

# Institute of Community Health Nursing Summer Newsletter

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## Message from ICHN President

Welcome to the summer edition of ICHN Newsletter. Since our last edition, I welcome the establishment of The ICHN National Interest Groups – Family & Child Health, Care of the Adult, and Population Health. Each group has had their initial meeting which were all well attended and have set out their priorities for their group. It is envisaged that each group will inform and drive developments in line with national developments. Information and contact details are contained in this edition.

GMTV productions in association with the ICHN and the Directors of Public Health Nursing have now completed filming in five locations a six part documentary series based on community nursing and their clients. It is planned for broadcast



Anne Corridan

on RTE1 in late September 2011. I wish to acknowledge the support and commitment of all involved in this project which will highlight and promote the range of services delivered by Public Health Nursing teams.

In February the ICHN co-hosted the launch of a national collection of policy procedures and guidelines in association with the Directors of Public Health Nursing (DPHN) and the Nursing & Midwifery Development Unit and the HSE Department of Quality & Risk. A compilation CD of all PPGS is now available through the Directors of Public Health Nursing.

In March the Professional Development Officer and I attended a two day conference 'Child Health in the Community – Priorities for Practice' in Telford, UK. Amongst the speakers the Public Health Minister Anne Milton MP has recently announced the introduction of 4200 new Health Visitors. She spoke of the evidence of the benefits of supporting young families and the government's commitment to do so. Links to the papers are on ICHN web site [www.ichn.ie](http://www.ichn.ie).

This year again the ICHN Council are pleased to allocate funds to the 'Anne Flynn Memorial Fund' for post graduate studies for members. The closing date for

applications is July 31st 2011 and details are available on our web site.

Following our 25 year celebrations the ICHN Council have agreed to evaluate the Institute of Community Health Nursing and its future direction. The report on "Visioning the Future" workshop held in May is contained in this edition. Membership of the ICHN continues to be a challenge for the organisation and we will continue our efforts to recruit more members.

We are currently planning the ICHN annual conference to be held on Tuesday September 27<sup>th</sup> 2011 in Aishling Hotel Dublin. Frances Fitzgerald TD Minister for Children and Roisin Shorthall TD Minister for State with responsibility for Primary Care, have accepted invitations to speak at our conference. The theme of the conference this year is 'Investing in Community Nursing'.

As Community Nursing changes and adjusts to new structures within Primary Care we will endeavour to engage with those involved to ensure the pivotal role of our members in Primary Care teams is recognised and resourced.

Anne Corridan

# ICHN National Population Health Interest Group

It is with great pleasure that I can chronicle the aims from the Population Health Group which had its first meeting on the 12th of April 2011 in Dr. Steven's Hospital and update on the work to date.

The aims for the group are:

- To research other groups involved in population health
- To raise profile and role of Public Health Nursing in Population Health
- To identify education need re Population health for Community Nurses
- Implementation of the Population Health Information Tool.

The working group of about nine Community Health Nurses comprised of a mix of nurses working in the community from a broad national geographical spread. The terms of reference of the group and upcoming meetings for the year were agreed. The first meeting was three hours and the update below is a summary of our deliberations.

The literature available on population health at national and international level was discussed. A reading

list was compiled for interested parties. Which is available on request from the secretary marianne.healy@hse.ie

Discussions on how to raise the profile / role of Public Health Nursing Population Health which took place were lively and energetic.

In relation to education in population health for community nurses the possibility of distance learning to meet the primary care needs, leadership and other elements required at frontline service provision were discussed. Some of the present modules in Universities were discussed. This will be discussed at executive level at forthcoming meeting.

Anne McDonald PHN Dublin North Central and Project Officer for the Population Health Information Tool updated us on the Implementation of the PHIT and progress to date. The tool is being refined and we are awaiting notice on when we will have reference resource available for Institute members.

All who were present when the meeting finished positively expressed the belief that the group would achieve tangible results.

