Nursing & Midwifery Values in Practice Conference

DUBLIN CASTLE

Tuesday 16th May 2017

#NMValues
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Nursing & Midwifery Values in Practice

CONFERENCE PROGRAMME 2017

16th May 2017, Dublin Castle

10.15 - 10.45 Registration / Tea and Coffee

Session 1

Chair: Ms. Essene Cassidy, President of the Nursing & Midwifery Board of Ireland

10.45 - 11.00 Introduction by Dr. Siobhan O’Halloran, Chief Nursing Officer, Department of Health

11.00 - 12.00 Professor Ian Robertson, Chair in Psychology, Trinity College Dublin and author
Title: ‘Power, Compassion, Courage & Stress in your practice and in your brain’

12.00 - 12.20 Mr. Michael Brophy, Healthcare Values Education Facilitator
Title: ‘Giving Life to Values in Irish Healthcare’

12.20 - 12.40 Professor Fiona Timmins and Dr. Jan de Vries, Associate Professor, School of Nursing and Midwifery, Trinity College Dublin and Assistant Professor and Psychology Subject Leader at the School of Nursing and Midwifery, Trinity College Dublin
Title: ‘Care Erosion and What to do About it’

12.40 - 13.00 Ms. Carolyn Donohoe, Assistant Director of Nursing and Mr. Joseph Dooley, CNM2, Medical Ward, St. Vincent’s University Hospital, Dublin
Title: ‘A busy medical ward milieu – the meaning of Careful Nursing’

13.00 - 14.00 Lunch and Viewing of Posters

Session 2

Chair: Ms. Ann Donovan, Interim COO / Chief Director of Nursing & Midwifery Ireland East Hospital Group

14.00 - 14.20 Ms. Michelle Mahon, CMM2 and Ms. Emma Mullins, CMM2, Midland Regional Hospital, Portlaoise
Title: ‘Leaders in Women Centred Care’

14.20 - 14.40 Ms. Jean Kelly, I/Chief Director of Nursing & Midwifery, Saolta University Health Care Group, Ms. Olive Gallagher, Assistant Director of Nursing and Mr. James Geoghegan, CNM2 Surgical Ward, Galway University Hospital
Title: ‘Caring Behaviours Assurance System – Ireland (CBAS-I), The Journey so Far’

14.40 - 14.50 Ministerial address
Mr. Simon Harris, TD, Minister for Health

14.50 - 15.10 Ms. Denise Blanchfield, Advanced Nurse Practitioner, Diabetes and Renal Impairment (PhD student UCD) St. Luke’s Hospital, Kilkenny
Title: ‘Nursing Values in the context of Chronic Disease Management’

15.10-15.30 Award of Bursary and award of Poster Presentation Prize
Closing Remarks by Ms Mary Wynne, Director of the Nursing and Midwifery Services, HSE

Nursing & Midwifery Board of Ireland (NMBI) Category 1 Approval (5CEU’s)
Nursing & Midwifery Values in Practice 2017

Biographical details of Speakers / Chairs
Ms. Essene Cassidy – President of the Nursing & Midwifery Board of Ireland

Essene is a registered children’s, general, and public health nurse with over 25 years nursing experience spanning from acute to community and primary care. Essene is Director of Public Health Nursing (CHO 9). She is a Board member since October 2012 following her election to represent the Public Health Nursing sector and was elected as President by the Board in January 2016.

Dr. Siobhan O’Halloran – Chief Nursing Officer, Department of Health

PhD, MSc, FFNMRCSCI, BNS, RGN, RMHN, RNT has had a distinguished career in nursing spanning over thirty years. Since 1999 she has held several key positions in the Irish health service with the Department of Health (DOH), the HSE and in the nursing education sector. These include Nursing Adviser (DOH); Executive Director, National Implementation Committee (DOH), where she oversaw the transfer of all undergraduate nursing education to the third level sector; Executive Director, Health Reform (DOH); Nursing and Midwifery Services Director (HSE) advising the HSE Management Team and Board on matters related to nursing and midwifery.

In 2013, the Department of Health appointed Dr Siobhan O’Halloran as its first Chief Nursing Officer at Assistant Secretary level. This appointment is designed to ensure that the role of nursing and midwifery perspective is brought to bear on the development of policy.

Professor Ian Robertson – Chair in Psychology, Trinity College Dublin and Author

Renowned speaker in applying psychology and brain science to current global, political, social and business challenges.

Ian Robertson is one of the world’s leading researchers in neuropsychology. A trained clinical psychologist, Dr. Robertson is an expert at applying the latest psychological and neuroscience research to contemporary political, health, social, economic and business affairs in a very accessible manner.

Ian Robertson is the author of The Stress Test: How Pressure Can Make You Stronger and Sharper. Professor Robertson, armed with over four decades of research, reveals how we can shape our brain’s response to pressure and answers the question: can stress ever be a good thing? The Stress Test is a revelatory study of how and why we react to pressure in the way we do, with real practical benefit to how we live.

Ian writes for several publications including Nature, Journal of Neuroscience, Psychological Bulletin and London’s Daily Telegraph, as well as for The Guardian and The Times. His numerous articles and blogs on contemporary and business affairs in the international press have been widely acclaimed. One recent article, in London’s Daily Telegraph, was described as “a sensation” by its editor.
Mr. Michael Brophy – Healthcare Values Education Facilitator

Michael Brophy is a former Senior Investigator with the Office of the Ombudsman where he had functional responsibility for the examination and investigation of all complaints received by the Ombudsman about the public health service. He also held the post of Personnel and Training Officer with the Office of the Ombudsman, the Office of the Information Commissioner and the Standards in Public Office Commission. In the course of this work Michael qualified as a Barrister.

Michael currently conducts complaint investigations and reviews on behalf of the HSE, on an independent basis. This is part of the statutory complaints process for the public health service which was introduced in the Health Act 2004.

Michael is a member of Hearts in Healthcare, a network of individuals who are committed to the re-humanisation of healthcare on a worldwide basis. In his work in this area he has designed and facilitated values educational interventions for care staff in hospitals and nursing homes throughout the country. These include: St Mary’s Hospital and the Royal Hospital, Dublin, St Patrick’s Hospital Cashel, St Colman’s Hospital Rathdrum, The Alzheimer’s Society, Drogheda, Western Health and Social Care Trust, Northern Ireland, Speech and Language Therapy Department, Tallaght Hospital. His most recent intervention was with the staff of the Emergency Department at Naas General Hospital. He has also presented on the intervention at the RCSI, RCPI and at a number of international conferences on ‘Compassion in Health Care.’

