

Institute of Community Health Nursing May Newsletter

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Challenging Times

No one needs reminding of the challenging times we find ourselves in.

Its all talk of Ceilings, Cut-backs and Changes.

The *Ceiling* that concerns us now is the elegant one covering the Grand Hotel in Malahide. This is where we are hosting our Institute Conference, 'Contemporary Nursing in the Community' on Friday and Saturday, 22nd and 23rd May 2009.



Catriona Duignan, PHN, President,
Institute of Community Health Nursing

One of the many *Cut-backs* to endure results in having minimal opportunity to attend Conferences, educational events and a chance to network with colleagues. This is your chance! **If you haven't already registered, you can still do so by contacting Conference Co-ordinator Grainne Lynch at 085-1705005 or (see poster on page 10)**

The programme is designed to reflect Contemporary Practices throughout the country in Community Nursing and Health Care delivery. It is an ideal opportunity to show-case some of the great work in progress by our fellow members such as Maria Flannery-O'Boyle's 'Networking Mothers Programme' and Anne McDonald's 'Population Health Tool'. The topics are wide ranging and I am sure everyone will find the Conference rewarding.

Change is inevitable! Lets turn the Challenge of Change into an Opportunity. The Institute is keeping up with the ever-evolving Health and Social Care Environment in which members work.

Change is good! During the past year the Executive and Council have seen a number of new faces. Happily we are seeing an increase in membership figures. Our Website has been given a facelift too. A major change the Institute is very happy to announce is the recent appointment of Mary O'Dowd as Professional Development Officer. Mary is looking forward to meeting all of you at the Conference and

around the Branches in the coming year. With Mary on board, we hope to realise a bright future for the Institute.

The Professional Forum will reconvene in June, with a meeting to take place at Dr. Steevens Hospital on Thursday 11th June at 11.30 a.m. The important function of the Professional Forum is central to a successful Institute. Any member out there who would like to be on the Forum is most welcome. I would particularly invite interest from Registered General Nurses working in the Community.

As we head into the Summer let the Institute's Conference be our ray of sunshine. Looking forward to meeting you all - remember members, you are the Institute!

Catriona Duignan,
President.

“Focus on Families”

CPHVA/UNITE Annual Professional Conference 2008

As President of the ICHN I was invited as a guest to attend the annual Community Practitioner and Health Visitors Association (CPHVA) conference in Harrogate in November last. The conference programme included a wide range of speakers and topics pertinent to PHN and Community RGN practice in Ireland. The main focus was on Health Visitor Practice, but there was representation from School Nursing, Specialist Community Nursing and Community Nursery Nurses. Representation from District Nurses was limited, as they are affiliated to another Union.

Kathleen Griffin, Practice Development Officer in the Midlands and member of the Institute’s Professional Forum also attended on behalf of the Institute. Kathleen’s hard work on the Organising Committee for last year’s All Ireland Conference meant that she has forged important links with CPHVA members in the UK and Northern Ireland.

The next All Ireland Conference is due to be held in Belfast in 2010, with preparations by the Organising Committee already underway. Attendance at the conference in Harrogate allowed for strengthening of links with the CPHVA. The collaboration of the ICHN with the PNA and CPHVA encourages the sharing of practice initiatives, research, and professional issues that cross all professions both North and South. This networking and sharing cannot but be of benefit to all of these organizations, while still maintaining each one’s uniqueness.

The Institute of Community Health Nursing is recognised as a significant Professional and Educational body representative of Community Nurses in Ireland. Our presence at the conference was acknowledged



Kay Kane, CPHVA N. Ireland; Briege Coyle, CPHVA N. Ireland; Catriona Duignan, PHN, ICHN President; Kathleen Griffin, Practice Development Co-ordinator/ICHN member; Dr. Cheryll Adams, UNITE/CPHVA U.K.

from the podium on a number of occasions. Institute members Sylvia Mc Shane, UCD lecturer in PHN Nursing Studies, and Susan Kent, PHN, HSE North East both attended the conference as independent delegates. Of course we met and shared discussion and debate on the conference material and what it meant to our practice in the Republic.

