



# **DUBLIN MIDLANDS HOSPITAL GROUP NURSING & MIDWIFERY CONFERENCE: COLLABORATING & CONNECTING**

E-Poster Presentations



# Advanced Surgical Admission of Patient (ASAP)

## Improving Patients Access to Elective Surgery, a Quality Improvement Initiative in TUH



Tallaght  
University  
Hospital

Ospidéal  
Ollscoile  
Thamhlachta

An Academic Partner of Trinity College Dublin

Alison Rothwell ADON, Sheila Wall CNM3 & Renu Abraham CNM2- Theatre

Historically, patients were admitted to the hospital the day before surgery for their preoperative admission and workup. Pressure on beds and the need to reduce the length of stay in the hospital were part of a move to introduce the Day of Surgery Admission (DOSA) in April 2011 at TUH. However, the admission process for complex surgeries was one of the main reasons for the delay in starting surgery.

To resolve this issue, a new initiative has been introduced in the Perioperative Directorate at TUH called Advanced Surgical Admission of the Patient (ASAP). This process permits the completion of the medical and nursing admission including the undertaking of required investigations, prior to the day of surgery so that the patient is fully prepared for the day of surgery admission and no unexpected delays are anticipated.

### Aims:

**Deliver a more efficient process for surgical admission:**

- Introduce an effective surgical admission for complex surgeries.
- Prevent the delay in starting surgeries due to the extended admission process.
- Process increasing numbers of DOSA admissions as ASAP admissions

### Methods:

- Project Team established led by theatre nursing management
- Multi-disciplinary team engagement
- Regular meetings/time frame set



### Outcome:

The ASAP admission commenced in November 2021 to the DOSA admission and is completed within two to four days prior to the day of surgery. To date, 169 patients have been admitted through the ASAP admission process.

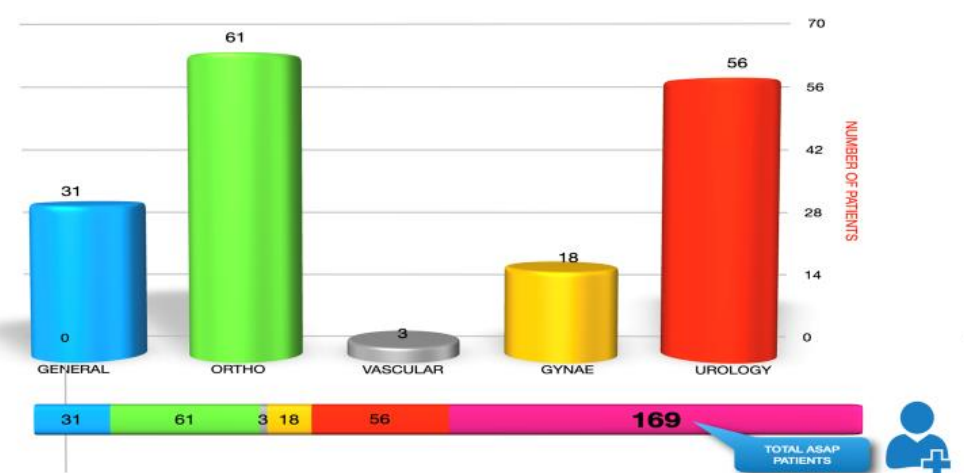
### Future plans:

- To convert all DOSA admissions into ASAP admissions.
- To develop a team (NCHD and nurse) to undertake ASAP admissions 3 days per week for 5 hours.
- To increase the nursing staff number to perform the ASAP admissions.

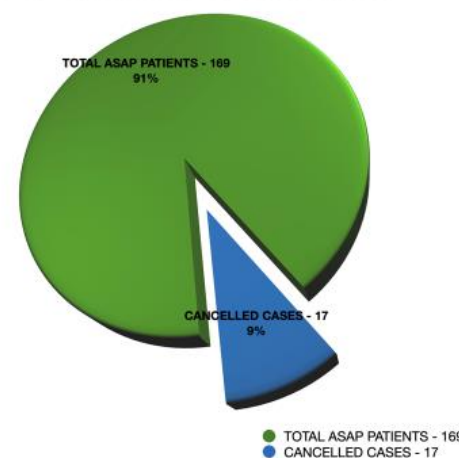
**This will enhance better optimisation of the operating theatre and faster admission on the day of surgery.**

#### ASAP SPECIALITY NUMBERS

TOTAL NUMBER OF ASAP PATIENTS PER SPECIALITY FROM NOVEMBER 2021 TO APRIL 2023



#### CANCELLATIONS OF ASAP PATIENTS ON DAY OF SURGERY PERCENTAGES



NUMBER OF ASAP CANCELLATION ACCORDING TO CAUSE (TABULATED FORMAT)	
2	BY PATIENT
1	NO PACU BED
1	HIGH RISK PATIENT
1	DID NOT ATTEND
2	BY CONSULTANT
2	SURGEON IS SICK
1	REGULAR MEDICATIONS - NOT STOPPED
1	ASAP BOOKED IN VERY SHORT NOTICE
1	PATIENT HAS TOOTH INFECTION
2	LONG DISTANCE TRAVEL
1	ISOLATION
1	PATIENT FOR ADMISSION DAY BEFORE SURGERY
1	OTHERS
17	TOTAL