Michael acts as Chairperson of the National Patient and Service User Forum within the HSE. He also serves as a lay member of the Fitness to Practice Committees with the Medical Council and the Nursing & Midwifery Board of Ireland and he has acted in the capacity of a lay observer with the National Board of the College of Emergency Medicine in Ireland and as a representative of the public interest with the Irish College of General Practitioners. He is the chairperson on the management committee of the Clareville Day Centre in Glasnevin, Dublin.
Biographical details of Speakers / Chairs (cont.)

**Professor Fiona Timmons – Associate Professor, School of Nursing and Midwifery, Trinity College Dublin**

PhD MSC MA FFNRC SI BNS BSc Health & Soc (Open)BA (Open) RNT RGN. Fiona is as an Associate Professor at the School of Nursing and Midwifery, Trinity College Dublin. She has more than 106 publications in peer-reviewed journals and has written/co authored 8 nursing textbooks. She has presented widely internationally (more than 170 papers) including many Key Note presentations and workshops.

She is currently an Editor with the *Journal of Nursing Management*. She acts as a reviewer for several peer reviewed journals, sitting on the editorial board of three of these. She is Visiting Scholar at the Department of Health Sciences, University of Genoa, Italy. Her research interests include professional nursing issues, nurse education, spirituality and reflection.

**Dr. Jan de Vries – Assistant Professor and Psychology Subject Leader**

School of Nursing and Midwifery, Trinity College Dublin

PHD MA MSC BSC. Jan is an Assistant Professor and Psychology Subject Leader at the School of Nursing and Midwifery, Trinity College Dublin. He has published widely in psychology, nursing, peace studies, and cognitive neuroscience. His research programme in TCD focusses on cognitive dissonance and its application to health care and mental health.

He has recently authored an introductory psychology text for nurses in education with Professor Fiona Timmins, Trinity College Dublin. Originally from the Netherlands, he worked at Utrecht University while engaging in several visiting scholar activities in Germany, Italy, the UK and the USA. He was a visiting professor for 6 years in Loyola Marymount University in Los Angeles.

**Ms. Carolyn Donohoe – Assistant Director of Nursing, St. Vincent’s University Hospital, Dublin**

Carolyn trained as a Registered General Nurse in St Vincent’s Hospital in the 1990s and worked as a nurse in Australia and St James’s Hospital, Dublin for short periods.

Carolyn has completed her Higher Diploma in Nursing (Critical Care – ICU). She has completed a Masters in Science Degree specialising in Nursing Education and is a Registered Nurse Tutor. She is currently undertaking the ‘Future Nurse Leaders Programme’ with the Royal College of Surgeons and Office of Nursing Midwifery Services Director and a Post Graduate Professional Diploma in Strategy, Innovation & Change as part of the Executive Development programme with Michael Smurfit Business School, University College Dublin.

She worked in the Intensive Care Unit (ICU) as a Clinical Facilitator for 7 years, facilitating staff development and clinical education for Post Graduate Diploma students. She helped set up the ICU Foundation Course and the first Hepatobiliary Course, which were subsequently accredited with University College Dublin at Level 8. She currently acts as a mentor on the Evidence Based Practice CPD programme.

Carolyn acts as a mentor in the Critical Care Unit, covering ICU and HDU, the National Liver Service and two acute surgical wards for almost a 3 year period. She was appointed as Assistant Director of Nursing for Practice Development in 2014 and is the Practice Development Coordinator for the Undergraduate Nursing Programme. Her main focus now is on identifying clinical practice standards and supporting quality improvement within the nursing profession within St Vincents University Hospital. She leads on the implementation of the Careful Nursing Philosophy and Professional Practice Model of Nursing across the organisation and champions the new values based initiative at a national level.
Mr. Joseph Dooley – CNM2, St. Vincent’s University Hospital, Dublin

Joseph Dooley commenced his general nurse training in University College Dublin (UCD) and was awarded his BSc in Nursing in 2007. He is currently undertaking the Leadership & Development Programme in St Vincent’s University Hospital which is accredited with UCD.

He took up his first staff nurse post in St Vincent’s University Hospital gaining experience on the Renal Medical Ward and Orthopaedic Surgical Ward. He transferred to St Patricks Ward in 2008 which is a 27 bed medical ward specialising in Renal and Endocrine nursing, which includes an acute care Medical Observation Unit and End of Life Suite. He was appointed CNM2 of St Patricks Ward in February 2015.

In 2012 Joe was involved in the Productive Ward Series which was part of a national pilot initiative. More recently he has developed an interest in the National Quality Care Nursing Metrics Initiative as it applies to frontline nursing care.

Joe has a keen interest in preceptorship and creating a positive learning environment for student nurses and he was awarded ‘Preceptor of Year’ for the Medical Division, St Vincents University Hospital 2014. His ward was awarded the ‘Students Winner of Best Clinical Teaching Area Award SVUH’, in 2013 and again in 2015.

St Patricks Ward participated in the Careful Nursing Philosophy and Professional Practice Model of Nursing in October 2015 and Joe has championed the introduction and adoption of the principles of practice and has become a role model for leadership in this area across the organisation.

Ms. Ann Donovan – Interim COO / Chief Director of Nursing and Midwifery Ireland East Hospital Group

Ann Donovan graduated as a nurse from the Richmond Hospital Dublin moving on to successfully completing her midwifery training in the Simpson Memorial Maternity Pavillion in Edinburgh.

With over 35 years’ experience Ann specialised in critical care and has worked across a number of critical care departments both here and in the United States. Successfully completing her MBA in Healthcare management in 2003 she became the Director of Nursing in Tallaght hospital in 2004 a position she held for 8 years before moving to the Special Delivery Unit in 2012.

Ann took up the post of Chief Director of Nursing for Ireland East Hospital Group in August 2015.

In January 2017 Ann has also taken on the role of Interim Chief Operations Officer for the Group.

Ireland East Hospital Group is a group of 11 hospitals with its academic partner UCD serving a population of 1.1 million.

Ms. Michelle Mahon – CMM2, Midland Regional Hospital, Portlaoise

Michelle Mahon, RGN and RM completed her Higher Diploma in Nursing from UCD in 2000. She worked in the National Spinal Unit before completing her Higher Diploma in Midwifery in 2003.

Michelle, a mother of four girls has worked as a Registered Midwife for fourteen years. After starting her midwifery career in the National Maternity Hospital, she transferred to the Midland Regional Hospital Portlaoise in 2004 and worked as a registered midwife. In 2011 she took up the position of CMM2 of the 29 bedded unit, where she along with her fellow CMM2’s manage a Maternity Assessment Unit, Antenatal/Post-natal/Gynaecology ward and delivery suites.