We had the opportunity to have a private enlightening conversation with Prof. Sarah Cowley, Professor of Community Practice Development in Kings College, London. Her published work and research papers reflect her Health Visitor and her interest in public health and positive health. She has a special interest in relation to Needs Assessment, families and social environments.

As part of our conversation we strove to clarify confusion surrounding the title ‘Family Nurse’. Prof. Cowley clarified that the ‘Family Nurse Practitioner’ is based on a health visitor/psychology model presented by David Olds in the U.S. There also exists Hilton Davis’ ‘Family Practitioner’, and finally the World Health Organisation ‘Family Health Nurse’ to which the Irish PHN is most closely aligned.

The following is a cross-section of some of the many interesting presentations at the Conference which may be of particular interest to Institute members.

“Are UK Children the Most Disadvantaged in Europe?”

Alison Marshall, Head of Public Affairs UNICEF UK

‘Disadvantage’ is relative and is about much more than just poverty.

UNICEF’s 2007 report on Child Wellbeing in rich countries put the UK at the bottom of the league table overall.



Kathleen Griffin and Catriona Duignan

A number of social issues that contribute to this were cited. 'Out of Home' child-care is increasingly the norm. Poorer children, while having access to child-care, tend to access 'poorer' quality child-care.

Ms Marshall discussed how the UK Government aims to implement recommendations from the Convention on the Rights of the Child to improve the lives of children in the UK. The main focus of the presentation was on how to achieve this by investing in Early Childhood Services. Ms. Marshall acknowledged the importance of the Health Visitor's input in the area of child health and wellbeing.

Reference was also made to the Health Visitors Needs Assessment of Populations and how the results then dictate Health Visitor numbers and skills mix.

I found it interesting that although the discussion was U.K. focused, in Ireland we can recognize similar social frameworks and thus the solutions are similar too.

Almost as a follow-on from this discussion there was a Plenary session where representation was made from the four countries of Britain and Northern Ireland. They each presented their innovative approaches to practice.

It was interesting to note that in Scotland, policy is driving toward 'Family Centred' care committed to supporting children up to 8 years old, in the family setting. They discussed universally accessible models of Community Health Teams and Evidence Based Interventions. These included greater numbers an input from School Nurses and the empowerment of families' ability to cope and meet their identified need. 'Early Years Intervention 2008' initiatives include working in partnership with other agencies including education and local authorities. It recognises the input from midwifery and nursing and acknowledges the importance of prevention and early intervention.

Scotland's proposed 'Community Health Nurse' model, which is closely related to the PHN generalist model practiced here, is being met by great opposition from practitioners in Scotland. From our point of view, I think this is a very interesting angle from which to observe the reaction. The Scottish practitioners cite a genuine fear of losing some Health Visitor skills, not least in the area of Child Protection!

Infant Feeding -Short Paper Presentations

There were a number of concurrent sessions to choose from on Friday afternoon and I was drawn to this:

The UNICEF 'Baby Friendly Initiative', implemented in the U.K and in Ireland.

There is evidence to demonstrate that it's implementation in hospitals and in the community



Dr. Cheryll Adams; Brieger Coyle, Kathleen Griffin

demonstrate both clinically sound and cost effective interventions to improving health care. In areas of the U.K a 10% increase in breast feeding rates has been reported as a result of accreditation.

Various projects described similar aims, processes and outcomes. Some of these include partnership with health, social and voluntary agencies and involving community development workers. A project in Oldham, for example, described how parents were provided with a file containing information, staff contact details and breast feeding support group information. Staff had a regular newsletter. Breast feeding training is mandatory. One area that is being developed is the area of ante-natal interventions.

Tackling Inequalities in Breast Feeding Initiation and Continuation in an Urban P.C. Trust

Louise Condon works as a Breast Feeding Development manager in Bristol. Her role in public health is combined with research. She described the 'Bristol Project'. In Bristol it was found that breast feeding rates were lower than the national average. The project involved use of innovative models of delivery to reduce inequalities and thus increase rates. The main areas of the project were as follows.

- Examination of practices already in place by talking to health visitors, midwives and families to identify needs.

- Partnership, working with health, social and voluntary agencies.

