Dear Colleagues

Welcome to the December 2015 edition of the Dublin Mid-Leinster (DML) Nursing and Midwifery Newsletter. This edition predominantly highlights the superb nursing and midwifery developments that you are implementing within services as evidenced from the two events held in Tullamore and Dublin in September, hosted by Susanna, Mary and their teams in the NMPDUs.

Both events provided an important forum for you as nurses and midwives from within our area to share examples of your work in a networking and learning environment.

Key note speakers and a great variety of staff presentations highlighted the importance of effective nursing leadership and the resulting positive change initiatives for patients, service users and staff. The many posters from across all services demonstrated additional innovations and quality care.

I would like to congratulate all staff involved with these developments and particularly to those who were presented with awards. Many others deserved awards too. Articles featured in this edition provide only a snapshot of those presented.

As 2015 is nearing its end, I would again like to express my sincere appreciation for the dedication you show in all aspects of your professional work from caring for patients and service users, to your active involvement in the wider development of the nursing and midwifery professions. Thank you.

I hope you enjoy reading this edition and I wish you a joyful Christmas and a happy and healthy 2015.

Liz Roche
Area Director – Dublin Mid Leinster

Feedback, comments & submissions for future issues are welcome and should be sent to: dmlnewsletter@hse.ie
The Development of RAISE (Rheumatoid Arthritis Information and Education)

Application for both iOS and Android platforms

Introduction:
The RAISE (Rheumatoid Arthritis Information Support and Education) application (app) was developed by the Rheumatology Unit in St. James’s Hospital to provide knowledge to people living with Rheumatoid Arthritis (RA). The app was launched in September 2015.

Aim:
The RAISE app was developed using the expertise of the Rheumatology team in St James’s Hospital which included nursing, medical, physiotherapy and occupational therapy input and was designed as a self-management tool for people living with RA.

Method:
Supported by Pfizer Healthcare Ireland, the RAISE app is the first of its kind for those with RA. A digital marketing company, Publicis D, was approached to design and build the RAISE app. Several meetings took place over a six month period between Publicis D and the Rheumatology team in St James’s Hospital during which the purpose, content and functionality of the RAISE app were agreed. A design was created for the RAISE app which included a colour palette and iconography for use within the app. Estimated time frame for completion of the RAISE app was decided.

The content in the app includes information such as disease diagnosis, symptoms, medications, diet, exercise, smoking, flare management, work and RA, exercise videos, a relaxation audio, progress monitors and stories written by people living with RA. Users of the app are provided with comprehensive information on their disease as well as tools that enable the user to record their progress and share it with their doctor/nurse specialist during consultations.

Outcome/Conclusion:
To date there have been 440 downloads of the app. Although it is too soon to analyse how effective the app is, it is hoped that the RAISE app will be a useful tool for those living with RA. It should also be particularly useful in terms of increasing self-efficacy and improving knowledge. This will facilitate empowerment of people with RA and assist them to better cope with the altering stages of their disease.

For further information: Ciara O’ Loughlin, Clinical Nurse Specialist in Rheumatology, Email: coloughlin@stjames.ie

HSE Dublin Mid Leinster Longford Westmeath Mental Health Services
Ashbrook Day Centre Mullingar

Introduction:
Ashbrook Day Centre is a Mental Health facility catering for people with severe and enduring mental health problems. The ethos of Ashbrook is to promote mental health recovery through the provision of a positive, enriching, healing environment, in partnership with local and national support agencies, charities and Non Government Organisations. In 2013 Ashbrook day centre won the National Service User Executive (NSUE) award for the best mental health day centre in Ireland; as voted from a national user satisfaction survey.

The day centre provides a range of interventions, supports, treatments and activities.

Innovative classes for 2015 include:

EOLAS: A recovery focused programme which is an information and learning programme for people with major mental health difficulties, their families and close friends. It is unique in that it draws on knowledge from the service users and their families as well as clinicians. Sessions are run with peer and clinician facilitators working together to guide the group participants through a structured programme of learning about mental health difficulties.

The Craft Barn: Is a self funded craft project with an emphasis on up cycling of goods. The range of crafts created is hugely varied and the project has been so successful that it has culminated in the Ashbrook Christmas craft fair which was a huge success. The clients learn diverse, creative skills boosting self-esteem and gaining a sense of achievement and enhanced self confidence. Most importantly, the project allows others to see the clients differently. They are appreciated for their talents rather than their illness. Participants are recast to an active role of craft person, as contributors to society with something to say and an audience that wants to hear it.

For further information contact:
Kay McDonnell CNM2 and Aileen Hogan, Staff Nurse. Email: ashbrookdaycentre@hse.ie
Pre-School Children’s Sleep Clinic
The preschool children’s sleep clinic was established following research to identify the prevalence and severity of sleep problems in a sample of preschool age children in Kildare/West Wicklow. Of the children sampled 40% reported either difficulties with getting to sleep or staying asleep.
Referrals are received from health care professionals in the primary care setting e.g. Public Health Nurses, GP’s, Dieticians, Physiotherapists etc. The health professional submits the initial referral and the parent/guardian completes and submits a Tayside sleep difficulties scoring sheet and sleep diary.

The clinic works with parents to identify the sleep problem i.e. sleep onset association disorder or limit setting sleep disorder and then develop an intervention plan specifically for the child. This takes into account the sleep problem, the parenting style and the developmental stage of the child. Follow up appointments are provided at the sleep clinic. On average there are 2 – 4 visits to the clinic by which time the sleep problem has been resolved.

Medical issues regarding sleep e.g. Obstructive Sleep Apnoea are referred to the GP or ENT service. The clinic works closely with the Network Disability Teams offering advice to parents of children attending that service.

Regular information talks take place at Mother and baby/toddler groups throughout the country. Training has been provided to help Public Health Nurses (PHN) (Kildare/West Wicklow) to identify behavioural sleep problems and the common causes.

Evaluation of the clinic has recently taken place. All families who had attended the service were sent an evaluation form. There was a high level of satisfaction among respondents. They also reported that sleep problems were resolved. Sinead Lawlor PHN provides the clinic and was recently awarded the East Coast Institute of Community Health Nursing Award in recognition of the Pre-School children’s sleep clinic.

For further information contact: Sinead Lawlor, Public Health Nurse (Sleep Practitioner)
Email: sinde.lawlor@hse.ie

Changing the nature of day-to-day interactions and the quality of experience for service users attending the Link Centre
A review of the 10 key challenges in moving towards recovery based care for both service users and staff alike was initiated in “The Link Centre”. This resulted in the identification of short, medium and long term challenges. Challenge number 1 (most achievable) “Changing the nature of day-to-day interactions and the quality of experience for the service user” was the initial focus of the work as all members of the multidisciplinary team were based at the service.