Michelle is involved in developing and implementing guidelines and policies within the Maternity Service, Midland Regional Hospital, Portlaoise. She has also qualified as a Neonatal Resuscitation Programme (NRP) Instructor and helps run an NRP training programme in her unit. She has an interest in patient feedback systems, including patient stories, patient satisfaction surveys and listening forums.
Biographical details of Speakers / Chairs (cont.)

Ms. Emma Mullins – CMM2, Midland Regional Hospital, Portlaoise

Emma completed her Higher Diploma in Adult Nursing in 1999 from Middlesex University U.K. After qualifying she moved back to Ireland and commenced working in renal transplant service in Beaumont Hospital for a 2 year period.

Emma spent some time travelling and worked for two years as an RGN in Australia. After returning back to Ireland she commenced her Midwifery training in the National Maternity Hospital in 2003. In 2005 Emma commenced employment in Midland Regional Hospital in Portlaoise as a midwife working in a mixed antenatal, postnatal and gynaecological unit.

In 2012 Emma completed a BSc Nursing Management in the Royal College of Surgeons followed by a Certificate in Nurse Prescribing in 2013. She has worked as a CMM2 in Midland Regional Hospital Portlaoise since 2014.

She is actively involved in various projects in the unit for example Caring Behaviours Assurance System-Ireland and is a quality champion on this ongoing initiative which was introduced in Portlaoise Maternity Unit in 2016. She has also completed the Florence Nightingale Leaders in Compassionate Care Programme.

Emma is the local Coordinator within Midland Regional Hospital, Portlaoise for the National Perinatal Epidemiology Centre (NPEC). Emma hopes to commence her Masters in Midwifery Leadership and Practice in Trinity College Dublin in September.

Ms. Jean Kelly – Chief Director of Nursing and Midwifery, Saolta University Health Care Group

Jean is a native of Dublin; she commenced her Nurse training with the Medical Missionaries of Mary in Our Lady of Lourdes in Drogheda. Having completed her midwifery training in the Coombe Hospital, she worked in Dublin as a Staff Nurse for a year before travelling to work in France. Following several years working in ICU she worked in the Meath Hospital in various senior positions.

On moving to Galway she worked as a nurse for 15 years in the private sector before commencing work in Galway University Hospitals (GUH) in 2003. Over the last ten years Jean has worked as the Out of Hours manager and the Assistant Director of Nursing for ED and Medicine. She has been involved in many of the changes introduced in Galway University Hospital over the last ten years. Jean was the lead Nurse on the transfer of medicine to University Hospital Galway (UHG) and the building and commissioning of the Acute Medical Unit. She has also lead out on the introduction of the National Early Warning Score with responsibility for the training of 1300 staff.

In February 2012 Jean was appointed Director of Nursing in GUH responsible for 1300 staff across UHG and Merlin Park University Hospital (MPUH). From May to November 2014 she has also managed Sligo Regional Hospital. Jean participated in the first group that took part in the Future Leaders Programme and has just completed her Diploma in Leadership & Quality in Healthcare in Royal College of Physicians of Ireland (RCPI).

Jean has a passion for the ‘Fundamentals of Nursing’ that always puts the patient at the centre. She also is a champion of public and patient involvement and would like Saolta to move towards a proactive approach to all patients’ needs. Jean likes to hear from the staff at the front line and tries to meet as many of the staff as possible in her walkabouts.

She leads on the change agenda for the new hospital group structures and is focused on the transition to a Foundation Trust in the coming years. She is a member of the Saolta Board and is accountable for the organisation corporately ensuring that the Patient is central to Board decisions.

She has overall management responsibility for WTE of 3,500 Nurses and Midwives, over 1000 beds and is pivotal in driving the Saolta Nursing & Midwifery Strategy, Public Patient Involvement Strategy and promotes a culture of learning and teamwork across the Group.
Ms. Olive Gallagher – Assistant Director of Nursing, Galway University Hospital (GUH)

Olive is a native of Kildare but travelled to her ancestral roots in Donegal to undertake her Nurse training in Letterkenny General Hospital.

Having completed her nurse training, she travelled to Australia and later returned to work in St Luke’s Hospital, Rathgar. This was the beginning of a career and passion for oncology nursing, with Olive completing her Higher Diploma in Adult Oncology Nursing in UCD.

On moving to Galway Olive worked in the oncology setting in the private sector for 9 years, setting up both an ambulatory care and in-patient oncology unit.

In 2014 she was appointed as the first Patient Advice and Liaison (PALS) Coordinator in Galway University Hospital and established the PALS service there. The GUH PALS service works reactively to provide information, advice and help to patients to resolve any issues or problems and in an equal capacity to proactively improve patient experience. The PALS Service was awarded the Saolta Staff Recognition Award for Exceptional Patient Experience in Nov 2015. Olive trained as a Facilitator for the Caring Behaviours Assurance System – Ireland (CBAS-I) and was involved in its roll-out across the Saolta Group. In March this year Olive commenced her role as Assistant Director of Nursing in GUH. She has a passion for compassion and caring and champions positive patient experience at every opportunity.

Mr. James Geoghegan – CNM2 Surgical Ward, Galway University Hospital (GUH)

James is a native of south County Galway. He commenced his nurse training in UHG (2000-2003). Having worked for a number of years on both surgical and medical wards he then spent a year working in a number of hospitals in Sydney and the Australian outback.

James returned to work in UHG, completed his Masters in Healthcare Management in the RCSI. He has worked as a CNM2 on St. Enda’s medical ward, as CNM2 for Admitted Patients in the Emergency Department and is now currently CNM2 on St. Pius Urology Ward.

James has an interest in change management particularly in relation to processes which have a positive impact on both the patients and staff experiences on the ward setting. He was one of the original team leaders for the concept testing phase of CBAS-I and has gone on to train as a facilitator for the programme.
Ms. Denise Blanchfield – Advanced Nurse Practitioner, Diabetes and Renal Impairment (PhD Student UCD), St. Luke’s Hospital, Kilkenny

Denise completed her general nurse training in Mid Glamorgan School of Nursing (1992). Subsequently she has undertaken a Higher Diploma in Diabetes Nursing and Masters in Advanced Nursing Practice (University College Dublin). She was one of the first Registered Nurse Prescribers (RNP) in the NMBI general nurse division. She has been employed in St Luke’s General hospital for the past 24 years and as an Advanced Nurse Practitioner Diabetes and Renal Impairment for the past 9 years.