- Ensuring breast feeding support group counsellors have access to training and are well supported.

- Implementation of evidence-based interventions.

- Evaluation of training and outcomes.

- Commissioning research on breast feeding promotion in children's centres.



Briege Coyle; Dr. Cheryll Adams;
Kathleen Griffin; Catriona Duignan

Auditing Infant Feeding

Jewant Singh is an Infant Feeding Co-ordinator in Birmingham with many years experience as a health visitor and a breast feeding consultant. A Breast Feeding Action Plan was developed when instances of breast feeding were found to be low.

An Infant Feeding Audit Tool which captured information at 10-14 days, at 6 weeks and at 6 months was used to measure the effectiveness of interventions. The tool examined reasons for feeding choice, what would have helped, fully breast feeding and supplementing. The results showed that ante-natal education was very important, with ongoing promotion of a positive breast feeding experience including vital assistance from health visitors and support groups. This feedback to health visitors resulted in the setting up of ante-natal breast feeding workshops.

The New UK90-WHO Growth Chart - a growth chart for all children.

Dr David Elliman, Consultant in Community Child Health, Great Ormond Street hospital and Islington PCT.

The UK-90-WHO growth chart is a combination of World Health Organisation and British data. The WHO chart uses measurements from healthy, non-deprived breast feeding children of non-smoking mothers worldwide, from a range of ethnicities.

The new chart represents a healthy pattern of growth which should be aspired to, and is suitable for all children whether breast or formula fed and of every ethnic origin.

The Department of Health commissioned the Royal College of Paediatrics and Child Health to set up a multidisciplinary group to adapt the chart for UK use.

This group's research determines that the new growth chart is more comprehensive than those in present use.

It more accurately identifies genuine childhood obesity and malnutrition. The charts are available in A4 size and a size suitable for the PHR booklets.

The significance of this for Ireland is that we are presently using the UK's Growth Chart which will soon be out of use as the new chart is adopted. The roll-out of the new chart in the UK involves a plan for dissemination, including an extensive training programme.

The evidence points to it being a superior tool and in Ireland we should be prepared to move in that direction too.

Post Natal Depression Update

There were some interesting presentations in relation to Maternal and Child Mental Health and Wellbeing.

Prof. Martin Knapp is a Professor of Social Policy. His programme of work focuses primarily on economic aspects of mental health and social wellbeing. His presentation examined the individual/family of non-identification of post natal depression, the social impact and the economic backlash. Professor Knapp described an analysis of interventions by G.P.s and Health Visitors using cost/benefit ratios. His work showed that Health Visitor strategies were preferable when compared to G.P alone strategies.

David Goodban has a background in Social Work and Family Therapy, and is involved in a national Perinatal and Infant Mental Health Network. He described research that shows the effect of stress/cortisol on foetal development, especially cognitive. He discussed the effect of substance abuse, history of depression and maternal post natal depression on the infant.

Mr. Goodman advocated an approach which involves a multi-professional and multi-agency input. This approach acknowledges the need for specialist training and admits to the challenge of the difficulty in demonstrating the cost/benefits of interventions.

For more information on the subject of Perinatal Infant Mental Health see www.pimh.org.uk

The previous summaries were but a small sample of the conference content which may be of interest to practitioners here. I acknowledge that our Community Nursing structures are different, but I believe we can share and learn from our nursing colleagues in the North and in Britain.

For more information on this conference and their upcoming 2009 conference visit the CPHVA website at www.amicus-cphva.org It is a useful website and you may consider joining their mailing list.

Catriona Duignan, ICHN President

Miller Trust Award Presentation:

Projects reflecting the recent changing emphasis to care in the home and the community

The Institute of Community Health Nursing Cork Miller Trust Awards were celebrated on 27th November last in Cork. The ICHN Cork Miller Trust is responsible for the administration of an inheritance received from the estate of Mrs. A. L. Miller. Mrs. Miller was very appreciative of nursing care that her family received in the community, in respect of her son who had special needs. Her wishes were that the poor or deprived of Cork City and County benefit from the bequest. The ICHN Southern Branch (the Trustees) received the inheritance in January 2002. They have endeavoured to utilize it to promote improved nursing care and understanding for these groups in the population. A sub-committee meets and administers the trust. With a focus on the disbursement of this funding, the sub-committee will continue to oversee the implementation of the Awards. Those who receive awards are expected to identify the contribution their projects have made to the poor/vulnerable people of Cork.