Patricia Marteinsson

Chairperson of the Group.

## Breda Cleary RIP

Breda started her career in Whipps Cross Hospital London. Later she qualified as a Midwife at the National Maternity Hospital. After spending some time in America Breda returned to Ireland and became a District Nurse in Co Wexford. Breda then got married and took a career break to raise her four children. The first year of the Public Health Nursing course saw Breda as a student. She went on to take the higher diploma in education and the foundation course in Public Relations in U.C.D.

Having returned to Public Health Nursing, Breda was very involved educating the youth with the Growing up Programme for 6th class primary school pupils and the Team Star Programme for secondary schools. Breda was a member of the Nutrition Advisory Group to the Department of Health. Her involvement with voluntary organisations were Care of the Elderly, the Wheelchair Association, C.M.A.C. Councillor, and Family Planning Councillor.

Breda became a member of the ICHN in 1988. She many roles within the ICHN both as Treasurer and President. Breda worked hard and brought a sense of pride and confidence to the institute She showed great vision and Leadership always willing to do what was best for the Institute and above all for Community Health Nursing.

Breda is missed by her many colleagues and friends

*May She Rest in Peace*



# Institute of Community Health Nursing- Child and Family health Interest group

The first meeting of the Child and Family Health Interest group took place 12th April 2011 at Dr Steeven's Hospital and was attended by a wide representation of community nurses. At the inaugural meeting of the interest groups in February four areas were prioritised to examine within this group. These areas were: clarity on timing of core visits; education on audiology screening; the role of the School public health nurse; the roll-out of child and family needs assessment in the Dublin and mid Leister area.

The first priority was to examine the core visits and to look at what different public nurses do in these visits. The group examined the tools used when carrying out these visits and how the records and data was analysed.

Some areas had established comprehensive record books and shared their data with the group. It was apparent that there were huge variances throughout the country and that a standardisation of screening was needed. The group agreed that the first visit by the public health nurse to a family was the most important of the core visits as this was the initial introduction of a family to the public health nursing service.

The next visit of importance was the three month checks. Some nurses found it hard to do all three month checks on time and it was suggested that three months checks can be done in a group setting.

The group examined the five domains that are pertinent in the child health screening and it was agreed that the group would examine the tools various areas used. This is to be done by a questionnaire to all the Directors of Public Health Nursing, requesting information on the tools used in their areas.

The eighteen month check was seen as of importance as it was apparent then that if there were parental concerns the child was at a good stage for any abnormalities to be detected. There was also discussion on the developmental questionnaires handed out to parents at these checks that may assist with any worries re their child's development

Audiology training was also discussed at the meeting. The importance of the hearing tests within seven to nine month developmental checks were discussed and the need for an update on further training for existing public health nurses and training for newly qualified nurses. The referral channels for those children who are not prompt in hearing tests and those children who fail repeats were discussed and the variance in the waiting time to see specialists.

The role of the School Public Health Nurse was discussed and it was apparent that within the group the nurses needed to establish a sub group as some public health nurse didn't have schools in their caseload. The areas to be looked at are the variances in age of the children examined ie a four year gap in testing and the referral pathways for any abnormalities found. The group also examined the services offered by school nurse s such as enuresis clinics

The other issue discussed at the meeting was the child and family assessment of needs developed in Dublin mid-Leinster, which is in the process of being rolled out.

Lorraine Dillon  
PHN, Ranelagh Primary Care Team

## Progress Report of the Interest Group on Adult Care

The inaugural meeting of the interest group on Care of Adults was held on 8th February 2011.

The terms of reference were agreed with the primary focus on the improvement of care of adults within the context of community health nursing. .