She has worked at local and national level to promote nurse education, publishing and undertaking research activity within the discipline of nursing. She facilitates clinical placement for the UCD Higher Diploma of Diabetes Nursing and undergraduate nursing students.

She was nurse lead for the HSE National Diabetes Programme from 2011-2013. In 2015 she commenced a PhD in University College Dublin in which she aims to identify the ability of the nursing profession to demonstrate professional and clinical leadership in the management of client cohorts with complex individual needs across primary and secondary care interfaces. The primary focus of this work is to improve patient care delivery to help meet the expectations of participants in care.

Ms. Mary Wynne – Interim Director Nursing and Midwifery Services HSE

Mary is currently the Interim Nursing and Midwifery Services Director, HSE. She undertook her nursing and midwifery education in the Mater Misericordiae Hospital and the Rotunda Hospital respectively. Following an extensive and varied career in clinical practice in both voluntary and statutory services she graduated from UCD as a nurse tutor at the time of transition of nursing to graduate level education.

Her subsequent career has comprised education, practice development, senior nurse management at Assistant Director and Director level in the acute sector, and since 2004 at Regional and Area Level in the HSE. She has led on national nursing and midwifery development work since 2006. She was awarded an MBA in Health Services Management by UCD in 2008.

As Chair of the ONMSD/NCCP Strategic Nursing Reference Group she led the development, and publication and implementation of “A Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland” (2012). The breadth and depth of her professional experience has provided her with an insight into the challenges facing nurse and midwife leaders as well as nursing and midwifery’s pivotal role and contribution within the health service from patient care, service delivery, leadership and change management, and educational perspectives.
Nursing & Midwifery Values in Practice 2017
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<td>Ms. Ciara Kissane Dr. Anna-Marie Greaney Ms. Helena Butler Dr. Siobhán Ni Mhaolrúnaigh</td>
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Title: Hypnotic Medication in an Older Person Residential Care Setting; An Interdisciplinary Quality Improvement Project to Promote Appropriate Use

Presenters: Ms. Florence Horsman-Hogan, Ms. Michelle Anderson, Dr. Joseph Yazbeck

Organisation: Leopardstown Park Hospital, Foxrock, Dublin

Background:
Insomnia is a highly prevalent condition: Nocturnal Insomnia Symptoms are reported by approximately 30% of adults. Research varies for the older person (over 65 years) but averages between 39-49%. Chronic clinically significant insomnia occurs in about 10% of the population. While there may be beneficial effects in the short term, the evidence tells us that long term use of Hypnotic Medication has adverse effects for older person, particularly in relation to exacerbation of Dementia related symptoms. In the main, treatment is not recommended for greater than four weeks. Extension beyond this may be necessary in some cases but only after weighing up the benefit versus risk status. The prevalence of its use in the Older Person setting has not been rigorously.

Quality Improvement Driver:
Over 62% of 118 residents in our Organisation have a diagnosis of Cognitive Impairment or Dementia. 36.4 % are using H.M. 42% of these for one year and over. We estimate that approximately 60% had been prescribed H.M in the Primary or Acute Care Settings. Insomnia has not to date been considered a primary condition in itself and thus has not been addressed appropriately. Nurses are to the forefront of care in the Residential Care setting and thus their insight into resident’s requirements is of great value.

Aim:
To adopt an interdisciplinary approach to H.M management by providing education for the Nursing staff on treatment of Insomnia as a primary condition. Appropriate use and side effects of H.M, specifically in relation to the over 65 year age group.

Primary and secondary objectives:
1. To measure the impact of education on Nurse Referrals for H.M review.
2. To measure the amount of residents who were discontinued Hypnotic medication for a minimum of two months.

Outcome:
After four months there were 27 residents referred by the Nurses to the M.O for review. Fourteen commenced the discontinuation programme, four had to be recommenced due to withdrawal issues. Ten to date have been successfully discontinued.

Conclusion:
There is a considerable burden of stress on the elderly to discontinue long term use of H.M. Strict adhesion to prescribing guidelines are required. More education is needed on management of Insomnia. Research is also required to determine the prevalence and contributing factors to prescribing of H.M in the Residential Care setting.
Poster Presentation 2017 – Abstracts

Poster NMVP4    Title: Foundations of Nursing – Neophyte Values of Nursing and Professional Identity

Presenter:     Asst. Professor Jacqueline Whelan
Organisation:  School of Nursing and Midwifery, Trinity College Dublin

Background:
Nursing is a value based profession viewed fundamentally as caring for and about helping others thus safeguarding patient rights and interests (Alfred et al 2013). However there is a growing awareness that modern society is more individualistic and less altruistic (Johnson et al 2007), and concern that values such as dignity and compassion in nursing are on the decline (Francis 2013). Reports of unsafe care (Harding Clarke, 2006, HSE, 2006, HIQA 2013, HIQA (2015a), HIQA (2015b) have challenged the Irish healthcare system, leading to the development of a position paper. The embodiment of personal, professional and organisational values, is an essential component of nursing students’ education in order to guide student attitudes, behaviour, actions and decisions in the practice environment. However there is limited evidence of students’ previous views regarding the topic or impact of teaching on the subject.

Aims & Objectives:
This project reports on first year nursing students’ initial views on nursing.

Method:
During the Foundations of Nursing module first year nursing students are introduced to the nature of nursing and the role of the nurse by exploring the concepts underlying the practice of nursing, legal principles and the professional framework that governs contemporary nursing practice.

The 20 hour module is presented in three units of study,

Unit 1: The Nature of Nursing (6 hours)
Unit 2: Nursing knowledge and practice (8 hours) Outcome/Results:
Unit 3: Legal perspectives in nursing (6 hours)

First year nursing students (n=230) were asked for their views on nursing at the beginning of term using an open ended question ‘What is nursing?’ Following lecture series and exposure to students first clinical experience, students were asked to respond to the same open ended question, for their views on nursing using Surveymonkey”.

Outcome / Results:
A total of 196 students responded. Qualitative analysis revealed that Care was confirmed as the core value for students and interpreted as a means of embracing holistic aspects of patient care with dignity and respect. The centrality of promoting optimal health, wellbeing and patient recovery through supportive action was acknowledged. Compassion, comfort and commitment were differentiated as important values. Understandings of legal or ethical aspects of nursing care were limedly expressed within views presented. Nursing views were ingrained early in the programme and remained largely stable following the students first clinical placement. Students appear to have strong values on what constitutes a nurse and inherent values aligned to the nurses role.