Presentations by previous scholarship recipients

The Branch Chairperson Sheila Cahalane welcomed a group of approximately thirty nurses. The afternoon



Cork group: Sheila Cahalane, Branch Chairperson; Imelda O'Connor PHN; Margaret Keohane PHN; Teresa Wills UCC; Mary Rose Day UCC; Brigid O'Brien

began with presentations by those who have received scholarships in the past. Presentations were given by recipients Margaret Keohane, Imelda O'Connor, Mary Rose Day and Teresa Wills. The following are two of those presentations which will show the beneficiaries' achievements in their individual areas of practice.

EVALUATION OF PEER/PROFESSIONAL LED SUPPORT GROUP FOR CARDIOVASCULAR PATIENTS

Imelda O'Connor

To date very few studies have been carried out on peer support groups for patients with cardiovascular disease (Hildingh, Fridlund and Segesten, 1995). This prompted the researcher to evaluate a peer/professional led support group by exploring the experiences of patients within such a cardiac support group. The desire to explore experiences ultimately led to a qualitative method being employed for the purpose of this research.

A purposive sample of 12 people participated in the study. The sample comprised of six men and six women, ranging in age from 49 years to 72 years. They all attended a cardiac support group in one of the following community care areas – North Lee, South Lee or West Cork. The cardiac support groups have been in existence for 2 to 3 years.

The data gathering method involved semi-structured interviews. The interviews were conducted over a six-week period and each interview lasted 30 – 40 minutes. When five interviews had been made with regular attendees of cardiac support groups, saturation was obtained. However, three more interviews were analysed, indicating that no further interviews would be needed. Four interviews were conducted with participants who attended the meetings for a short time only. Subsequently two other interviews were recorded with nurses, one from Galway and one from the Midlands, who facilitate cardiac support groups. The purpose of these interviews was to identify similarities and differences between the various cardiac support groups.

A qualitative analysis of the data revealed three major subject areas:

1. The benefits of the cardiac support group
2. Barriers to regular attendance at a cardiac support group.

3. The professional led cardiac support group

Benefits of the cardiac support group

The majority of the participants identified social support within the group as being very positive. They described social support as feelings of caring and understanding from persons who had a similar experience to them. They felt comfortable in this setting and were able to freely discuss their problems with other members.

Information and education were identified as being of great importance to the participants. Research shows that the retention of information in the acute stage of illness is very limited and often it is not until the patient is back home that questions or problems arise for him/her (Goodman, 1997). This study highlights the empowerment and confidence gained by the participants from the education they received at the meeting

Some patients have a particularly severe psychological reaction to a cardiac event. Some participants described their feelings of fear and uncertainty and this may have emerged from a perceived loss of control. They acknowledged that the support they got from the group enabled them to achieve better psychological health.

Barriers to attending the cardiac support group included:

Personal factors for example, (1) other commitments (2) some felt that there was an age gap and felt too young for the group (3) while others admitted that they were not motivated enough to attend meetings

Moving on – some participants valued self-reliance and did not willingly seek any form of support from the group. They felt that they were getting back their confidence and just wanted to move on.

Denial – participants want to forget what happened and didn't want to hear anyone talking about their experience.

The professional led cardiac support group

Health care professionals can play a role in the promotion of social support and hence an improvement in health and this was clearly identified by the participants. Education and information has become an integral component of care for cardiac patients and so brainstorming was the chosen method to identify the information needed. However when participants had difficulty in choosing topics to be discussed at the meeting, the facilitator used prompts. This suggests that it is likely that the educative process was influenced by the professional and based on what she perceived as important. The professional facilitators interviewed reported similar findings.

Professional dependency - participants indicated that they depended on the professional for information, education and the continuation of the group. The professional facilitators interviewed suggest that they encourage the members to work on their own but admitted that it is difficult to get them to that stage.