# The Implementation of BIS Monitoring for all sedated and ventilated patients in ICU



Linda Moran (Clinical Facilitator-Critical Care) (linda.moran@hse.ie) , Shella Delos Santos (CNM2 ICU),  
Dr, Nader Almane (Consultant Anaesthetist)  
Intensive Care Unit, Naas General Hospital, co. Kildare

## Background

Bispectral index (BIS) monitoring involves the use of a processed EEG using an electrode strip applied to the forehead, the BIS index is provided as an output from the monitoring system ranging from 0 (signifying complete suppression of brain activity) to 100 (indicating that the patient is fully awake). (Franges, 2006). It is a physiological method of assessment of levels of sedation. In the operating theatre it is used to prevent intra-operative awareness, which has been associated with post traumatic stress disorder (Pappal et al, 2020).

The ICU in Naas General Hospital is a 4 bed mixed medical-surgical ICU. Taking in the catchment area of Kildare-West Wicklow, the average admission rate is approximately 265 patients per year. Prior to commencing this QI, the practice in NGH for assessment of sedation in ICU patients was the RASS score. The negative effects of oversedation in ICU patients have been widely documented and include; increased risk of delirium, delayed weaning from mechanical ventilation, increased length of stay (LOS) and prolonged recovery for ICU survivors. In an effort to perform more accurate assessment of sedation levels in the ICU population we decided to use BIS monitoring as it provides an objective value in addition to our current observational assessment (RASS).

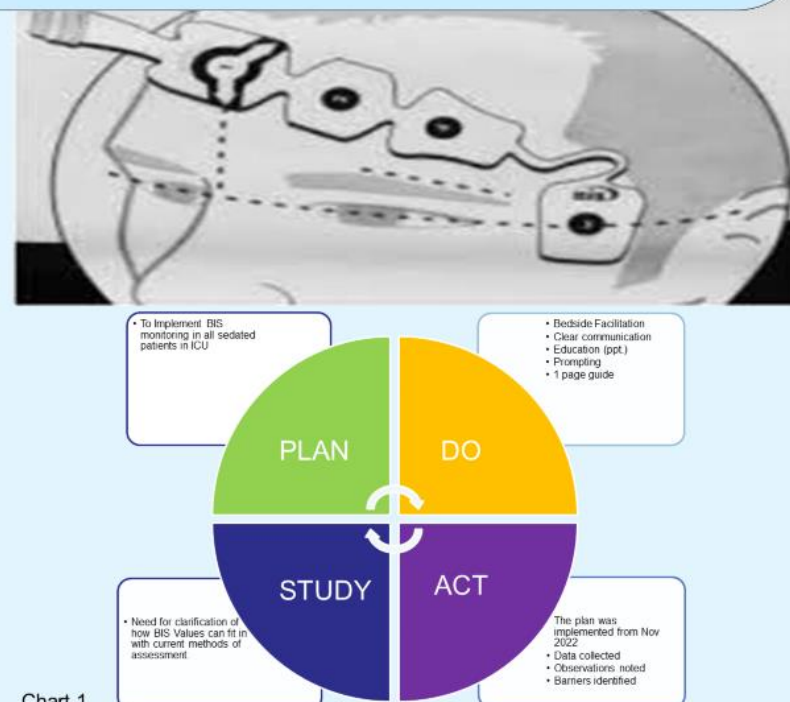
## AIM

The aim of this quality improvement initiative was to introduce Bispectral index (BIS) monitoring for all sedated patients in our 4 bed Intensive care Unit. The goal is better assessment of levels of sedation by using BIS in addition to the RASS score which is currently widely used in ICU

## METHODOLOGY

This QI project was aligned with the aims of the 'Framework for Improving Quality in our Health Service' (HSE2016). The Model for Improvement was used and we used PDSA cycles to aid implementation of the interventions (see chart 1)

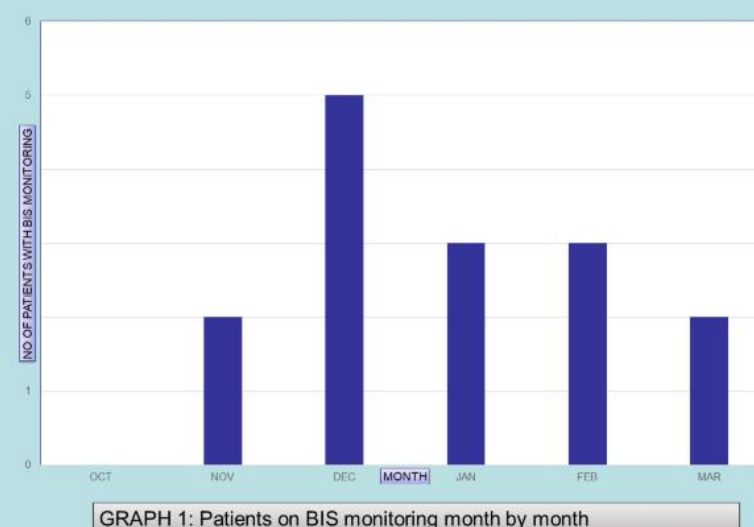
The Stakeholders were identified: patients, relatives, Anaesthetic Consultant, anaesthetic registrars, staff nurses, CNM1, CNM2 ICU, CNM2 Clinical Audit, Clinical facilitator, clinical engineering, stores and HC21.



