur whatever a child's age, however, children in the 0 to 5 age group are most at risk of injuries in the home.

Most common causes of unintentional injuries in children are

- Falls
- Cuts
- Burns/Scalds
- Poisoning
- Choking
- Road Traffic Crashes

Research has shown certain risk factors where child unintentional injuries are concerned. These include the following:

- 50 –70 % of all child unintentional injuries in the 0-5 age group occur in the home with children between the ages of one to three years have the highest incidence of unintentional injuries. However the risk of having an unintentional injury at home appears to decrease after the age of 5, the home posing less danger to older children.
- Boys have a higher risk of unintentional injuries than girls at every age,
- Within the home, the kitchen is the most common place for unintentional injuries to occur; 40 % of all home unintentional injuries occur here.
- Unintentional injuries within the home appear to peak between the hours of 5-7pm with a smaller peak between 1-3pm. The types of unintentional injuries presenting appear to have a pattern and are

linked to the timing of certain activities within the home (Mealtimes, T.V. medicine times) i.e.

- Burns/Scalds were more likely to occur at mealtimes,
- Poisonings were more likely to occur before 11am,
- The children who are most likely to attend A& E with unintentional injuries, are children who have been there before.

A Child Accident Prevention Programme was piloted within the former Midland Health Board and was found to be effective in reducing and preventing child unintentional injuries within the Home (MHB 2000). This project resulted in the development of the **Child Safety Awareness Programme (CSAP)**.

Aim of the HSE Child Safety Awareness Programme (CSAP)

- To reduce and prevent 'unintentional injury' to children in the 0 – 5 age group within the home

Objectives of the Child Safety Awareness Programme (CSAP)

- Empower families to make the necessary changes within the home to promote child safety
- To develop a model of good practice on child injury prevention

The CSAP is delivered by the Public Health Nurse at child health surveillance visits in line with the **Best health for Children Guidelines**. It targets parents/carers of children in the 0 -5 age group and is divided into 3 specific age and developmental stages:

0 – 11 months 12 – 23 months 2 – 5 years

As both children both need and want to explore their world, it is therefore important that parents and guardians ensure their world is as safe as possible.

The key message of the CSAP is: **Watch your child at all times as they do not understand danger.**

Empowerment and active participation by parents and carers are key elements to this programme.

Clinical Guidelines have been developed to ensure quality and standardisation for the delivery of the programme. The guidelines include recording guidelines of the CSAP in the Child Health Records.

To support the delivery and effectiveness of the CSAP, the following resource materials have been developed:

- **CSAP Manual:** PHN resource and reference on child safety awareness
- **CSAP Wall Chart:** a home resource for parents/carers on child safety awareness
- **CSAP Leaflet:** an awareness raising leaflet on child safety
- **CSAP Traveller Specific Wall Chart:** a resource for parents/carers in Traveller Specific accommodation on child safety awareness
- **CSAP Large Display Poster:** a display resource for healthcare and other appropriate settings.

The materials developed build on the 'safety check sheet' used in the original programme, (MHB, 2000). The materials have been developed in line with good practice and are consistent with evidence-based practice in child injury prevention. (Colver, 1982, Mullen & Smithson 2000, MHB, 2000).

The graphics have been designed to ensure they are highly visual and not reliant on literacy skills / abilities. One in four adults has severely limited literacy abilities, (NALA, 2001).

The graphics were also designed to allow broad and meaningful cultural interpretation and use within a variety of home settings.

The CSAP materials have been designed to ensure they are relevant to the child's age and development stage, which as detailed earlier is a known risk factor in the incidence of childhood injuries in the home setting.

All 3 pieces of materials contain the Equipment Checklist which is one of the main elements of the programme. This checklist identifies 11 key areas/items in the home that help keep your child safe at home.

To address financial barriers to the programme, Community Welfare Supports have been identified and developed.

Evaluation of the CSAP

The CSAP was evaluated within the former MHB area (CHILD SAFETY AWARENESS PROGRAMME (CSAP) Evaluation Report 2004)

Objectives of the CSAP evaluation:

- To evaluate the effectiveness of the CSAP training programme for PHNs
- To evaluate the effectiveness of the CSAP resource materials i.e. leaflet, wall chart and manual

- To evaluate the impact and outcomes of the intervention within the home
- To evaluate the guidelines to the programme

Overview of the positive finding:

- The PHN's responses showed that the objectives of the PHN training programme were achieved and that teaching and learning experiences were successfully delivered
- Parents responded positively to all aspects of the CSAP. They described gaining valuable and relevant knowledge on child safety from the CSAP.

CSAP Training for PHNs

All PHNs involved in Child Health receive a 1 day *CSAP Training programme for PHNs* which An Bord Altranais has granted Category 1 accreditation. Thereafter this training programme is available on an annual basis – if required - for all newly appointed PHNs.