Imelda O'Connor
Cardiovascular Public Health Nurse,
South Lee Community Care Area

TEENAGE PREGNANCY

Margaret Keohne

Introduction

Pregnancy Support is a service that is being offered in LSH for the last 6 years. The service has developed to deal with the difficulties encountered by pregnant teenagers. Teenagers had in the past described their discomfort at attending hospital antenatal classes where they associate these classes with older women, middle class, married, have planned pregnancies and supportive partners. These teenagers often feel vulnerable and stigmatised by health care professionals intensifying the feeling they don't fit in at the general ante-natal class. This feedback encouraged me to conduct research into the benefits of a specialised teen antenatal clinic for the Cork area.

Research Findings

The literature review highlighted many facts and most importantly that teenage antenatal classes were associated with:

- Increased attendance at clinic appointments.
- A reduction in the number of preterm births, neonatal admissions therefore ensuring that the classes are cost-effective.
- Improved nutrition throughout the pregnancy.
- A reduction in the number of caesarean and instrumental births.
- A decrease in the number of unplanned subsequent pregnancies.
- An increased awareness and reduction in the number of sexually transmitted infections.

- An increased compliance with contraceptive care.

It is also important to reflect on teenagers learning needs in particular.

A point of note: the research found no significant change in breast feeding uptake in this client group.

Teenage learning and teaching approaches

It is without question that teenagers learn differently to adults. This is illustrated in the Chinese proverb. 'What I hear I forget, what I see I remember, and what I do I know'. Teen parents' self-esteem is enhanced when they participate in doing the practical baby care tasks, e.g. baby-bathing and bottle-making, which is best done in a peer group situation. The creative use of visual aids in this teaching of parent-craft skills also assists the learning.

The literature highlighted that not only do teenagers learn differently but that health care professionals require specialised training in the psycho- social problems associated with this vulnerable client group. Health professionals need an awareness of the myriad of issues impacting on teenagers' lives e.g. housing, education, finance, relationships, and in some instances substance misuse. A number of studies have documented the need for this specialised training to include an increased knowledge of the developmental stages and health care needs of adolescents. The literature states that a coordinated multidisciplinary approach has the potential to effectively facilitate holistic pregnancy care.

A non-judgemental, empathetic and sensitive approach is essential.

Service expansion with a service gap

An exciting development for the mothers in Cork was the opening of the new maternity hospital in Spring 2007. Soon we were to realise that there was a service gap, the reality for teenagers was that there was no specific provision for meeting their needs. Not all teenagers within the hospital setting have an allocated social worker similar to those who attend LSH. The work that has been done here in the pregnancy support programme of LSH with teenage mothers raised for us the awareness of the difficulties teenagers were experiencing in getting appropriate services. Therefore in liaison with the midwives and social work team at CUMH we identified that pregnant teenagers would benefit from a specialised service ie. Ante-natal classes particularly designed for them.

Progress.

The pregnancy support programme at LSH continues to take referrals where the teenager requires increased



West Cork Group: Gemma O'Donovan ADPHN; Bernadette O'Riordan Community Nurse; Claire O'Sullivan PHN; Violet Hayes DPHN

support and a more individualise care plan. Where this requirement is not needed, Ante natal classes have now been set up following a successful pilot project in the CUMH. The age group has been increased from 13-19 year olds to 13-23 year-olds. These classes incorporate a hospital tour, meeting a physiotherapist and becoming familiar with the hospital setting, enhance the birth experience and alleviate the many fears and anxieties of these young women. These classes are now scheduled on a regular basis and are well attended. This is a valuable resource for those who have an unplanned pregnancy but do not require the increased support that is provided in LSH.

Conclusion

We here in the pregnancy support programme at LSH are proud and encouraged that the communication and the networking between this department and the maternity services, the public health nurses, the midwives and social workers has been effective and has led to a bridging of the gap for teenage mothers. This remains less than the comprehensive multidisciplinary teenage maternity clinics which exist in Dublin and elsewhere, but we will continue to advocate for improved services for these young parents.