Plan for Sustainability:
Discussion about professional values is of relevance as most Irish nursing students are self-selecting and are not subject to values based recruitment or prior screening for professional values that has become mandatory in the UK for entry to the nursing profession. Contemporary interdisciplinary approaches to teaching professional values and identity needs further exploration in ROI and evaluation. In particular teaching methods need to be considered as the current large lecture format may negate against developing a dialogical approach with the students which is fundamental to developing and confirming the required values.
Title: E-Referral efficiency improves workflow processes in Primary Care Teams: An Irish qualitative study

Presenter: Ms. Mary O’Regan-Hyde

Organisation: HSE South Primary Care Team, Macroom, Co Cork / University of Limerick

Aims & Objectives:
Electronic referral systems are becoming increasingly popular as reliable communication in healthcare. Primary care is a diverse area of healthcare, delivered by a multi-disciplinary team of healthcare professionals. Formal communication processes between the primary care team (PCT) is in the form of referrals. The adoption of e-referral systems has the potential to transform healthcare delivery and is therefore imperative to the development of primary care. Currently there is no system that fulfills the referral pathways needed by the PCT in Ireland. The objective of this research is to establish if e-referral can improve the workflow processes in a PCT.

Method:
An exploratory case study using a qualitative multi-method approach was conducted on the members of a PCT (n=27). Prototype electronic referral forms were developed with Adobe Acrobat Pro 1 software, creating an interactive referral tool. Prototype workshops and focus groups sessions were the elicitation techniques used for data collection. Transcripts were analysed and thematically presented.

Outcome / Results:
The themes in relation to improvement of workflow processes that emerged from the data were usability, efficiency and error reduction factors. The study also demonstrates the importance of user involvement in the elicitation of requirements and system design.

Conclusion:
The findings from this study demonstrate that the usability, error reduction and efficiency of e-referral can improve the workflow processes in the PCT. The study makes valid recommendations based on factors influencing adoption, development and design of e-referral in the PCT.

Keywords:
E-Referral, Communication, Primary care (PC), Primary Care Teams (PCT), Prototype, User-centred design, Workflow Processes, Ireland.
Title: Establishment of a Quality Improvement Group in ED CUH

Successes and Challenges

Presenters: Ms. Elaine O’Farrell, Ms. Annette Smith, Ms. Elaine Houlihan

Organisation: Emergency Department, Cork University Hospital

Background:
The Emergency Medicine Programme (EMP) sets out a strategic approach to improve safety, quality, patient access and value in emergency care. In 2013 ED staff completed a coaching programme set out by the Dartmouth Clinical Microsystems Improvement Curriculum. These coaches completed a variety of staff and patient surveys using the Microsystems toolkit and methodology.

Aims & Objectives:
The groups overarching aim was to use data collected to establish what frontline staff and patients viewed as the main issues that required improvement. The group was aware that their objective was to implement change within their microsystem of the ED. Ongoing projects would then involve other Microsystems as the group’s problem solving and quality improvement skills developed further.

The new Quality Improvement Group (QIG) used effective meeting skills, fishbone exercises, process mapping, PDSA cycles and measurement methods. The coaches improved their own performance through reflective practice.

Strategy:
The QIG completed analysis on staff and patient surveys to establish the major themes and found “Patient Comforts” as a predominant theme for improvement.

Outcome / Result
The QIG focused on quality improvement within the ED microsystem. They introduced a patient comfort pack to be distributed to patients awaiting bed allocation at night. While the QIG did not have control over hospital bed capacity or bed allocation, this initiative did have the potential to provide patients with basic items such as toothbrush/paste/eye mask/ear plugs that had the potential to make their overnight care in an ED more comfortable. Surveys completed post implementation were extremely positive.

Lessons / Sustainability
The development of a QIG within a busy ED requires a high level of commitment. Sustainability of such groups requires managerial responsiveness to the group’s ideas. The fundamental difference between coaching and management is crucial. Anecdotally, senior management groups tend to want to give a project to a group as opposed to allowing the group to work on a project that they develop from frontline views and opinions, gathered in a structured manner, and not from tearoom/corridor chats.

This group demonstrated that ideas for change are at our fingertips should we choose to encourage, coach and mentor our talent pool through initiatives such as this.

Ongoing and Current Projects
The group negotiated a revamp of their tea room on a cost neutral basis. They made changes to the procedures surrounding the transfer of patients to the Acute Medical Unit at 08:00 daily that ensured that nurses were present in the ED after handover to care for their patient cohort and not all transferring patients to other units, and this also resulted in improved staff satisfaction in the process. The group worked with the portering department to improve communications and trialled a number of ideas before settling on mobile phone communication rather than the bleep system. Development of an ED patient information leaflet is near completion at present.
Poster Presentation 2017 – Abstracts

Poster NMVP9  
Title: A Multi-Disciplinary OPAT centred diabetic foot treatment reduces length of stay

Presenters:  
Ms. Deepa Rajendran, Dr. Anna O’ Rourke, Dr. Eoin Feeney, Ms. Edel Kelleher, Mr. Stephen Sheehan

Organisation:  
St. Vincent’s University Hospital, Dublin

Background:
Diabetic foot infections are common, multifactorial, causing serious morbidity and mortality in patients and signify substantial economic costs in their treatment. Management of these patients are often complex involving multi-disciplinary approach and requiring prolonged course of intravenous antibiotics and in-patient stay. Therefore, they are well suited for management via Outpatient Parenteral Antimicrobial Therapy (OPAT). OPAT is one of the important NCPs introduced in 2010 by the Health Service Executive (HSE) and it delivers intravenous antibiotics in non-hospital setting thus reducing length of hospital stay, avoiding admissions, enhancing antimicrobial stewardship and improving quality of life of those on long-term antimicrobial therapy. In April 2016, St Vincent’s University Hospital (SVUH) introduced ‘Diabetic foot pathway’ (DFP) a quality initiative with multidisciplinary team (MDT) approach to treat acute diabetic foot infections.

Aims & Objectives:
To streamline and improve patient care with MDT involvement in treating diabetic foot infections and reduce length of in-patient stay by expediting discharge on OPAT.