The interest group Chair and Secretary nominated:  
Chair: Dr. Amanda Phelan, Lecturer, School of Nursing, Midwifery & Health Systems, University College Dublin,  
Secretary: Ms. Helena Heagney, A/Assistant Director of Public Health Nursing, Galway. The inaugural meeting focused on the identification of challenges in relation to the delivery of community nursing services. Three priorities were identified. These were:

- Hospital Discharges: Particular challenges were noted in relation to comprehensive and standardised discharges from hospital to community. Group members noted the necessity of having comprehensive data on the health and social context of the client, information regarding medications, particular issues pertaining to care planning, past history and so forth. The group agreed to consider how a standard process could be developed and implemented with relevant stakeholders. At the second meeting (April), the group agreed an exploratory review of discharge practices. This would form part of an action research project. In phase one, a literature review would be conducted in the domain of hospital discharges to community nursing services. The second phase involves the development of a survey questionnaire to investigate the practices of community liaison nurses and will include a review of discharge sheets from a national sample of hospitals. This questionnaire includes both quantitative and qualitative data and this phase of the review will focus on the identification of good practices as well as challenges in discharge planning. It was discussed that the group would liaise with local Directors of Public Health Nursing and Directors of Nursing in the sample hospitals so

that ethical issues are addressed and collaborative approaches would be fostered. A final phase would be the development and testing of a discharge process which would optimise communication processes within the context of hospital-community discharge planning.

- Care Packages: The diversity of standards related to the pragmatic and operational delivery of care packages was noted by group members. A particular issue centred on the necessity of front line staff being involved in the construction of care packages. As guidelines regarding care packages were currently being reviewed and revised, the group agreed that care packages' delivery would be examined approximately six months after the implementation of the revised structures. It was noted that the care packages would be audited by the Health Service Executive, however, the Adult Care Interest group would focus on the experience of PHNs and CRGNs in care package delivery, rather than a process type audit.
- Standardised assessment of the adult client: The group discussed the lack of a standardisation assessment in relation to a comprehensive, evidence based template for adult care. Issues related to assessment were highlighted, such as the lack of appropriate, supporting documentation to underpin care, the lack of use of evidence based assessment techniques (ie assessment tools). Some areas appeared to have already developed comprehensive frameworks of assessment. It was decided that a review of Local Health Area's documentation and PPGs could assist in developing a comprehensive assessment for the adult and would underpin the application of the nursing process in care delivery. It was suggested that this could include a basic assessment with a menu of further assessments guided by identified health promotion and/self-care deficits. It was noted that the Health Service Executive had convened a group who were examining the practicability of the application of the single assessment process (SAP) for older people, which may be of value to the Group.

We would welcome further members for this group.

Please contact Ms Helena Heagney,  
helena.heagney@hse.ie

# Visioning the Future

## Where to? What next? Is there a future for the ICHN?

These were some of the questions the ICHN has been asking for some time now. Having acted as a professional body to the Public Health Nursing Service for over 25 years it was time for the ICHN to rethink it's future.

Despite developments in the Public Health Nursing Service membership of the ICHN remains low. Is there still a need for a relevant representative body?

To answer this and other questions the executive of the ICHN recently hosted a one-day workshop to VISION the FUTURE.

Held in Dublin the workshop was attended by Public Health Nurses from many parts of the country. Directors, Assistant Directors and Public Health Nurses attended. The event was facilitated by an external facilitator.

The workshop was characterised by lively and passionate debate. Participants are all committed to leading and being part of a dynamic professional community nursing service. With the ongoing developments in community health and primary care services participants believe there is a real need for community nursing to have a professional representative body.

While recognizing integrity, resourcefulness and commitment to the development of community nursing services as the current strengths of the ICHN participants believe it lacks visibility, impact and leadership.

As a professional representative body they would like to see the ICHN develop as a modern, empowering, credible and learned organisation which would provide a voice, leadership and advocacy to and for community nursing.

The workshop then addressed the vision of the ICHN. The current Vision and Mission statements of the organization were reviewed and, after much debate, were redeveloped to ensure relevance to today's community nursing service.

The current Vision and Mission statements will now be replaced with;

### Vision Statement

The Institute of Community Health Nursing aspires to professional excellence in nursing research, nursing leadership and nursing practice.