Margaret Keohane
Teenage Sexual Health & Pregnancy Support
Programme
HSE South, Liberty Street House, Cork

AWARDS CEREMONY 2008 SCHOLARSHIPS

In 2008, awards were made to five varied projects which gave us a window on how vulnerability can be addressed in different practice situations. The awards were presented by Brigid O'Brien, former National Vice President, and in turn the contribution Brigid has made to the Institute over the years was gratefully acknowledged. She has been unfailing as a member and an officer, always considering new ideas, encouraging members and seeking new members. Her service to the institute has been at local and national level, having served on Council and acted as Vice Chairperson until this year. This was not an easy role to fulfil, particularly in achieving great attendance at the monthly Council meetings, although it meant leaving Skibbereen on the early train to Dublin.

Projects 2008

The successful projects were as follows:

Promoting Health in the Prediabetic Client

Participants: Bernadette O'Riordan, Community Nurse, West Cork Community Service (Mizen Primary Care Team) & Claire O'Sullivan PHN Mizen Primary Care Team

PHNs' response to informal carers' needs, the support they require and the problems they encounter.

Participants: Denise McCarthy, Acting Assistant Director of Public Health Nursing, Unit 9, St Stephens Hospital, Sarsfield Court, Glanmire, Co. Cork

Multicultural Mother and baby support group

Participants: Nicola Brett, PHN, Viaduct Health Centre, Castlewhite, Waterfall, near Cork

Health promoting programme for vulnerable older people

Participants: Clare Barrett and Colette McSweeney, Public Health Nurses, Ballincollig Health Centre.

Empowerment of local population through the development of post natal services and broadening the service provided in the NICHE centre

Participants: Maureen O'Connell, Therese Drummond and Anne Lee, Public Health Nurses, St Mary's Health Centre, Gurrabraher, Cork.

CLOSING OF CEREMONY

The Branch Chairperson then thanked the members who have acted as Trustees to date and who enable its administration, stating that The Miller Trust is a tremendous bonus to community nursing in the Cork area. The afternoon ended informally with serving of refreshments.

New Professional Development Officer for the Institute

The Institute is pleased to welcome Mary O'Dowd as its new full-time Professional Development Officer.

Mary qualified as a Public Health Nurse in 1980. Since qualifying she has worked both in the Eastern and Western regions. Her roles included Area PHN, School PHN, Family Development Nurse (Community Mothers Programme), and Project Officer with *Best Health for Children*. Her management roles included Assistant Director of Nursing at Ballina District Hospital, Assistant Director of Public Health Nursing in Galway and Mayo and Director of Nursing in a private nursing home. With a particular interest in Quality in Health Care and Patient Safety she has successfully managed JCI accreditation at the Galway Clinic and the Hermitage Medical Clinic. She is currently completing a Masters in Quality and Safety in Health Care at the Royal College of Surgeons.

Mary can be contacted at : Tel: 01-6349666,
Mobile: 086-0266728, email: maryodowd@ichn.ie



Heart Smart Mayo -

A community heart disease prevention programme

Cardiovascular disease (CVD) is one of the leading causes of premature death in Europe and accounts for 10,000 deaths or 36% of all deaths in Ireland. The largest number of these deaths are from coronary heart disease, mainly heart attack. 22% of all premature deaths (under age 65) are from CVD.

In 2004, *Croi* the West of Ireland Cardiology Foundation in partnership with the Cardiology Department at University Hospital Galway established a nurse-led high-risk primary prevention programme called “Heart Smart, Your Heart is Your Life” in counties Galway, Mayo and Roscommon to specifically target asymptomatic individuals in the community. The pilot programme had some startling results- 40% of individuals screened had Blood Pressure > 140/90, 53% had a Total Cholesterol > 5mmol/l, 18% smoked, 28% were not physically active and 65% had a BMI > 25Kg/m²

Due to the success of this programme *Croi* applied for funding to the HSE Innovation Fund to establish a similar preventative programme in Mayo. Funding was granted in January 2009 and a partnership was established between *Croi* and HSE West PCCC.