Method:
- Establishment of two dedicated beds for treating DFP patients
- MDT (Vascular, infectious diseases/OPAT, endocrine, physiotherapy, podiatry, tissue viability and dietary) involvement within 24-48 hours of admission
- Early access to diagnostic and surgical procedures
- Enhanced antimicrobial stewardship and earlier discharge on OPAT with six weeks of intravenous and six weeks of oral antibiotic course
- Combined MDT (OPAT, podiatry, vascular and tissue viability) follow-up in weekly OPAT clinic for the duration of OPAT, post discharge from hospital
- Follow-up of DFP patients in infectious disease clinic for 3 months post completion of OPAT

Outcome / Results
DFP combined with OPAT resulted in reduction of in-patient stay for patients from 33.2 to 9.89 days (p < 0.001) and a total of 1405 bed days were saved. This led to the estimated savings of €1,301,030 to the hospital. There were 46 DFP patients discharged on OPAT and 45 completed the prescribed course of antibiotics. 1 patient underwent TMA before completion of treatment. A successful diabetic foot outcome, defined as being ulcer/infection free for 3 months post completion of therapy was achieved in 91% of cases and 4 patients failed therapy.

Plan for Sustainability
Periodic audits and continuing evaluation would enable sustaining the work and improving standards of patient care. Understanding and support across all levels of MDT would help embedding the initiative successfully.
Poster Presentation 2017 – Abstracts

Poster NMVP10  Title: Impact of Standardised Nursing Languages on Patient Outcomes
Presenter: Ms. Deepa Rajendran
Organisation: St. Vincent’s University Hospital, Dublin

Background:
A vital aspect to nursing profession is to detect changes in patients’ health status responsive to nursing care and make appropriate clinical decisions to improve the quality of patient care (Moorhead et al. 2013). However, there is no standard system of evaluating patients’ health status or contribution of nursing care in the Irish health care setting due to free-text documentation of nursing care. Standardised Nursing Languages (SNLs) provide framework for nurses to plan, evaluate, document nursing care and quantify patient outcomes. Nursing Outcomes Classification (NOC) scores are defined, evidenced-based and have key indicators sensitive to the patient outcomes influenced by nursing. St. Vincent’s University hospital has adopted Careful Nursing Philosophy and Professional Practice model© incorporating SNLs (NNN: NANDA-I: North American Nursing Diagnosis Association International, NIC: Nursing Interventions Classification & NOC) to provide patient centered nursing care and documentation, with the support and funding from NMPDU.

Aims & Objectives:
To evaluate the effects of SNLs on patient outcomes by assessing NOC scores from nursing documents.

Method:
- Nurse-friendly, evidence-based & patient centered nursing care plans comprising NNN were structured & implemented.
- Educational workshops were conducted to nurses on SNLs.
- Evaluation of patient outcomes using NOC scores.
- Impact of nursing care assessed using Nursing Outcome Score Mapping TOOL (NOSMT).
- A Systematic review (SR) was undertaken to analyse the impact of SNLs on patient outcomes.

Outcome / Results:
The nursing care was focussed, re-directed as per patient needs, and was quantifiable with the introduction of SNLs in SVUH. Continuity of nursing care was demonstrated with the use of nursing care plans comprising SNLs. Patient outcomes assessed using NOSMT tool demonstrated affirmative changes in patients’ health status with the implementation of SNLs. The SR also proved that there was significant improvement in patient outcomes with the application of SNLs displaying an average increase in NOC scores from 2.6 to 3.8

Plan for Sustainability
Refresher education, periodic audits and continuing evaluation would enable sustaining the work and improving standards of nursing care. Education, understanding and support across all levels of nursing would help embedding the initiative successfully throughout the hospital.
Compassion, Care and Commitment: The Influence of Reaffirmation on Nurse Education. An Exemplar of Nursing Values as a Model for Module Delivery

Ms. Louise Barry, Ms. Nichola Antrim, Ms. Emma Fitzgerald

Department of Nursing and Midwifery, University of Limerick

Background:
The delivery of complex content to undergraduate student nurses can be challenging. Guidance on the delivery of this content is multi-faceted and exponentially complex and may not apply to all modules universally. This poster proposes a model of module delivery. The poster will exhibit an aspect of this pilot model, undertaken with a Neurological, Musculo-skeletal and Sensory Undergraduate Nursing Module. Care, Commitment and Compassion underpins each element of module delivery seamlessly uniting the content, various assessments and learning strategies. The poster will focus on neurological assessment of the older person and illustrate how nursing values positively influenced the way in which this aspect of the module was taught, assessed and linked with practice.

Aims & Objectives:
Successful Module Delivery (Achievement of Learning Outcomes), Evidential Underpinning of the Practical Aspects of the Programme, Student Engagement with Module Content.

Method:
Spring Semester 2017. Each aspect of the module was delivered considering our reaffirmed nursing values. The theoretical elements focused on but were not limited too problem-based learning, holistic individualised care provision, care delivered with compassion and a commitment to competence. Modules were assessed based on the theoretical focus. A variety of learning and assessment strategies were utilised to engage students in the module content including: Flipped classrooms, role-play of case conferences, clicker technology, OSCE assessments, group presentations, and simulation. Module feedback assessed the success of module delivery.

Outcome / Results:
Student evaluations indicate enhanced engagement in module content, sustainable knowledge development and consequential linkage of the theoretical and practical elements of the undergraduate programme.

Plan for Sustainability:
This model of module delivery, underpinned by the reaffirmation of our nursing values, may yield successful module delivery in the future. It may also guide the use of appropriate and applicable learning strategies dependent on the content being covered.
Title: A busy medical ward milieu –
the meaning of Careful Nursing

Presenters: Ms. Carolyn Donohoe, Ms. Marcy Appathuruai

Organisation: St. Vincent’s University Hospital, Dublin

Background:
Following an in-depth review of professional nursing practice and documentation, the Nursing Department in St Vincent’s University Hospital, decided to
introduce the Careful Nursing Philosophy and Professional Practice Model©. After a successful pilot period, the Irish philosophy and model was rolled out
across inpatient areas, with 70% of the wards now practicing with the new model.

Aims & Objectives:
The purpose of the project was to introduce two out of four dimensions from the model to nurses at ward level, underpinned by the person-centred Careful
Nursing philosophy namely:

1. The Therapeutic Milieu
2. Practice Competence and Excellence

Firstly the aim was to improve the ward environment and encourage nurses to take control of their practice in a calm and person-centred way, embodying
professional practice values of compassion and commitment.

Secondly to introduce a care-planning approach using standardised nursing languages NANDA-I (North American Nursing Diagnosis Association –
International), NOC (Nursing Outcomes Classification) and NIC (Nursing Interventions Classification), to improve professional knowledge, skills and
competence, and connect meaningfully with patients, thus embodying the value of excellence in care.