Through individual and group meetings a large list of varied activities of interest were grouped; namely Social Skills, Craft & Creative Skills, and Healthy Living Skills. This then identified 3 distinct groups for each skill depending on the level of ability and interest. To date this has worked well and new suggestions are added as topics arise. This change has proven very successful as the number of service users participating has increased.

The Go-for-life programme was introduced as part of this change. A health care assistant completed a 12 week programme to become a group facilitator. Go for life is an age & opportunity (national not-for-profit organisation) initiative funded by the Irish sports council to promote opportunities for greater participation by older people in society. This is achieved through partnership and collaborative programmes.

The age profile of participants was examined which identified the diversity of age groups within the day centre and led to the formation of 2 separate groups. This ensured that the participants were working within their own capabilities. Go-for-life involves physical activities categorised into the following:

- Activities of daily living
- Physical recreation
- Exercise and sport with no emphasis on competitive aspects i.e. winning/losing

This has become a very successful programme and has given a voice to service users who previously struggled to participate in a group setting. Service users have benefitted both physically and mentally from this programme. It has improved their concentration, communication skills, self esteem and overall confidence within the centre.

For further information contact: Jennie Lee & Nora Walsh, The Link Centre, Rehabilitation services, St. Fintans’ hospital, Portlaoise
Email: thelincenche@hse.ie
Tel: 0864161663
Review of Clinical Nurse and Midwife Specialist Posts

The National Council for the Professional Development of Nurses and Midwives (NCNM) approved Clinical Nurse Specialist and Clinical Midwife Specialist posts and post holders prior to its dissolution in 2011. In December 2014 the Office of the Nursing and Midwifery Services Director (ONMSD) established an Interim Standard Operating Procedure for Approving Clinical Nurse Specialist (CNSp) and Clinical Midwife Specialist (CMSp) for statutory and voluntary organisations of the Health Service Executive (HSE) under delegated authority from the Department of Health.

In the intervening period there were a number of nurses and midwives who came into specialist posts (for example through National Clinical Programmes, the Haddington Road Agreement and/or internal competition or other processes).

Nursing and Midwifery Planning and Development (NMPD) for Dublin South, Kildare and Wicklow is currently undertaking a comprehensive review of Clinical Nurse and Midwife specialist posts in the Dublin South, Kildare and Wicklow Region. This will enable more comprehensive, up-to-date information on Clinical Nurse Specialist (CNSp) and Clinical Midwife Specialist (CMSp) posts and post holders.

This involves gathering information on:

- The number of Clinical Nurse and Midwife Specialist posts in services
- Information relevant to the post holder such as
  - Current title and specialist area
  - Commencement date of the post holder
  - Specialist education level (on the Quality and Qualifications Ireland QQI framework)
  - NCNM number or ONMSD number
  - (Where, neither number is available), The start date for the Clinical Nurse/Midwife specialist

A data collection form was forwarded to Directors of Nursing and Midwifery on the 25th of November. If there is a designated person within your service the NMPD could liaise with directly please feel free to contact us. We appreciate your input into this review.

For further information or to submit completed forms please contact:

Loretto Grogan, NMPD Project Officer, Dublin South, Kildare and Wicklow
E-mail: loretto.grogan1@hse.ie
**Hepatitis C Partnership/ Hepinfo.ie**

The Hepatitis C Partnership is a national collaborative network of stakeholders working in the area of Hepatitis C. Those involved represent the statutory as well as the community and voluntary sectors with service user involvement at its centre. Organisations represented on the partnership steering group include:

- Community Response
- Irish Haemophilia Society
- Coolmine Drug Treatment Centre
- UISCE (Union for Improved Services Communication and Training)
- Health Service Executive
- National Drug Treatment Centre.

**What we do**

The Hepatitis C Partnership provides centralised information and support for all those affected by Hepatitis C and those working with them. We aim to enhance and strengthen the support and information-sharing network through the community and voluntary sector by working collaboratively with service providers and other stakeholders. Ireland now has a commitment to treating everyone with Hepatitis C. The Hepatitis C Partnership aims to be central to this initiative. We undertake and participate in public awareness campaigns, which promote testing, treatment and general health promotion in relation to Hepatitis C.

**History**

The Hepatitis C Partnership came about following a brainstorming session in 2014 regarding the wants and needs of people working in the area of Hepatitis C and those living with hepatitis C. From this meeting the steering group was established.

**Hepinfo.ie**

At the heart of the Partnership is sharing of up to date information on a national level to service users and health care professionals alike. Hepinfo.ie aims to be an evolving user friendly resource for all. The Hepatitis C partnership recently had its first official event "**Management of Hepatitis C in Community based general practice.**" 75 Nurses and General Practitioners attended this event.

**Plans for the future**

Although it is early days for the partnership, the plan is to build on the solid foundation already in place and continue to work to inform, empower and support those living with Hepatitis C and those who work for people with hepatitis C. Please register your interest on our website, [www.hepinfo.ie](http://www.hepinfo.ie)

**For further information contact:** Gail Hawthorne NPDD, Hepatitis C Partnership  
**Email:** gail.hawthore@hse.ie
Nursing & Midwifery Planning & Development Midlands Conference 2015
“Your Contribution to Health and Well-being’.

The NMPD Midlands conference was held on 23rd September, 2015. The title of the conference was ‘Your Contribution to Health and Well-being’. Significant learning opportunities were offered for the one hundred and forty nursing colleagues that attended the day from the region in the combined format of guest speakers and presentations of initiatives and innovations by dedicated local staff. Mary Manning (DNMPD) opened the conference. She thanked people for creating the time, out of their busy schedules, to attend the day. She also acknowledged and thanked the speakers for their commitment and the NMPD team for making the event happen and their ongoing commitment to the development and enhancement of Nursing & Midwifery Nursing in the midlands.

The tone for the day was set with an excellent presentation by Ms. Maureen Flynn on ‘Sustaining a Caring Work Environment’. Presentations by the following speakers stimulated much interest and debate throughout the day:

- Ms. Kathleen Walsh – Utilising the Code of Professional Conduct and Ethics for Registered Nurse and Midwives in Every Day Practice;
- Dr Phillipa Ryan – Valuing the Contribution of Nursing and Midwifery Roles through Measurement;
- Professor Laserina O’Connor – The Role of the Nurse/Midwife in Enabling/Promoting Well Being for the Person;
- Ms. June Bolger – Promoting a Culture of Partnership across Healthcare.