Our Vision is to be the community nursing professional body advocating, facilitating, empowering and supporting public health nurses and community registered general nurses who are committed to professional ideals, professional development and research-based best practice within Primary Care in providing individuals, families and communities with a high quality nursing service.

### Mission Statement

The ICHN aims to be a strong and influential voice for the Public Health Nursing Service. It is committed to providing a professional forum for the PHN Service to identify and to respond to the evolving health care needs in the community.

Liz Early  
Facilitator



Liz Early

# A Professional Observational Study on Patients Receiving Weekly Dispensing and Monitoring of their Medications

A chance meeting between a Public Health Nurse (PHN) and a Pharmacist, and a discussion on a number of patients and the problems they were presenting, led to an ongoing working relationship between the Pharmacist and PHNs in Galway City.

The initial few patients had problems with compliance, medication hoarding and confusion. A joint Pharmacist/PHN visit to each patient was arranged, and following introductions, a proposed weekly dispensing and delivery of prescribed medications was discussed and agreed with the patient. The Pharmacist obtained a new prescription from the patient's G.P, reviewed the patient's medication pattern, and delivered the medication in a weekly monitored dosage form (blister pack). All medications not on the current prescription (excluding creams etc) were removed from the patient's home with the patient's consent, and destroyed. These patients were receiving regular visits from the PHN or CRGN (Community Registered General Nurse). There was good dialogue with the Pharmacist and feedback to the G.P.

As the success of the initiative became apparent the number of PHNs availing of this service for their patients increased. The HSE became aware of this initiative and have remained informed.

The reasons for non compliance and non concordance with medication are many and varied, and have been well documented in Medical Journals, particularly in relation to patients attending Mental Health Services. As this is an observational rather than a scientific study, suffice to say it would appear that non compliance with medication is as much a systems level problem as a patient problem e.g.

- A full monthly prescription is often filled when a patient requires one additional new item despite already having 2-3wks supply at home.
- A new prescription following hospitalization or consultant review, which again is filled in full, can



## Galway Home Pharmacy

cause added confusion when branded and generic versions of the medication results in doubling up.

- There is also the Health Care Provider/Patient interaction factor, where communication can sometimes be less than ideal.

When asked, patients will often give the reason for not taking their medications as prescribed as –

- Forgetfulness
- Not liking the taste or side effect of the medication.
- Confusion as to the purpose of a particular medication, or feeling it is not effective, or too prolonged, and either under dosing or over consuming.
- Fear of becoming dependant on medications or just tired taking 'meds.'
- Denial of their medical condition.

Reasons observed for non compliance include -

- Physiological factors – Gradual deterioration in general health and mobility
- Cognitive impairment

- Depression
- Behavioral factors
- - Social isolation
- Loss of spouse/partner
- Literacy and language issues
- Non-adherence to instructions e.g. “avoid alcohol” with subsequent omission of medication
- Hoarding of medications – again the reasons are varied –

Patients will hoard medications to avoid disclosure of non compliance.

Sense of security “just in case”

In less frequent cases for sinister reasons.

The safety risks attached to the hoarding of medications to the patient, members of the household, or visiting relatives particularly children, cannot be over emphasized.

Failure to adhere to medication instructions can be either willful or inadvertent but the outcome of non compliance is either dose omission, over consumption or taking the wrong medications, with the resultant loss of treatment efficacy or overdose related side effects. This in turn can lead to the administration of further medication and the involvement of the patient in unnecessary diagnostic procedures or hospitalization.

A case recounted was that of a diabetic patient who was not taking his medication as prescribed, and had a raised blood sugar. When seen by a locum GP who was not informed as to the real cause of the altered reading, he had his dose of medication increased. The patient, who became alarmed when advised of the complications of a raised blood sugar, adhered diligently to the new prescription and ended up in A&E with hypoglycaemia.