A *Croi* Nurse, a Public Health Nurse and two Community Nurses were trained to work with the Heart Smart Mayo programme. The programme is the only primary prevention initiative of its kind to target those most at risk of developing heart disease. Heart Smart Mayo fits neatly with the counties Primary Care Teams in bringing preventative healthcare into the community. The programme has not been developed to offer an alternative service to that of a GP but rather to assess whether novel approaches to cardiovascular disease prevention are feasible and effective.

The Heart Smart Mayo programme involves an assessment of both modifiable and non-modifiable risk factors for heart disease on individuals –

- who are aged over 40 years and who have not visited their GP for cholesterol or blood pressure checks in the previous twelve months
- screening involves an assessment of the risk factors including Cholesterol, Blood Pressure, Blood

Glucose, Body Mass Index, Waist Circumference as well as lifestyle risk factors such as smoking history, alcohol intake and exercise levels

- the SCORE (Systematic Coronary Risk Evaluation) is used to establish the total CVD risk of patients. The assessment takes about 25 minutes
- lifestyle advice is given using techniques of motivational interviewing and individuals are encouraged and empowered to set goals and objectives for change so as to reduce their risk of developing cardiovascular disease
- all participants with elevated risk factors are referred to their GP and will be invited to return for a Heart Smart Mayo follow-up in six months.

To date nearly 500 individuals have been assessed in the community. These have included traveller groups, farmers, active retirement groups, home helps, workers on rural employment schemes and members of the general public. The screenings have taken place in both urban and rural areas using local venues such as community centres, marts, meeting rooms and work places. The aim is to screen 1000-1500 individuals by June 2009 and follow-up will be from July to December. It is hoped to secure further funding to continue the programme into the future.

Heart Smart Mayo is still in its infancy, but already a clear need for a community based CVD prevention programme has been established. The success of the programme can be attributed to bringing Heart Smart Mayo to communities where people live and work ensuring that those most at risk of CVD are targeted. The use of motivational interviewing techniques is effective in encouraging individuals to set their own goals and objectives for change. The programme will generate an overall community awareness of cardiovascular disease, as it offers a more novel approach to disease prevention than the traditional method of health service delivery. Heart Smart Mayo is already identifying and targeting individuals who are at a high risk of heart disease who may otherwise go undetected.



Conference 2009

'Contemporary Nursing in the Community'



Friday 22nd and Saturday 23rd May 2009

The Grand Hotel, Malahide Co Dublin.

- Are you a Public Health Nurse or Registered General Nurse working in the Community?
- Are you interested in attending presentations from high profile speakers on issues directly affecting your Personal and Professional Life:
- Would you like to meet with numerous representatives from Pharmaceutical, Health Care and Support Groups to discuss Products, Services and Clinical Support?
- Would you like to combine all of the above with a chance to meet old and new friends / colleagues while enjoying delicious food in the Coast Restaurant, a spa treatment in Buttercups or a walk through the picturesque Malahide Village.

If the answer to any or all of the above is YES, then register now for what will be a wonderful weekend of lively learning, discussion and the all important networking.

Not yet a member of ICHN?

Why not join now and avail of the reduced Conference rate?

There's still time to register!

For further information
Contact

Grainne Lynch
ICHN Conference Co-ordinator
ichnconference@gmail.com
or
085 1705005

CONFERENCE 2009 PROGRAMME

Friday 22nd May

5pm	Registration	Exhibition Viewing	Tea / Coffee
7pm	Opening Address	Senator Anne Ormond	
	'Raising Children in an Affluent Society'	Dr Mark Harrold	
8pm	Dinner		

Saturday 23rd May

8.30	Registration	Exhibition Viewing	Tea / Coffee
9.30	'Medico Legal Issues in Community Nursing'	Ms Rosemary Wilson	
10.30		Exhibition Viewing	Tea / Coffee
11.30	'Using the Population Health Tool'	Ms Anne Mc Donald	
12.15	Psychiatry of Old Age	Speaker TBC	
1.00	Lunch		
2.00	'Networking Mothers'	Ms Maria Flannery	
2.45	'Teenage Health'	Ms Lisa Hennessy Ms Jane Mander	
3.15	'Clinical Guidelines'	Student Public Health Nurse	
3.45	'When it all gets too much' A light hearted approach to stress management	Ms Magdalen Bristowg	