In sharing innovations and initiatives nursing colleagues highlighted the work commitment and enthusiasm of staff within our services. They included presentations by:

- Ms. Gemma Gannon Midland Regional Hospital at Mullingar (MRHM) and Ms. Anne Blanche Midland Regional Hospital at Portlaoise (MRHP) – Supporting and Enabling our Service Users at the Maternity Services of MRHM;
- Ms. Yvonne Delaney, Assistant Director of Public Health Nursing – Partners in Care, Introducing the LEARNSS-DECIDER, Shared Decision Making Framework to Optimise Patient-Practitioner Concordance;
- Ms. Caroline Frazer (MRHP), Ms. Suzanne Waldron (MRHM) and Ms. Ita McCabe Morgan Midland Regional Hospital at Tullamore (MRHT) – How Patient Care has Improved in Our Service through the use of Metrics Action Plans;
- Ms. Niamh McEnerney, CPC/ Practice Development, LauraLynn Hospice – Development of guidelines of End-of-Life Care for adults with intellectual disability “a DML initiative”.
- Ms. Michael Buckley (Longford/Westmeath Mental Health Services) – The Road to Recovery
- Ms. Maura Byrne (St Brigid’s Care Centre,) Enhancing and Enabling Quality of Life for the Older Person through Therapeutic Relationship Care.

The day ended on a positive self perseveration note with an opportunity for everyone to engage in a session on Caring for Ourselves and Others: Cultivate Kindness and Compassion through Mindfulness facilitated by Ms. Margaret Daly, Nurse Practice Development Coordinator Mental Health Services. Overall, the conference evaluated very positively by participants. Suggestions for improvements will be taken on board in planning the next NMPD conference, scheduled for 2017.
NMPD Nursing & Midwifery Conference
"Your contribution to Health and Well Being"
Tullamore 2015

Poster Competition Prizewinners

Over twenty nursing and midwifery staff from across all services in Laois, Offaly, Longford and Westmeath submitted posters demonstrating evidence of quality improvement initiatives that they have developed and implemented.

Conratulations to the following Nursing & Midwifery Staff who were awarded a small token in recognition of their Project towards Improving Patient Quality & Safety. Prizes were awarded by Liz Roche, Area Director, NMPD,DML

1st Prize winner for Poster Competition.
Ms. Maeve Dempsey, Diabetic Nurse Specialist, Midland Regional Hospital at Mullingar.

2nd Prize winner for poster competition
Caroline Lantry CNM2, Beechaven Day Centre
St Fintans’ Hospital, Portlaoise

3rd Prize winner for poster competition
Ms. Gerardine Kelly, Assistant Director of Nursing, Psychiatry of Later Life Team, St. Loman’s Hospital, Mullingar, Co. Westmeath.
Sharing Developments in Nursing & Midwifery Conference.
Nursing & Midwifery Planning & Development Unit  2nd Annual Conference

The Nursing and Midwifery Planning and Development Unit, (NMPDU) Dublin South, Kildare and Wicklow welcomed 135 delegates, 21 speakers and 22 poster presentations to our 2nd annual conference on September 17th 2015. It was a platform to showcase, celebrate and share the excellent nursing and midwifery innovations which are taking place in services throughout the Dublin South, Kildare and Wicklow region.

Ms. Susanna Byrne, NMPD Director opened the conference, welcoming all delegates and presenters. All nursing and midwifery disciplines were represented in the oral and poster presentations. The themes of the day were Clinical Governance, Quality and Standards, Practice Development and Education and Learning. The keynote address “Supporting Compassionate and Quality Care through Practice Development” was delivered by Ms. Liz Roche, Area NMPD Director (Dublin Mid-Leinster).

Ms. Ann Donovan Group Director of Nursing, Ireland East Hospital Group chaired the Practice Development session with powerfully reflective presentations on

- Mindfulness & compassion,
- Development of end of life guidelines for adults with Intellectual Disabilities and
- The positive impact of hypnobirthing in the Coombe University Hospital.

Ms. Maureen Flynn, HSE Quality Improvement Division Lead provided the keynote address “HSE Board on Board with Quality of Clinical Care” for the Clinical Governance session. Ms. Eileen Whelan, Group Director of Nursing, Dublin Midlands Hospital Group, chaired this session, hearing presentations on

- Developing a critical care outreach service in Tallaght Hospital
- Midwife led obstetric triage
- Care passports for people with severe/profound disabilities during acute hospital admissions
- Improving patient flow in an oncology/haematology setting: A collaborative project in Ireland east hospital group.

Mr. Phelim Quinn (Chief Executive Officer; HIQA) provided the afternoon keynote address “Focus on Quality Care” The Quality and Standards session was chaired by Ms. Suzanne Dempsey, Group Director of Nursing, Children’s Hospital Group hearing presentation on

- Implementing care bundles in Our Lady’s Children’s Hospital
- Connecting cardiology services through advanced nursing practice within the Dublin midlands hospital group &
- Implementing the careful nursing professional practice model.

Ms. Susanna Byrne, NMPD Director chaired the Education & Learning session where delegates heard about:

- Developing an online learning tool for those caring for a child with a tracheostomy
- Forensic Mental Health Nursing: Supporting nurse led psychotherapeutic programmes.

The NMPDU would like to commend and congratulate all nurses, midwives and services who continue to strive toward excellence and disseminate their findings and significant achievements.

**For further information contact:** Colette Twomey, NMPD Project Officer.
**Email:** colette.twomey@hse.ie

All presentations are available on the NMPDU website
http://www.hse.ie/eng/about/Who/ONMSD/NMPDU/NMPDUDSkilwicklow/
Sharing Developments in Nursing & Midwifery - 2nd Annual NMPDU Conference.


**From L to R**: Ms. Paula McGrath, Ms. Shirley Ingram, Ms. Jacqueline O’Toole, Mr. Phelim Quinn & Ms. Ligi Anish.
In January 2014 St. James’s Hospital (SJH) completed a quality improvement project on oral care practice. Our multi-disciplinary team collaborated to promote best practice and reduce the inappropriate use and cost of a type of mouthwash that SJH recommends only for patients with MRSA.

The aims of the project were:
1. Educate nursing staff on best practice in oral care.
2. Reduce inappropriate use and cost of Corsodyl® mouthwash.
3. Reintroduce toothbrushes and toothpaste to ward stock.