Method:
• A suite of structured nursing specific care-plans were developed, in a semi electronic format for each ward using NANDA-I, NOC and NIC.
• Each nurse was introduced to the philosophy, professional practice model and care-plans during 2 study days. Each ward created ‘I will
statements’ to identify positive action behaviours nurses would demonstrate on duty with patients.
• The project team supported the changeover at ward level for a four week period.

Outcome / Results:
Pre and post implementation audits were carried out, and on one medical ward, the results showed an improvement of 25% in nursing documentation quality.
According to nursing staff on this medical ward, there was an improvement in the culture of the ward by taking on the ‘Therapeutic Milieu’ dimension. By
practicing the ‘Contagious calmness’ concept, they reported being more ‘open to change and improving practice to support the patient’ and ‘helping each
other out more’. The ward atmosphere was reported to have improved whereby staff had a better ability to ‘stop and think of more options before fire-fighting’
in stressful situations. They reported a greater ‘sense of professionalism among the team’ by using the new care-planning system, and spent less time on
documentation and more time ‘being with the patient’.

Plan for Sustainability:
• The project team will continue to rollout Careful Nursing to the remaining wards and then consider how it will be practiced in specialist settings.
• Research is being undertaken to examine the changes in nursing practice.
• The introduction of standardised nursing languages onto the national electronic health record is being investigated to provide a platform to
support frontline clinical decision-making.
• National links are being developed to share the learning and experience at St Vincent’s University Hospital with other organisations.
Background
Venous leg ulceration is a chronic condition which places a huge financial burden on the health care budget and resources. Quinn et al. (2013) suggest that approximately 60,000 of the Irish population have chronic leg ulcers. Skerrit & Moore (2014) reported that 61% of wounds in their study based in a community setting were identified as leg ulceration. Darmody (2015) estimated that 40% of wounds treated in a community setting in southern Ireland were identified as leg ulceration. These figures indicate that chronic wound management more specifically leg ulceration will continue to be a large component of the community nurses’ caseload.

An integral part of holistic venous leg ulceration management is skin cleansing and maintenance of skin integrity with this being a daily challenge faced by community nurses (Elson 2014, Fletcher & Ivni 2015, Alkin and Tickle 2016, White et al. 2016).

Recent literature suggests that it is time for clinicians to appraise the current methods of skin cleansing in patients with venous leg ulceration (Downe 2014, Fletcher & Ivnis 2015, Harding et al. 2015 Hughes 2015, EWMA 2016). Downe (2014) identifies that if community nurses are to provide safe, appropriate, effective, efficient wound care it is vital that they have access to wound care equipment/products that aid in the holistic management of venous leg ulcers. Following a review of patient skin cleansing in community wound management clinics and patient homes it was agreed to explore an alternative approach to lower limb cleansing of patient’s with venous leg ulceration.

The current method of skin cleansing in the authors community wound management clinic/patients home was:
1. The patient removed their bandages and washed their limb prior to the clinic/nurses visit, or
2. The patient had the wound bed irrigated with cleansing solution in the clinic/home

Drewery (2016) in White et al. (2016) suggests that this method of skin cleansing has the potential to interrupt/delay the wound healing process as the time delay from when the patient removes their bandages and/or dressings to when they are seen in the clinic/home visit can be unpredictable.

Aims & Objectives:
The aim of the study was to examine an alternative approach to skin cleansing in venous leg ulcers patients in a community setting. This initiative was led by the Community TVN and supported by DPHN.

Method
The evaluation was carried out over a 6 week period and involved a convenience sample of 4 patients in clinic setting and 2 patients in the home setting with venous leg ulceration. The old skin cleansing method was replaced with the introduction of a medical grade bathing and cleansing wipe with the application of a moisturising barrier cream to the lower limb. Training and education was provided to all the nursing team involved. The company supplied product evaluation forms which were used to evaluate the product.

Results
Cleaning and Bathing Wipes:
Patient Skin Integrity – Following 6 week trial using wipes, all patients in the trial presented at the clinic with well hydrated skin. Visually Noted: no signs of redness or irritated skin and a reduced build-up of hyperkeratosis.

Easy to Use - Overall Nurse found the wipes to more convenient to use in comparison with traditional soaks. The wipes were of a good size and strength, gentle on the skin while lifting hardened scales and left a better ‘after feel’ on the skins then water soaks.

Durable Barrier Cream:
Skin Integrity – This barrier emollient resulted in a significant improvement on all patients presenting at Clinic post 6 week trial, with well hydrated skin, fewer complaints of dry/itchy skin and visually noted less build-up of hyperkeratosis / dry scales on the limb.
Discussion

Staff commented:

Improved Time Management – Over 75% of the Nurses found the wipes to be more time saving than traditional soaking of lower limb in water, the time taken to clean patients legs was halved using the wipes. Clinic’s were more efficient.

Improved Infection Control – The nurses commented that the wipes would be of great advantage when treating patients in both the clinic and in particular the home setting as washing constraints can be a challenging factor. Wipes are in packs specific to each patient therefore the risk of infection was negated.

Improved Health and Safety Risk – Wipes are biodegradable so easily disposed of and no heavy lifting or risk of spillages therefore reducing manual handling and slippage risk in the work place.

Patients Commented:

Preference – All patients in pilot study preferred the use of cleansing and bathing wipes, recognised their limbs felt rehydrated. It was less painful process and less awkward than bath soaks.

Downes (2014) recommends a ‘whole leg’ approach to the management and care of patients with venous leg ulceration. The focus of national and international health care policies is to diagnose, manage and maintain patient’s in their community setting be it a clinic or home setting. As previously identified, wound care and more specifically the management of venous leg ulceration has a significant impact on the caseload of community nurses (Quinn et al. 2013, Skerritt & Moore 2014, Dermody 2015, EWMA 2016). An essential component of skin care management in this patient group is to promote the normal skin pH and to prevent and/or manage dry irritated skin with (Elson 2014, Harding et al. 2015, EWMA 2016) suggesting the benefits of good skin hygiene in reducing the risk of further ulceration.

Conclusion:

The implementation of this skin cleansing method ensued that safe, effective, efficient clinical care was provided which placed neither patient nor the nurse at risk. This alternative method of skin cleansing in venous leg ulceration patients is now an integral part of the management of these patients in the author’s community setting. In addition, to support this new initiative a General Venous Leg Ulcer Pathway incorporating this new method of skin cleansing was developed with the support of 3M.
Poster Presentation 2017 – Abstracts

Poster NMVP14  Title: The Patient Experience in Roscommon University Hospital

Presenters: Ms. Ursula Morgan, Ms Mary Farrell, Ms Niamh McKeon

Organisation: Saolta Health Care Group, Roscommon University Hospital

Background:
The introduction of Nursing and Midwifery Quality-Care Metrics invited an opportunity to assess the patients experience on a monthly basis utilising the predetermined questions within the patient experience metric. In Roscommon University Hospital we embraced the challenge and saw the opportunity to invite feedback from patients, their relatives or visitors on a monthly basis in four different departments.