In addition to the effect of non compliance on the health of the Nation, the cost of unused and misused medication to the HSE is enormous. One of the early cases which prompted this initiative involved a patient with literacy issues who was on several medication, none of which were taken as prescribed and her relatives were stealing her bottle of valium. Since receiving her weekly blister pack her valium prescription has halved and she is totally compliant with no hoarding.

While reviewing the medications of patients in this study, the Pharmacist encountered dozens of out of date unused inhalers and nebulas and presses full of unused medications which were “just there”!. Certain examples

of excess unused medication stand out – a patient with 14 boxes of unused insulin in his fridge (cost €700), a mental health patient with 10 partially used boxes of Zyprexa (cost €900).

The issue of non compliance has been recognized for centuries. Hippocrates advised Physicians “to keep watch for that fault in patients which makes them lie about the taking of the things prescribed”

This initiative, and the constant reinforcement created by the PHN/CRGN & Pharmacist intervention, has increased compliance exponentially. Through close collaboration between the GP and Pharmacist – the GP posts the prescription to the Pharmacist – there is less opportunity for patients to get duplicate prescriptions or attend multiple pharmacies, as was the case of one elderly patient who was abusing Benzodiazepines. This lady now receives her weekly supply of medications and has adjusted quite well to the correct dose.

Since commencement of this initiative 18mths ago, many patients have benefited from this service, and at present there are 12 PHNs liaising with the Pharmacist in providing 37 patients with weekly dispensing and monitoring of their medication. For this report the 12 PHNs were asked for their comments on their patient’s compliance, wellbeing, stability of medical condition etc and the patient’s response and satisfaction rating of the service.

The response overall was a positive endorsement of this very valuable service. The improvement to patients’ health and wellbeing is unquestionable, and the savings to the HSE from the efficient use of medication and the effective use of professional time and services, has to be immense.

It must be noted that in all these cases the patient’s non compliance had been identified by the PHN or G.P and the consequences of their non compliance already apparent. It was expected therefore, that there would be a very good response to the regulation of their medication. However in many cases the outcome exceeded all expectations.

Without exception, all patients having their weekly medication delivered, and personal contact with their Pharmacist were very satisfied with the service. Patients and their families noticed overall health improvements from early on in the new regime. One PHN reported that a patient who had been agitated and confused and

quite confrontational, improved so much that there was a noted continuity of care from home helps where previously there were frequent changes, and his family was visiting more often and including him in events.

Several PHNs reported a marked decrease in the frequency of hospital admissions, G.P. appointments and PHN/CRGN callouts from patients taking their medications as prescribed. One patient with poorly controlled epilepsy had a history of very regular hospital admissions, GP and PHN calls. Since regulation of his medications his epilepsy has improved greatly with less demand on the services. Another patient with congestive heart failure needing regular hospitalizations had frequent prescription changes. Previously her medications were all over the place with a huge stock of drugs in the house and non compliance with the current prescription. Now her new prescription goes directly to the Pharmacist who delivers her weekly supply and removes excess medications. Her condition has stabilized and the quality of her life has improved.

There is a situation where a patient, due to physical disability and poor manual dexterity, had great difficulty taking medications out of bottles or packaging. He often omitted doses from sheer frustration and consequently hoarded. This no longer happens with the weekly blister packs and carers can prompt and assist as appropriate.

Another patient with an extensive chronic leg ulcer was non compliant with his pain medication, periodic antibiotics and wound dressings, with consequent deterioration of his leg ulcer. There is improved compliance with his medication since receiving a weekly blister pack and as a result less interference with his leg dressing.

A patient who was on PEG feeding and who had difficulty having her medications crushed received her medications crushed and sealed in individual tubs for each dose. Another patient with regular changes in her warfarin dose was finding this very challenging but now receives the correct dose in a weekly blister pack and the unused drugs taken back to the pharmacy.