A staff oral care survey was completed n=(72 nurses). The results indicated that 58% of respondents often used Corsodyl® mouthwash inappropriately.

We compared one year of data on MRSA eradication treatment rates vs. usage of Corsodyl® mouthwash on a sample of four wards. We found that a total of 388 bottles were used inappropriately for patients without MRSA at a cost of €2,096.20.

We used this data to drive action on the completion of our objectives. We reintroduced toothpaste and toothbrushes into ward stocks for patients without their own supply. Corsodyl® mouthwash was limited to a level of two bottles per ward in January 2014. The CNM’s on all wards were educated about oral care practice and the changes in oral care products.

In January 2015 we reviewed the usage of Corsodyl® for 2014. Our changes resulted in savings of €17,065.46 in 2014. We continue to review of stock usage and costs yearly and now promote best practice in Oral Care at our biannual clinical skills fair.

For further information contact: Tony Galvin, Clinical Support Nurse/Productive Ward Pilot Lead
Email: aagalvin@stjames.ie

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**Clinical Debriefing Following a Death**

LauraLynn Children’s Hospice & Children’s Sunshine Home Disability Services

As Ireland’s Children’s Hospice, we have a large cohort of professionals dealing with the children and families availing of our service, therefore effective and appropriate communication is vital. In recent years the introduction of the safety pause (Health Service Executive, 2013) has seen an increased focus on communication as key to helping multidisciplinary teams provide safe and quality care to patients. The introduction of formal communication processes was proposed to promote awareness of the children in our care and to increase team work amongst disciplines. This measure would also ensure that the service is compliant with the National Standards for Safer, Better Healthcare (Health Information and Quality Authority, 2012) whereby the safe delivery of care to service users is paramount.

L to R Niamh McEnerney and Blaize Whelan

The aim of the project was to establish appropriate multidisciplinary team communications within a children’s palliative care service with the following objectives:

- To improve quality care outcomes for children and families accessing the children’s palliative care service
- To promote a more cohesive sense of teamwork amongst a multidisciplinary team
- To clearly define each team member’s role in relation to the specific care of the child and family
- To enhance existing communication methods

**Key Steps**

- Identification of all stake holders and PESTLE analysis.
- Communication to all members of nursing and clinical teams.
- Implementation using HSE change model.
- Evaluation and feedback from all stakeholders.

**Results:**

- Implementation of ‘TEAM TALKABOUT’ at 11.00 and 16.00hrs daily.
- The introduction of the ‘HUDDLE’ communications forum specific to symptom management and end of life care at 09.00 and 14.00 hrs as required.

For further information contact: Niamh McEnerney, Practice Development Manager
Email: NMcEnerney@lauralynn.ie
**3rd Prize**

**Interdisciplinary work-based learning to improve end of life care for older patients and residents in St James’s Hospital**

As the largest acute hospital in Ireland, St. James’s Hospital incorporates eight wards dedicated to the care of older persons – 4 residential, 3 rehabilitation, 2 transition and 2 acute medical admission and assessment units. Staff working with patients in these wards identified the need to address gaps in the care of older persons approaching the end of their life.

**Aims**

Improve end of life care (EOLC) for older persons within an acute hospital setting.

**Louise Murphy pictured with prize winning poster**

**Key Steps**

Eight ward based EOLC review meetings were held over a ten month period in 2014-2015 between 2-4 weeks after a patient had died. Interdisciplinary clinical and support staff who had cared for the deceased person were invited to join facilitated meetings which centred on key questions that enabled reflective team learning. Action items identified during review meetings fed directly into ward based quality improvement action plans.

Meetings were a positive experience for all attending staff; they provided an opportunity for remembrance, acknowledgement and reflective learning as a team. There is evidence that teams put the learning into practice immediately by manipulating the care environment, recognising when EOL is approaching, reviewing care goals and care planning from curative to palliative care and recognising the therapeutic value of presence.

Review meetings lead to greater awareness and promotion of issues related to death, dying and bereavement. Palliative care needs of patients are identified and responded to earlier. EOLC review meetings offer an opportunity for reflective team learning and directly influence quality improvement in their ward.

**For further information contact:** Louise Murphy CNM 2, Mary Casey CNM 2 and Bettina Korn, EOLC Coordinator & Respiratory CNS.

**Email:** BKorn@stjames.ie

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**4th Prize**

"More than a number - Ten years on"

**Introducing a skill mix tool into the Paediatric Intensive Care Units**

Our Lady's Childrens Hospital, Crumlin.

In May 2005 nurse staffing levels in Paediatric Intensive Care Unit (PICU) were 57% of that recommended by Paediatric Intensive Care Society guidelines, equating to significant nursing vacancies. This was a source of significant concern from a workforce and patient safety perspective. Full staffing was achieved by 2007, however the challenge remained in matching nursing skill-set to each specific patient’s requirements. The Bristol Enquiry (2001) highlighted that a lack of adequately skilled staff contributed to excessive child mortality.

**Aims**

- Assess our current skill-mix
- Achieve and maintain an adequate skill mix to ensure safe practice.

**Key Stages**

We assessed our current skill mix using the first three categories of the Benners Stages of Clinical Competence (1984) using adapted criteria for the PICU environment: Self assessment, skills analysis and training needs. The minimum recommended skill mix ratio advised by PICS [UK] is 50:50: novice/advanced beginner to senior. Results showed the unit nursing staff skill mix as being 22% senior staff to 78% advanced beginner novice.

**Linda O’Donnell pictured with prize winning poster**

Based on our results the following changes occurred:

- Expansion of the Education Team
- Development of the PICU Foundation Program
- Expansion of in-service study days.
- Development of the PICU development pathway
- Competency based preceptorship program
- Rotation of staff between PICUs

Utilising a skill mix tool identified our staffing issues; it is not just about numbers but more importantly the skills, education and competency of those staff. Staff skill mix tool has been adopted hospital wide and will continue to be used to monitor and pre-empt staffing issues and future workforce planning.

**For further information contact:** Linda O’Donnell, Clinical Nurse Facilitator ICU,

**Email:** linda.oconnor@olchc.ie
The Introduction of a Standardised metabolic Monitoring tool for Clients Receiving Long Acting Depot Medication in Kildare West Wicklow Mental Health Service

Metabolic syndrome is a constellation of metabolic abnormalities that give rise to an increased risk of cardiovascular disease and type 2 diabetes. It results from the adverse effects of psychiatric medications in combination with poor lifestyle choices such as lack of exercise, smoking, poor diet, harmful use of alcohol and or, illicit drugs (De Hert, 2009) The literature suggests that patients receiving neuroleptic medication receive suboptimal physical health care and that consequently, the lifespan for many patients may be reduced by between 15 -25 years (Thornicroft, 2011; Gray, 2012).