Following the training all PHNs commence the delivery of the programme to parents/carers of children in the 0 – 5 age group at the 5 child health surveillance visits in line with Best health for Children guidelines.

CSAP National Training of Trainers PHN Programme:

CSAP National Training of Trainers PHN programme was developed and delivered to HSE health personnel throughout the country in 2007 and 2008. The aim of this training was to train key personnel in this valuable programme so that they could provide and deliver the CSAP training to PHNs in their region. As a result of this national training of trainers programme, PHNs in some other HSE areas are also currently delivering the CSAP to parents/carers.

For more information on child safety and the HSE Child Safety Awareness Programme (CSAP) contact:

Brenda Shannon

Dept of Public Health/Population Health Directorate,
HSE Dublin Mid-Leinster

6 Church St, Longford. Mobile: 086 3808536

Office phone: 043 3344084

email: brenda.shannon@hse.ie

PLEASE SEE BACK PAGE FOR DETAILS OF

**Training of Trainers Programme
One day course**

International Conference on Public Health Nursing 'Challenges, Approaches and Solutions'

Catriona Duignan, ICHN President

Diakonova University College, Oslo, Norway hosted their first International Conference on Public Health Nursing in October, 2009.

Mary O'Dowd, Professional Development Officer, Mary O'Malley, Eithne Garrick and myself, attended from Ireland, representing Irish Public Health Nursing and the Institute of Community Health Nursing.

The goals of the Conference were to explore International challenges and solutions in Public Health Nursing across the life span and to establish International networks in Public Health Nursing.

The Conference ran over 2 days which included a number of Plenary Sessions. There was a broad range of Public Health Nursing issues covered.

It was an invigorating Conference because it was so refreshing to see an International focus on Public Health Nursing and realise that the challenges are the same across the world.

There were speakers and attendees from Norway, Iceland, Sweden, England, Scotland and the U.S. One of the Professors from Diakonova University, Janne Rosvik, made a presentation on the challenges for Public Health Nursing in China, where she spent a time working in 2001.

Presentations from the U.K., Europe and USA all had similar themes familiar to the Irish experience. The common challenges included, epidemic chronic diseases, ageing populations, individualism, refugees, obesity, diabetes and cancer. Health inequalities featured in all of the presentations from around the world as a challenge to Public Health. Solutions offered were also universal and included free, common services that are accessible to all. Targeting interventions towards those most in need in a framework of vertical equity was a common solution offered. A call for multi-faceted assessment which is process and outcome focused, was again common to most speakers.

I was particularly pleased to be able to attend a workshop on 'The Public Health Intervention Wheel', which was attended by one of its main contributors, Dr Marjorie A Schaffer, Professor in Nursing, Bethel University, U.S.A.

The Intervention Wheel is a model for explaining what Public Health Nurses do in their practice. The workshop provided an overview

of the model and participants had the opportunity to apply the interventions to examples in practice.

Professor Linda Olson Keller from the University of Minnesota, whom many of you may be familiar with, contribution to the conference was very significant.

The Institute are excited to have Professor Olsen Keller as our guest speaker at our Conference here in Malahide September 18th 2010. Professor Keller has written extensively on Public Health & Public Health Nursing. One of her more widely known subjects is her work on 'The Cornerstones of Public Health Nursing'. It serves as a companion framework to the Public Health Intervention Wheel. The 'Cornerstones' articulate synthesis of the concepts, values and beliefs contributed by the discipline of Public Health (social justice, population focus, epidemiology, health promotion and prevention) and the discipline of Nursing (ethic of caring, holistic relationship-centered practice, sensitivity to vulnerable populations and independent practice). This syntheses form the foundation underlying the practice of Public Health Nursing.

The Conference offered so much to Public Health Nursing Practice and as I said earlier, it was very relevant to our practice in Ireland. It was refreshing to re-orientate our minds to Public Health priorities in Nursing and remind ourselves that, in the words of Linda Olsen Keller; "Public Health Nurses are an important part of the solution to the Health Challenges in the world today".



Geraldine Love - PHN, Marcella Walsh - PHN, Beatrice Reddy - PHN, Deirdre Williams - PHN, Sligo Area.