A patient with a brain tumour and epilepsy who had inadequate help in the house and who required very frequent prescription changes was noncompliant with her medication as she found the whole thing overwhelming. Her family lived a distance away. She now receives her correct dose of medication in her

weekly dispenser and is totally compliant. Her family has said "it's the best service ever, and has probably saved her life" !!

In many instances PHNs report on elderly patients who are struggling to continue living alone, becoming a little bit forgetful and bordering on confusion. With weekly monitored medication and compliance, there is general overall improvement in their quality of life and these patients can enjoy their own homes for a while longer.

A number of reports from PHNs attending patients with varying medical conditions such as M.S., early Alzheimer's, mild Intellectual Disability and Cancer, where there was non compliance and subsequent hoarding, show great improvement with a weekly monitored prescription. This is not surprising. Drugs don't work when not taken or not taken correctly, and these observations give credence to this assertion

Non compliance with prescribed medication is complex and individual, and cannot generally be predicted. People's lives change and they react differently. Good communication between patients, their GPs, PHNs and Pharmacists will identify non compliance and non concordance at an early stage and in these instances a weekly dispensing and monitoring of medication is essential.

It is also cost effective.

Eileen Coleman, PHN

**The Institute of Community Health Nursing**

**Annual Conference**



***'Investing in Community Nursing'***

**September 27th 2011**

**Aisling Hotel, Dublin.**

**For further details contact:**

**[maryodowd@ichn.ie](mailto:maryodowd@ichn.ie)**

**Tel 086 0266728**

# Public Health Nursing Clinical Guideline Development

## Introduction

To support a culture of patient safety within the public health nursing profession and the values underpinning the vision for an Irish health service (DOHC 2008) the National Director of Public Health Nursing Group commissioned a project team to collect, collate and to advise on dissemination, training and governance in relation to clinical policies, procedures protocols and guidelines (PPPGs) for public health nursing teams. The overall aim was to compile all of the Public Health nursing PPPGs which have been developed and approved nationally and produce a PPG resource which may be used or adapted by PHNs/Community RGNs nationally. The PPG resource will be printed in CD ROM format and housed on the HSE website.

PHNs nationally have developed, audited and revised suites of PPPGs to assist local clinicians in getting evidence into practice. However, lack of a web enabled or other system for communicating and sharing national PPPG's has resulted in the duplication of many of the topics which are core to public health nursing and in the use of a variety of templates to guide PPPG development.

The National Council for the Professional Development of Nursing and Midwifery supports guideline adaptation to prevent further duplication of developed guidelines and has published a guideline to facilitate this approach (NCNM 2009). The Health Services Executive has developed a standard national procedural template for use by all clinicians and it is now HSE policy that all PPPGs are developed using this procedure (HSE 2009). Both of these documents are available in Section 7 of the CD.

The rationale for this project was to compile a current compilation of national PPPGs which may be used or adapted for use by PHNs nationally but an acknowledged limitation is the fact that this is a once off exercise and therefore does not provide a pathway for future PPPG upgrade. It was beyond the scope of the group to quality proof the PPPGs that have been presented for publication. All PPPGs within three years of development and approved locally were accepted.

This CD compilation is separated into the following ten sections:



Yvonne Fitzimons DPHN, Liz Roche NDPU,  
Marianne Healy DPHN, Marie Kehoe HSE Quality & Risk, Anne  
Corridan, President ICHN

1. Introduction, Explanatory Memo and Governance
2. Family and Child Health
3. Adult Health
4. Health and Safety
5. Infection Control
6. Practice Management
7. Cork/Kerry PPPGs –in PDF Format only
8. Cavan/Monaghan-in PDF Format only
9. Wexford Management PPPGs in PDF Format only
10. Publications: PPG Template etc.

The PPPGs used in the CD ROM were developed and approved within a number of different public health nursing services in the HSE. The aim of the CD ROM is to assist Public Health Nursing services develop their own suite of PPPGs to support clinical practice. As with all clinical policies, procedures, protocols and guidelines the evidence provided in the attached PPPGs may not be appropriate for use in all circumstances. Decisions to adopt any of the evidence submitted in the PPPGs in the development of local ones must be made by the PHN service in light of an assessment of the most up to date evidence.