Aims/Objectives
To conduct baseline monitoring (2013) of patients receiving long acting depot medication metabolic monitoring using the following five parameters: Abdominal Obesity; Elevated Blood Pressure; High BMI; High Cholesterol levels; Increased fasting blood Glucose levels.
To implement an eight-week “Wellness Group” to promote healthier lifestyles and to facilitate and encourage an increase in physical activity.
To conduct a 2nd round of monitoring (2014) of patients/clients receiving long acting depot medication metabolic monitoring. Results of pre- and post-monitoring were recorded and results analysed

This initiative was prioritised within the sector and later rolled out as a service wide initiative. Results demonstrated a significant decrease in the number of patients that were identified with metabolic syndrome. As a result of the South Kildare pre and post metabolic monitoring phase, the monitoring tool used was modified and rolled out in the entire Kildare West Wicklow mental health service. The process is currently being evaluated throughout the Kildare West Wicklow Mental Health Service. All sector areas within the service are now using this metabolic monitoring tool. Patients on long acting depot medication are currently monitored for metabolic anomalies. Abnormalities are identified earlier and treatment commenced sooner. Patients knowledge and awareness of the risks associated with medications have also increased and ongoing psycho-education and physical health awareness strategies are being implemented. This new practice initiative is in keeping with the guidelines and protocols of the Mental Health Commission (2001, Regulation 19). The policy and metabolic screening service is also in accordance with the National Clinical Programmes and it is envisaged that this policy and the metabolic monitoring tool will be replicated nationally within mental health services.

For further information contact: Mary Donoghue CNSp, Fionnuala Hayden CNSp, Bernie Nolan CNSp, Karina Walsh CNSp, Geraldine Smallwood CNSp. Email: karin.walsh@hse.ie
‘Stop and Watch Response System’
A Dublin Mid Leinster (DML) Improvement Project for Residential Settings 2015

Introduction:
This is a collaborative project between the Nurse and Midwifery Planning and Development Units (NMPDUs); Dublin South, Kildare & Wicklow & Tullamore and the Older Persons Residential Services within the DML region. They have adapted, with permission, from the INTERACT (Interventions to Reduce Acute Care Transfers) the “Stop and Watch Response System”. INTERACT aims to facilitate early recognition of changes in the resident’s status, initiate early appropriate care and potentially reduce the requirement for transfer to hospital.

Aims/Objectives:
This project aims to empower staff, to escalate care where they notice actions or behaviours not part of the resident’s normal routine. The staff who can initiate the system includes nursing staff, support and therapy staff and any other staff members who have direct resident contact on a routine basis.

Methodology
A guidance document, reference/pocket card and care paths have been adapted from the INTERACT programme to support the implementation. An education programme was also developed for use on-site. Eleven sites across the DML region were selected to participate in the two-month pilot project. It includes the “Stop and Watch Response Tool” which identifies possible changes in the resident’s normal routine and provides a template for completion used as part of the escalation process. Using Stop and Watch Response System Care Paths, the nurse assesses the resident’s current status. These care paths cover various physiological changes including Acute Mental Status Change, Shortness of Breath and Symptoms of Urinary Tract Infection.

The ISBAR (Identify, Situation, Background, Assessment and Recommendation) Communication Framework is used to guide verbal and written communication of concerns to the relevant practitioner.

Outcome
The pilot project is currently being evaluated using qualitative and quantitative approaches. Compliance with the system is being measured through; audit, while staff views on the implementation process are being collated through evaluation.

Conclusion
Initial evaluation indicates an improvement in documentation and further areas for improvement such as the development of additional care paths, review of existing care paths and expansion of nursing practice to include Prescribing of Ionizing Radiation etc. Further measurement is required to determine possible reductions in the number and/or frequency of transfers to hospital.

Plans for the future
Future plans include completion of the audit/evaluation process and further implementation across remaining residential settings in the DML region.

For further information contact: Denise Doolan, NMPD Project Officer.
Email: denise.doolan@hse.ie
"Sepsis September" an Education and Awareness Initiative at St James’s Hospital

The National Clinical Effectiveness Guideline No 6 – Sepsis Management, promotes safety and higher standards in hospitals for patients who present with sepsis. It aims to facilitate early recognition and appropriate treatment of sepsis in Ireland.

Following the First National Sepsis Summit (July 2015) the General Intensive Care Unit (GICU) at St. James’s Hospital (SJH) organised ‘Sepsis SEPtember’, a hospital wide sepsis education and awareness initiative. This was organised by GICU nursing staff that attended the summit and wanted to raise awareness of sepsis locally among staff, patients and the public.

Collaboration between the key stakeholders i.e. Critical Care, Emergency Department (ED), the Nursing Practice Development Unit (NPDU), and the Centre for Learning and Development (CLD) was fundamental to the initiative’s success. A strategic plan to roll out the campaign was developed with a Sepsis Link nurse group to support implementation.

A month of educational sessions for hospital staff with talks on microbiology, nutrition and sepsis, a presentation from a survivor of sepsis and case scenarios of septic patients were scheduled. Practical sessions were held in the form of simulated scenarios of deteriorating patients. For patients diagnosed with sepsis it is recommended that the “Sepsis 6” be performed within one hour.

**Give 3**
- Give oxygen
- Give Fluids
- Give IV Antimicrobials

**Take 3**
1. Blood cultures
2. Bloods (lactate/full blood count)
3. Assess urine output

A vital objective of the month was to disseminate the “Sepsis 6” literature across the hospital by NPDU and ED providing education sessions across hospital wards, dissemination at the ALERT course and staff attendance at CLD courses.

Internationally, it is recognised that public awareness of sepsis is low (Rubolotta et al 2009). A key focus in this campaign was promoting awareness of sepsis among patients and the public on World Sepsis Day, 13th September, through an information stand in the hospital concourse. This facilitated dissemination of patient information leaflets and an opportunity to ask questions.

Feedback from staff on ‘Sepsis September’ education and awareness month has been positive. Staff highlighted areas beneficial to their clinical area and reported an increase in knowledge of sepsis and management. This feedback will be used to develop similar campaigns in the future.