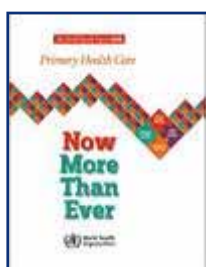


Irish Heart Foundation Council on Stroke

Development of Stroke Guidelines Meeting – 20th/21st April 2009

This meeting was chaired by Professor Des O'Neill, Chairman, IHF, Consultant Geriatrician, and included contributions on all aspects of care from acute admission to rehabilitation and long term care in the community. Liz Doyle, PHN has represented the Institute of Community Health Nursing on the Working Group for some time past, and the Institute gratefully acknowledges her very valuable contribution. We are also grateful to Julie Lynch DPHN, who has agreed to take over from Liz. Unfortunately Julie was unable to attend the meeting, but the Institute's new Professional Development Officer Mary O'Dowd was there, and found it to be excellent. The final guidelines will be available later this year.

Publications



Why a renewal of primary health care (PHC), and why now, more than ever? Globalization is putting the social cohesion of many countries under stress, and health systems are clearly not performing as well as they could and should. People are increasingly impatient with the inability of health services to deliver. Few would disagree that health systems need to respond better – and faster – to the challenges of a changing world. PHC can do that.



<http://www.who.int/whr/2008/en/index.html>



http://www.dohc.ie/publications/pdf/en_patientsafety.pdf

“The aim of the Commission on Patient Safety & Quality Assurance is to provide recommendations for a framework of patient safety and quality which will lead to effectively governed health care facilities, increased involvement of patient and service users in health care decision making at all levels of the system and the development of local and national leadership with clear accountability and reporting relationships. The Commission objective is to make recommendations for organisational, regulatory and educational reform which will create a culture of patient safety for our health system. Such a culture will drive clinical effectiveness where best practise will be based on national and international evidence and audit will be the norm in every health care facility and for every health care professional. A patient safety culture will develop open communication with patients and ensure

learning throughout when things go wrong”.

*Dr Deidre Madden,
Chairperson*



Clinical Supervision: A structured approach to Best practise September 2008

Clinical supervision in Ireland is discussed in terms of supporting continuous Professional Development and professional competence resulting in improved efficiency and effectiveness in the Health Services

[http://www.ncnm.ie/files/publications08/Clinical Supervision Disc paper 2008.pdf](http://www.ncnm.ie/files/publications08/Clinical%20Supervision%20Disc%20paper%202008.pdf)

Another date for your diary!

The Institute is delighted to sponsor

“Training of Trainers” – a one day course in the Traveller Specific Child Safety Awareness Programme

The core Child Safety Awareness Programme (CSAP) was developed and launched in 2002 with the aim of reducing and preventing “unintentional injury” to children in the 0 to 5 age group within the home.

Following evaluation one of the recommendations was to develop a Traveller Specific Resource. This recommendation combined with research that indicates that childhood unintentional injury is particularly prevalent in the Traveller community led to the development of a CSAP Traveller Specific Wall Chart and the Child Safety Awareness for Travellers programme.

Community Health Workers deliver this to parents/carers of children in the 0 to 5 age group. It supports the core PHN-delivered Child Safety Awareness Programme (CSAP).

This evidence-based and best practice Traveller Specific Child Safety Programme has been piloted, and the Institute is delighted to sponsor the training day.

You are invited to attend ***Train the Trainers* one day course on Thursday 3rd September 2009, at Dr. Steevens Hospital, Dublin**. Starting time is 9.30 a.m. and a light lunch will be provided. Further information in our next newsletter.

Stroke Prevention DVD for Health Professionals

This DVD has been produced by the Volunteer Stroke Scheme to give practical advice on how to avoid stroke. It includes interviews with Dr. Peter Kelly, Consultant Neurologist, Mater Misericordiae Hospital and Dr Aine Carroll, Consultant in Rehabilitation Medicine, National Rehabilitation Hospital. It also includes interviews with people who have had strokes.

For further copies of the DVD contact:

The Volunteer Stroke Scheme

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The Institute is most grateful for all your submissions.