Copies of the CD's are available through the Directors of Public Health Nursing.



# 'Investing in Community Nursing'

## Proposed Speakers

Dr James Reilly,  
*Minster for Health*

.....  
Frances Fitzgerald,  
*Minister for Children*

.....  
Roisin Shortall,  
*Minister of State, Primary Care*

.....  
Michael Shannon,  
*Director HSE Nursing Services*

.....  
Marianne Healy, DPHN, HSE Dublin North East

.....  
Viv Bennett, Assistant Nursing Advisor, DH, UK

.....  
Gordon Jeyes, National Director for Children & Family Services

.....  
Mary O'Rourke, PHN, Kerry PCCC

.....  
Sheila O'Malley, Chief Nursing Officer,  
*Department of Health*

## ICHN National Interest Groups Chairpersons

Bridget Catterson, DPHN Family and Child Health  
Patricia Marteinsson, PHN, Population Health  
Dr Amanda Phelan, Care of the Adult

## Topics

**Investing in Community Nursing**

**Investing in Child Health Services**

**ICHN National Interest Groups**

*Family and Child Health*

*Care of the Adult*

*Population Health*

**Registration Fee:**  
*(Includes lunch)*

**ICHN Member €65**

**Non Members €100**

To Register Contact: Mary O'Dowd, ICHN Professional Development Officer  
Tel: 086 0266728 / E-mail: maryodowd@ichn.ie



Go to the website for information on the 2nd International Public Health Nursing Conference. Public health nurses from around the world will gather in St Paul, Minnesota USA on October 9-11, 2011 to promote "Visibility and Voice in Public Health Nursing". The conference is being hosted by the University of Minnesota School of Nursing.

Please join us at this conference! Public health nurses from many different countries will:

- identify similarities and differences in health policies, public health nursing practice, and health outcomes;
- share innovative strategies to prevent disease and promote health;
- energize a global public health nursing workforce; and
- share best practices in public health nursing.

This conference builds on the commitment and energy of the first conference held in Oslo, Norway in October 2009, which was hosted by Diakonova University College. The program will highlight speakers from Norway, New Zealand, the Netherlands, Kenya and the United States. As part of this conference, public health nurse educators, practitioners, and researchers will come together to discuss establishing an international association of public health nursing to advance global cooperation and health.

Please explore this website for information about the

- Program agenda
- Speaker bios
- Call for abstracts for oral presentations and posters
- Exhibitor information
- Registration information
- Conference organizers

If you cannot find the information you need, please contact us at:

PHNconference2@metroconnections.com

# Child Health in the Community - Priorities for Practice

## Annual National Conference, Telford International Centre 25-26th March 2011

This UK Conference produced by Profile Productions in UK came at a very critical time for health visitors and others working with pre school children and their families. The focus was on child and family health rather than on specific professional issues. The coalition Government in the UK is committed to increasing the number of health visitors and to maximising the potential of their role to support children and families. Specifically they wish to see the development of a programme to increase the number of health visitors to

- Provide increased support to all families
- Provide and or enable access to additional tailored care packages/support according to family need

- Develop community capacity and utilise that capacity in providing a wide range of services and choices to local people.

Minister Anne Milton MP addressed the conference and gave the governments commitment to extend health visitors by 4,200 by the year 2015. MP Graham Allen's Independent Review on Early Intervention has highlighted the importance of good joined up support for children and families at the start of life. Viv Bennett, who is Deputy Chief Nursing Officer in the Department of Health in the UK, also addressed the conference on the Health Visitors Implementation Plan 2011-2015. The service vision rationale and implementation plan are available on

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_124202](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124202).

Mary O Dowd,  
ICHN Professional Development Officer

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The Institute is most grateful for all your submissions.