For further information contact: Emily Naylor, Clinical Audit Nurse, Critical Care, St James’s Hospital, Dublin. Email: enaylor@stjames.ie

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L to R Gladys P Brennan, Staff Nurse and Rynagh Gilligan, CNM 3 pictured on World sepsis day at SJH
Domino / Homebirth Scheme - National Maternity Hospital

The Midwife-led Domino & Homebirth Service’s primary goal within this project was to improve the quality of ‘Midwifery care information booklets and tools’ to promote and support normal birth.

The backdrop to this is the notable national and international increased interventions within the maternity service provision. This was coupled with the results from a cross sectional quantitative and qualitative research project entitled ‘An Evaluation of Midwife-led Domino & Homebirth Services’ where women stated that they wanted clearer, consistent, accessible information on natural birth.

Figure 1: Screen shot of the booklet covers and concept of hopscotch

Aims & Objectives
The Midwife-led Domino & Homebirth Services Community Midwifery team’s aim within this project was to create two booklets and a labour tool to empower and enable midwives and couples to improve their experience within the service. Our booklets promote health and wellbeing. It includes topics such as healthy eating, exercise, smoking, mental health, birth preparation and preparation for parenthood, together with clear, consistent and knowledge rich information to prepare for a normal birth.

The Labour Hopscotch is a framework, designed as a tool to support women on their labour journey. Additionally, the framework was developed to support midwives as an alternative means of assisting women to achieve a physiological birth. The fundamental principle of labour hopscotch is to inform both women and midwives of the importance of the steps necessary to remain active during labour and in this way possibly reduce interventions such as epidurals.

Process
- Following our evaluation of the service, women asked for clearer, consistent, accessible information that was visually appealing. (Evaluation of Domino & Homebirth Services in Ireland, 2014)
- HSE change model was used to initiate, plan, develop and implement the projects to meet women’s needs.
- Alongside a graphic designer we focused on mind maps, visual aids to project information more powerfully within booklets and also created a labour tool named ‘Labour Hopscotch’ that would promote active birthing.

Outcome
- To provide midwives with the tools to promote and help women achieve a natural birth through natural methods of pain relief positions, lunges, water, tens etc
- Positive feedback from evaluation forms of ‘Labour Hopscotch’.
- Empowerment of team

Conclusion / Plans for Future
- Our vision would be for the Domino Homebirth Scheme to roll out our booklets and hopscotch nationally and eventually into an app
- To incorporate our Labour Hopscotch Framework into a teaching module for Student Midwives
- Currently, being rolled out throughout the hospital
- Active positions for labour from the booklet are displayed on the walls of the labour and antenatal ward corridors
- Increase staff satisfaction, empowering staff and re-empowering women
- Evaluate our booklets in Jan 2016

For further information contact: Sinead Thompson & Katie Cosgrove, Community Midwifery Managers, National Maternity Hospital.

Email: commw@nmh.ie
Nursing & Midwifery Quality Care Metrics Seminar

Nursing & Midwifery Quality Care-Metrics is a national quality initiative supported by the Office of the Nursing and Midwifery Services Director (ONMSD). This is a service driven, clinical/patient focussed area for the HSE which is expanding rapidly. In October, the Nurse and Midwifery Planning and Development Unit (NMPDU) Dublin South, Kildare and Wicklow hosted a Nursing & Midwifery Quality-Care Metrics Seminar.

The aim was to provide an update on Quality Care-Metrics to support services in maintaining the highest level of practice through recognition of the impact of care processes on the quality of nursing/midwifery care delivered. 142 nurses and midwives from Dublin Mid-Leinster, Dublin North and the North East Regions attended the seminar.

Mandie Sunderland, Chief Nurse at Nottingham University Hospitals NHS Trust, delivered an insightful key note presentation. Mandie’s passion is the delivery of high quality fundamental nursing care and she has been a champion for the development and implementation of nursing and midwifery performance management systems. This work has enabled her to provide support in many healthcare settings, both in the UK and Ireland, to colleagues setting up their own professional quality monitoring systems. Anne Gallen, the National Quality Care-Metrics Project Lead and Director of NMPD North West, updated the attendees regarding the implementation of the Quality Care-Metrics project across Ireland. Both Mandie’s and Anne’s presentations were filmed on the day and will be made available online in the near future.

A number of presenters from organisations within the region also shared their experiences of implementing Quality Care-Metrics. Carolyn Donohoe, Nursing Practice Development Co-ordinator at St Vincent’s University Hospital discussed their experiences of the challenges and benefits of replacing a previous suite of nursing measures with the Quality Care-Metrics system. Fiona Cleary, Director of Nursing at Cherry Orchard Hospital described how Quality Care-Metrics can support the Director of Nursing in an older persons setting. Lucille Sheehy, Practice Development Co-ordinator at the National Maternity Hospital, Holles Street discussed how they have utilised Quality Care-Metrics to demonstrate quality care delivery in the maternity setting. Finally, Ciara White, Project Officer, NMPD Dublin South, Kildare & Wicklow gave an introduction to her NMPD funded doctoral research, focusing on the impact of the nurse practice environment upon Quality Care-Metrics and patient outcomes in acute hospital services.

Attendees evaluated the Seminar and the Quality Care-Metrics initiative very positively. They articulated that they found that the real time data, collected through Quality Care-Metrics, supplies evidence to expedite change and improve nursing and midwifery standards. Participants described how the implementation of Quality Care-Metrics within their services has provided clear transparency and positive energy amongst staff and patients, coupled with improvements in patient care and patient safety.

Further information available from your local NMPD metrics Project Officer:
NMPD Dublin South, Kildare & Wicklow: Ciara White, ciara.white1@hse.ie
NMPD Midlands: Mary Nolan, mary.nolan13@hse.ie
Maintaining a healthy lifestyle in a secure environment

Background to the initiative:
People with mental illness and/or an intellectual disability face the harsh reality that they may die decades earlier than the rest of the population. The lifespan of people with severe mental disorders is shorter compared to the general population mainly due to physical illness. Patients in secure psychiatric units are at a high risk of developing obesity for a number of complex reasons i.e. the effects of psychotropic medications, an unhealthy lifestyle, inadequate knowledge and life skills contribute to weight problems and intellectual disabilities. Research suggests that persons with psychiatric disorders are less likely to know that they have a weight problem. Lack of awareness and motivation are key factors that require assessment and implementation of stage-appropriate interventions.

The Weight and Nutrition Education Programme (WANE) was developed by the National Forensic Mental Health Service; in response to the challenge of obesity in their patients. It was developed as a joint initiative between the primary healthcare and recreation departments.

Aims/Objectives:
To help patients safely lose excess weight and maintain healthy weight through educating participants regarding, sensible food choices and daily exercise. It was hoped to empower patients to choose a healthier lifestyle. The WANE programme is tailor made to meet the needs of the patient population.