Aims/Objectives:
To seek confidential, independent feedback from our patients in order to maintain good quality care and identify areas which required improvement.
To utilise the findings as a basis for making improvements that matter to our patients and their families.
To demonstrate the care, commitment and compassion shown by nurses working in Roscommon University Hospital. This has been fed back by patients through their own words.

How you went about the initiative:
This initiative has been running in RUH continuously since April 2015. The methodology consists of giving a patient experience questionnaire to patients which is filled out voluntarily. Confidentiality is maintained by ensuring all questionnaires are accompanied by a seal-able envelope.
Once complete, the patient/relative then places the envelope into a box at the nurses’ station. Towards the end of each month a designated nurse opens the box and records the results on the Patient Experience Metric located at www.testyourcare.com to gain an overall score for the month.

Outcome / Result:
A smaller poster presentation of the first years findings was presented to staff in RUH to mark Nurses Day 2016. At this stage we had amassed 369 returned questionnaires with an overall patient experience score of 97.2%.

Plan for sustainability:
Heretofore the completed questionnaires from all participating wards/department were sent to Nursing Administration and collated via an excel sheet to be fed back to the wards/departments and to the Nurse Quality Board for review. However, it has proved more effective and efficient to report the comments via the Q pulse Data Management System thus ensuring that all compliments and complaints are included in the hospital accountability template. This data is accessible to all areas within the hospital and is also fed back at monthly Heads of Department Meetings. There is full buy in from the nursing staff in continuing this very worthwhile process and it has become embedded in the culture of nursing throughout RUH.
Title: Innovative Solutions for Combined Type 2 Diabetes and Chronic Kidney Disease Care Delivery by an Advanced Nurse Practitioner

Presenter: Ms. Denise Blanchfield
Organisation: St. Luke’s Hospital Kilkenny

Background:
Nationally 225,840 (6.4%) adults have type 2 diabetes, which is directly correlated with the development of chronic kidney disease (CKD) (UKPDS 1998) and is associated with increased mortality, economic burden and patient suffering (KDIGO, 2013). Evidence indicates < 18.8% of patients meet all three clinical targets for blood pressure, blood glucose or LDL cholesterol within current care delivery strategies, in which separate care teams facilitate care (Casagrande et al, 2013). This has serious connotations for health service planners as the multimorbidity due to type 2 diabetes and chronic kidney disease remains challenging within healthcare delivery approaches which focus on the management of these conditions separately (Lo et al, 2016).

Aims & Objectives:
In response to such challenges a service innovation was developed and implemented in St Luke’s General Hospital Kilkenny which combined the management of type 2 diabetes and chronic kidney disease by an Advanced Nurse Practitioner.

Method:
The process commenced with the establishment of an Advanced Nurse Practitioner role and site development. All patients with type 2 diabetes and chronic kidney disease (GFR< 60mls/min) attending St Luke’s Diabetes service are streamed into the ANP service on bi located sites in Carlow/Kilkenny. A symbiotic relationship developed between the ANP & specialist Nephrology services based in Kilkenny and Waterford University Hospital. ANP responsible for autonomous patient management with direct referral and remote consultation with specialist Nephrology Services as required. Barriers overcome through, mutual collaboration leading to clinical alliances across sites and specialities.

Outcome / Results:
• Client satisfaction: 98.5% express a preference to remain in ANP vs return to standard diabetes care provision.
• 1,500 consults per annum.
• 7 Clinics per week: Bi-located two county radius.
• < 2% default rate since 2008, vs 20-30% in standard care.
• Outcomes note a stabilisation in renal function from 48.8 mls/min to 51.05 mls/min and therefore a delay in the rate of kidney function decline over a 3 year period (n=50).
• > 80% meet all three best practice clinical target recommendations for type 2 diabetes and chronic kidney disease.

Conclusions:
This service design demonstrates how interdisciplinary alliances provide the means by which innovative strategies can be developed and implemented which enable reduced appointment burden and clinical duplication to meet the needs of participant and provider in care. Currently this service innovation is the subject of a 5 centre PhD study, which may establish new and innovative means to deliver diabetes care across primary/secondary care interfaces.
Title: Integrating a Code of Professional Conduct and Ethics in Practice: An Action Research Approach

Presenters: Ms. Ciara Kissane, Dr. Anna-Marie Greaney, Ms. Helena Butler and Dr. Siobhán Ni Mhaolrúnaigh

Organisation: Department of Nursing and Healthcare Sciences, North Campus, Institute of Technology Tralee

Background:
A new version of the Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives (NMBI, 2014) was published in 2014. A nurse’s fitness to practice, and the associated patient experience, is determined by the extent to which the nurse accords with the duties outlined in the Code. Professional misconduct among members of the nursing profession has been highlighted within recent reports and enquiries. The failure to act on unethical care is also a feature. The literature suggests that Codes are poorly understood and can be problematic to integrate in practice.

Aims & Objectives:
This study sought to: explore the impact of the recently revised Code on nursing practice, identify the facilitating and inhibiting factors to integrating the Code in practice and identify strategies/tools to augment its integration.

Method:
Action Research was used as it facilitated participants to engage and collaborate to produce rich data towards identifying current impact and future integration strategies. Data collection consisted of Action Learning Sets, within two practice based sites (acute and community). The perspectives of relevant key personnel were also sought.

Outcome / Results:
Lack of awareness, knowledge and inaccessibility of the new Code was evident amongst the nurses. The Code is necessary guidance for professionalisation, but can be hard to apply due to the ‘grey areas’ in nursing, making it aspirational and idealistic. Working environments impact on how the Code is integrated in practice, therefore, support and leadership is essential. Cognitive skills; reflection and critical thinking, along with internal attributes; moral agency and moral courage, are necessary to apply the Code in practice. The Code should be implemented in collaboration with other relevant and supportive guidelines such as the recent Values Initiative (DoH, NMBI and OMNSD, 2016).

Conclusions:
The findings contributed to the development of the ACT model for integration of the Code of Professional Conduct and Ethics. This model assists nurses to integrate the principles of the Code through the process of ethical decision-making. It is hoped this model will be piloted in a practice-based setting in future research to ultimately extend its use in patient care situations.
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