'Working together –let's do it'

AGM and Workshop

Friday 18th September 2009

Radisson Hotel, Galway

Mary O Dowd Professional Development Officer ICHN



The Institute of Community Nursing hosted a workshop with the theme *'Working together –lets do it'*, in conjunction with the AGM, to explore the future of Community Nursing in Ireland. Invited speakers from Department of Health & Children, Nursing division HSE, An Bord Altranais, Nursing & Midwifery Council and HSE Primary Care, outlined their future strategy in relation to the delivery of services. The attendance included representatives from community nurses in management, education, practise development and clinical services. the papers delivered included

1. **Evolving Role of the Nurse and Midwife in line with Policy Developments** was delivered by Mary Frances O Reilly, Director NDPU, Galway. Her paper included an overview of the Office of Nursing Services Director (ONSD) and the key policies/contextual issues influencing the nursing and midwifery agenda. She also described some of the key initiatives.
2. **Clinical Governance and Professional Development in Community Nursing** Georgina Farren, Professional Development Officer (Midwifery) NCM. Her paper explored the key attributes of Clinical Governance
 - ◆ High standards of care

- ◆ Transparent responsibility and accountability for these standards
 - ◆ A constant dynamic improvement
3. **Regulation and Registration in Community Health Nursing, Thomas Kearns Education Officer, An Bord Altranais.** He outlined the anticipated regulatory changes based on legislation.
 4. **Community Nursing in Primary Care, Mr Brian Murphy, National Primary Care Service Manager** gave an overview of the progress to date in implementing primary care. He also outlined the key role of nurses in primary care teams, nurse training, the benefits of team based approach and the planned integrated service delivery model. He described primary care as “the bedrock of the HSE’s Transformation Programme. and the key enabler for Integrated patient care.
 5. **Workshop:** In the afternoon session the attendees reflected on the themes from the morning papers and their significance to the delivery of community nursing. The concerns raised included the lack of resources to deliver a universal, high quality community nursing service.



Georgina Farren - PDO National Council for Nursing and Midwifery Development, Sheila O'Malley - Chief Nursing Officer Dept of Health & Children, Thomas Kearns - Education Officer An Bord Altranais, Ms Mary Frances O'Reilly - PDU HSE, Mr Brian Murphy - HSE, Ms Patricia Dwyer - Conference Chair.



The Institute of Community Health Nursing

Wish to Invite you to a Network & Education Evening

7.30 - 9.30pm

Presentations for the evening include:

- *Community Nursing: The Future?* - Mary O'Dowd, Professional Development Officer ICHN
- *Primary Care Developments In Your Area* - HSE Transformation Development Officer
- *Dementia: Early Detection & Diagnosis and Management of Challenging Behaviour*
- Joanne Flood, Community Education Officer; Home Instead Senior Care

Drinks Reception afterwards

RSVP: Tel. 01 297 3490
info@homeinstead.ie



Network Planner

| DATE (Time 7.30pm-9.30 pm) | COUNTIES remaining | VENUE (Further venues will be posted when confirmed see www.ichn.ie) |
|-------------------------------|-----------------------|--|
| April 14 | Cork City | River Lee Hotel, (Jurys) Western Rd |
| April 15 | North Tipp | The Abbey Court Hotel , Nenagh |
| April 21 | Louth | Crown Plaza Dundalk |
| April 28 | North Dublin | Bewley's Hotel, Dublin Airport |
| May 5 | Limerick | Clarion Hotel, Limerick |
| May 6 | Kildare | Newbridge Silverware |
| May 12 | South Tipp | Raheen House Hotel, Clonmel |
| May 13 | Meath | New Grange Hotel, Navan |
| May 19 | Donegal | Clanree Hotel |
| May 20 | Sligo | |
| June 2 | Clare | |
| June 3 | Kerry | Carlton Hotel ,Tralee |
| June 16 | Carlow/ Kilkenny | |
| June 17 | Laois/Offaly | |
| September 1 | Mayo | |
| September 2 | Roscommon | |
| September 8 | West Cork | |
| September 9 | North Cork | |
| September 16 | Cavan Monaghan | |



Deirdre Williams, Siobhán O'Neill, Sr. Elizabeth McNicholas, Caitriona Duignan, Mary Curran, Geraldine Love, Anne Keane, Marcella Walshe, Beatrice Reddy.



Kerry Group, Anne Corridan, Elsie Moore, Julianna O'Carroll, Caitriona Duignan - ICHN President, Mary Hart, Clare McSweeney.



Mary O'Dowd PDO, Mary Frances O'Reilly PDM WHB, Mr. Brian Murphy HSE, Caitriona Duignan President ICHN, Patricia Dwyer ICHN, Thomas Kearns Educational Officer An Bord Altranais.

Child Safety Awareness Programme (CSAP)

Training of Trainers Programme
One day course
in

Dr Steeven's Hospital,
Dublin 8

(located opposite Heuston Station, Dublin)

Tuesday 18th May,
2010

10am- 4pm.
Light lunch provided.

Brenda Shannon

Project Leader,
HSE Child Safety Awareness
Programme (CSAP)

Dept of Public Health/Population
Health Directorate

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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.