How we went about the initiative:
The WANE programme was rolled out on a trial basis in 2014 starting with the rehabilitation units. Patients participated on a voluntary basis and the programme was delivered to groups of 8 patients weekly for a period of six weeks. Sessions lasted an hour and topics delivered in related to healthy eating and exercise. Patients were given a weekly food diary and a pedometer. During each session food diaries were checked and suggestions for improvements were made. Weekly weights were taken, and each patient was given a graph that showed weight lost. Emphasis was placed on physical exercise, and the recreation department provided extra walking groups and gym sessions for participants of WANE.

Outcome/Results:
Every patient that participated in the WANE programme lost weight. This varied between 1kg and 11kgs. Feedback from participants was positive. Most enjoyed the programme and felt more confident in their positive lifestyle decisions. One area for improvement was that some felt it would be of more benefit to run the group over a longer period.

For further information contact: Julia Butler, Clinical Nurse Manager 1
National Forensic Mental Health Service. Email: Julia.butler@hse.ie
Enhancing Clinical Excellence in Nursing
10th Annual Nursing Conference, Tallaght Hospital

Attendance at the 10th annual nursing conference far exceeded expectations and was evaluated very positively. Delegates were welcomed from not only Tallaght hospital, but also from external health care institutions. Speakers on the day included:

- Ms Eileen Whelan, Director of Nursing Dublin Midlands Hospital Group
- Dr Philippa Ryan Withero, Deputy Chief Nursing Officer
- Ms Harvey Mc Donnell, Nurse Tutor, Beaumont Hospital
- Ms Jennifer Wilson O’Raghallaigh, Senior Clinical Psychologist
- Ms O’Cleirigh/ Ms Keane Arthur Cox Solicitors
- Ms Mary Prendergast, Director of Nursing

It was also an opportunity to showcase some excellent developments in Tallaght Hospital nursing service, including the development of the Critical Care Outreach service which Siobhán Connors presented. Other internal presenters included Nuala Clare, Resuscitation Training Officer, Áine Lynch, Nurse Practice Development Co-ordinator and Teresa Hanley, Partnership Co-ordinator.

The conference hosted over 30 impressive poster presentations of innovative nursing practice. A clinical skills fair also allowed nurses to update skills in Infection Prevention & Control, BiPAP CPAP, Tracheostomy Care, Venepuncture and Cannulation, Sharp injury prevention and Basic Life Support simulation station. Our sincere thanks to our conference sponsors: Rev Douse fund.

From L to R Sandra McCarthy (Head of Learning & Development, Tallaght Hospital), Bernadette Corrigan (Assistant Director of Nursing, Tallaght Hospital), Hilary Daly (Director of Nursing, Tallaght Hospital) and Eileen Whelan (Chief Director of Nursing, Dublin Midlands Hospital Group)

Pictured at the Nursing Conference Poster Stands; (L to R) Siobhan Gilboy, Cathy McHale, Elaine Sweeney and Finola Power.

If you missed this year’s conference and would like to be included on our mailing list for future conferences and events, please contact us by emailing THNursingconference@amnch.ie

For further information contact: Aine Lynch (NPDC), Tallaght Hospital. Email: Aine.Lynch@amnch.ie
Structured education for patients with Type 1 diabetes: Dose Adjustment for Normal Eating (DAFNE)

**Background:** DAFNE is a structured education programme for people with Type 1 diabetes and has been shown to improve glycaemic control, minimise hypoglycaemia, diabetic ketoacidosis (DKA) and improve the quality of life.

**Aim:** To implement and audit the outcome of a structured education programme at the Midland Regional Hospital, Mullingar (MRHM)

**Method:** Staff at the diabetes unit in MRHM attended an education programme on DAFNE. 27 courses were delivered between January 2009 and Sept 2015 with 6 to 8 patients on each course (total 194). The programme was peer reviewed and externally audited for quality assurance. Data on HbA1c, history of severe hypoglycaemia, DKA and weight was collected at baseline and at 1 year.

**Outcome:** Courses from January 2009 until end of 2013 were included in this analysis. Mean baseline HbA1c was 8.7% for 167 patients. There were 51 DKA admissions and 16 episodes of severe hypoglycaemia 1 year pre-course. A attendance data was collected following course attendance results relevant at 1 year for 134 patients. Mean HbA1c 8.0%, there was 16 DKA admissions and 9 episodes of severe hypoglycaemic attack, diabetic ketoacidosis (DKA).

**Conclusion:** Structured education for people with type 1 diabetes improves glycaemic control and acute complications in the year following education.

For further information contact: Ms. Maeve Dempsey (D.N.S), Ms. Anne-Marie Keogh, (Diabetes Dietician) Diabetes Unit, HSE Midlands, MRH, Mullingar.

E- mail: maeve.dempsey1@hse.ie   Tel: 044 9394810
Return to Midwifery Practice

An Bord Altranais (2005) strongly recommends that a registered midwife who is returning to practice after an absence of five years or more “should complete a Return to Midwifery Practice Course, prior to engaging in midwifery practice or being employed as a midwife” (An Bord Altranais 2005 pg 3).

A National Return to Midwifery Practice Course Curriculum has been developed by the National Midwifery Education Group (subgroup of the Association of Directors of Centres of Nurse and Midwifery Education). The Curriculum has been approved by the Nurse and Midwifery Board Ireland (NMBI) and is underpinned by the ‘Return to Midwifery Practice Courses; Requirements of An Bord Altranais 2005’. The curriculum is reflective of the current environment in which midwifery care is provided.

The purpose of this National Return to Midwifery Practice Course is to enable registered midwives returning to midwifery practice to update their theoretical knowledge and their clinical skills in a supportive environment so that they may become competent and confident providers of midwifery care.

In April 2016, the Centre for Midwifery Education located at the Coombe Women & Infants University (CWIUH), Dublin will deliver a Return to Midwifery Practice Course. The 12 week course comprises of 3 weeks theory and 9 weeks clinical placements in one of the three Dublin Maternity Hospitals (National Maternity, Rotunda, CWIUH).

For further information contact: Triona Cowman, Director of the Centre for Midwifery Education. Email: tcowman@coombe.ie  www.centrefomidwiferyeducation.ie

31st Annual Ear Nose & Throat Nursing Conference

Diseases of the Ear, Nose & Throat/Head & Neck (ENT) are very common in children and adults alike and are frequently seen in many other medical and surgical fields that are outside the specialist area of ENT. The aim of the annual ENT nursing conference is to provide a platform to communicate and promote diversification in advancing nursing practice and knowledge in the specialist area of ENT and other fields of nursing practice.

Organisers anticipated that the conference would support discussion regarding areas where practice has developed nationally and internationally. This one day conference held 2015 brought together 80 attendees, from 18 units across Ireland. Knowledge of current practice and on the developments in clinical practice was shared; thus promoting best practice standards in the delivery of patient care. The conference also supported the continuing development of extended roles for nurses in clinical practice promoting the growth of nurse-led services in this specialist area.

The following topics were presented: Hunter Syndrome, Cochlear Implant Journey, Head & Neck Cancer Reconstructive Surgery Overview and Case Studies, Cutaneous Melanoma in Head & Neck Patients: A Research Study, Nutritional Assessment & Cachexia in ENT Patients, and The Role of the ENT Nurse Educator in Northern Ireland. Presenters were from a variety of MDT members and included: Enzyme Replacement Nurse Co-ordinator, Speech & Language Therapist, Head/Neck & Plastics Oncology Clinical Nurse Specialist, Senior House Officer ENT, Senior Dietician and a Nurse Educator in ENT Nursing.

The conference was very well evaluated by all attendees and many of the attendees participated in asking questions which lead to interesting and lively discussions.

Sabrina Kelly, Nursing Practice Development Co-Ordinator, (NPDC) encouraged attendees to think about presenting themselves at next year’s conference; suggesting that they promote their work or any new initiatives taking place in their own units. Sabrina reminded attendees that everyone was there to learn and that sharing experiences and knowledge was crucial to the development of nursing roles; thus benefitting the care and services provided to patients in the specialist area of Ear, Nose, Throat, Head and Neck Nursing.

For further details contact: Sabrina Kelly, (NPDC) Email: sabrina.kelly@rveeh.ie
Forthcoming Master Classes

To book a place please email: carol.murray1@hse.ie

Human resources for senior nurse and midwifery managers
In this master class, senior nurse and midwifery managers will have the opportunity to review the legal basis for human resources management (Acts, Entitlements and Benefits, while also problem solve work-based scenarios under the guidance and direction of Human Resources Managers.

**Venue:** Mill Room, 3rd Floor, Stewarts Hospital, Palmerstown, Dublin 20  
**Date:** Thursday February 11th 2016  
**Time:** 0930-1300hrs

Supporting recently bereaved Parents
**Target Audience:** All Nurses in the Children’s Hospitals, Children’s Hospice & Care Services, Midwives, Children’s Intellectual Disability Services and Public Health Nurses/RGNs working in the community.

At the end of this session participants will have a clear understanding of:
- The impact of a sudden death.
- The procedures associated with the sudden death of a child
- Parental Grief – address how a couple deal with the death in different ways which can be problematic.
- The needs that parents have following the death of a child.

**Venue:** Mill Room, 3rd Floor, Stewarts Hospital, Palmerstown, Dublin 20  
**Date:** Thursday February 11th 2016  
**Time:** 1330 - 1700hrs

Clinical Audit Master Class – 2 dates
**Target Audience:** All nurses and midwives in Dublin South, Kildare and Wicklow
In this half day master class; participants will come away with information on clinical audit to enable them to be proactive in their services and make changes which will contribute to overall quality improvement in addition to the necessary knowledge to plan, design and conduct an audit.

**Venue:** HSE Boardroom, 1st Floor, Stewarts Hospital, Palmerstown, Dublin 20  
**Dates:** Tuesday 19th January 2016 and Tuesday 8th March 2016  
**Time:** 09.30 -13.30hrs

Project Management Training – One day programme - 2 separate dates
**Target Audience:** Senior nurses and midwives in Dublin South, Kildare and Wicklow who manage quality improvement or large scale initiatives in their service.
This one day training offers an opportunity to review the key aspects for each phase of a project to include:
- Structure
- Governance Arrangements
- Agreeing the scope
- Mapping and engaging with stakeholders
- Communication
- Agreeing timeframe and outcomes
- Support and guidance required to manage risks and dependencies through the life cycle of the project

**Venue:** HSE Boardroom, 1st Floor, Stewarts Hospital, Palmerstown, Dublin 20  
**Dates:** Tuesday 9th or Monday 22nd of February 2016  
**Time:** 10.00 – 16.00hrs
Forthcoming Ear, Nose, Throat & Neck Nurse Educational Courses & Conferences:

**Ear Irrigation:**
This one day programme is run quarterly or according to demand where participants learn the theoretical and practical components of safe ear irrigation.

**Short Ophthalmic Course:**
This programme runs annually, one day a week for 5 weeks and has been developed to build upon theoretical knowledge and enhance practice in ophthalmic nursing. The participant has the opportunity to observe various ophthalmic practices in the clinical areas throughout the hospital.

**Ophthalmic Nursing Conference:**
This conference is held annually where delegates nationwide come to present and discuss new and current trends in ophthalmic nursing. The next conference will be held in April 2016.

**For further details contact:**
Sabrina Kelly,
Nurse Education and Practice Development Coordinator
Email: sabrina.kelly@rveeh.ie
Cancer Education programme

For registered general nurses in an inpatient setting
(3 day programme)

**Dates:** Tuesday 16th & 23rd February
**Tuesday 1st March 2016**

**Venue:** Centre for Learning and Development Tallaght Hospital

**Category 1 Approval by the Nursing and Midwifery Board of Ireland (21 CEU)**

Email: Sylvia.macken@amnch.ie

“All nurses need to have relevant cancer information to help them recognise, assess, and manage cancer patients in any inpatient setting”

(EdCaN 2009)

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**FirstLight National Bereavement Conference Spring 2016**
**March 10th 2016, Heritage Hotel, Portlaoise, Co Laois 9.30 – 4pm**

Understanding the implication and impact of a sudden death: providing effective support to suddenly bereaved families for professionals – so that professionals in a variety of areas that may come into contact with the sudden death of a child are suitable equipped in what are the best practices in dealing with the situation and also have a support network for professional self-care and support.

**Conference objectives:**
1. Educate health care professionals in the Best Practice surrounding the sudden death of a child and young person
2. How to communicate with parents and families when a child dies suddenly
3. Research and statistics surrounding Sudden Infant Death Syndrome
4. Complexities and legalities surrounding the post-mortem of a child or young person
5. Exploring further issues in relation to Children and Grief

**CPD:** 5 Credits
Pre-Registration Essential: Contact Email: louise@firstlight.ie or Tel: 0868581268

**Cost:** FREE