## RESULTS

It must be recognized that this QI project is in its infancy but to date the following results have been observed.

- **Nursing staff are initiating BIS monitoring independently and document values on ICU chart (see graph re no of patients each month since commencing)**
- **Target BIS Values (range) are handed over similar to target RASS values**
- **The BIS value in some cases prompted reassessment of RASS and CPOT and in turn changes to ongoing sedative and analgesic infusions.**
- **The need for a protocol to include BIS in addition to RASS to guide titration/ discontinuation of sedative infusion emerged**



## DISCUSSION AND CONCLUSION

The above results indicated firstly that communication, education and physical support at the bedside aided the implementation of BIS monitoring in ICU and has sustained the implementation for almost 6 months so far. While target BIS ranges were handed over by anaesthetic team, what actions to take based on an out of range BIS value is unclear and the need for further guidance for staff is required. While there is some evidence to suggest that BIS values correlate with clinical sedation scales such as RASS (Heavner et al, 2022) further research on how the values could merge is needed.

Further data collection is needed in our ICU to examine whether BIS monitoring has any impact on the number of sedative infusions a patient is receiving.

## NEXT STEPS

While current evidence suggests there is a place for BIS monitoring in ICU, how best to use it poses another challenge. The next phase of this QI will commence the inclusion of BIS (along with RASS) in a protocol to guide the titration of sedative and analgesic infusions, using changes in BIS to prompt reassessment of RASS and CPOT.

## Reference:

- Franges, E.Z (2006) BIS Monitoring Nursing 2006 Critical care 1 (5).  
Pappal, RD, Roberts, BW, Winkler W, Yeager L H, Stephens, RJ and Fuller B M (2019), Awareness and Bispectral Index Monitoring in mechanically ventilated patients in the emergency department and intensive care unit: a systematic review protocol *BMJ Open* 2020;10  
Heavner, M s, Gorman E F, Linn, D D, Yeung, S Y A, Milano, T.A (2022) Systematic Review and Meta-Analysis of the correlation between bispectral index (BIS) and clinical sedation scales: Toward defining the role of BIS in critically ill patients *Pharmacotherapy* 2022;42:667-676 doi:10.1002/phar.2712  
HSE (2016) Framework for Improving Quality in our Health Service, HSE, Dublin

Scan for Guidance on BIS application







# Risk of Infection in Haemodialysis Patients Using the Buttonhole Cannulation Technique

Jini Jacob Renal ANP, Maria Bergstrom CNS Renal in-patient coordinator,  
Dr Eoin Bergin Renal consultant MRH Tullamore



## INTRODUCTION

Increased infection rate associated with Buttonhole cannulation technique remains a significant concern in Haemodialysis units. Regardless of this risk, our unit implemented buttonhole cannulation technique in 2009 after developing an evidence based Arteriovenous Fistula (AVF) cannulation protocol. AVF is a surgical connection between artery and vein which develops into a large vessel that can be used as an vascular access for Haemodialysis treatments. Buttonhole is the development of a track by sharp cannulation at the same site, angle and depth and this then facilitates the use of blunt needle cannulation. Benefits of buttonhole technique as per BRS guideline (2016) 1) prolonged AVF lifespan 2) reduced intervention 3) prevention and reduction in aneurysm development 4) reduced frequency of infiltration 5) reduced pain 6) promote self cannulation.

## OBJECTIVES

The key purpose of this study was to examine our clinical practice of buttonhole cannulation technique and its outcomes in relation to reported incidents of localised and systemic bacteraemia. Localised infection is considered as presence of any redness, oozing, swelling or pus at needle site and systemic bacteraemia with positive blood culture.

## METHODS

A retrospective audit was conducted in a single centred haemodialysis unit over a two year period between 2017 and 2018. All adult patients with AVF vascular access using buttonhole cannulation technique was included in the study. Data collected from Kidney Dialysis Clinical Patient Management System (KDCPMS) was analysed to examine the rate of localised and systemic bacteraemia rate.

## PROTOCOL FOR BUTTONHOLE CANNULATION

- ❖ Ensure patient washed hand and access with the antibacterial soap
- ❖ Assess the fistula by inspection, palpation and auscultation
- ❖ Establish buttonhole track cannulation with the same cannulator if possible for minimum of 10 treatments.
- ❖ Soak scabs for 2 minutes with chlorhexidine 0.05%. Gently lift the scab completely with sterile tweezers by stretching skin around the scab.
- ❖ Clean the area with chloroprep 2% post scab removal and insert the blunt needle aseptically by using non-touch cannulation technique.
- ❖ Document in the AVF cannulation log chart the angle, depth of cannulation.

## RESULTS

A total of 116 patients and 13,642 number of treatments were provided during the study period. Out of 116 patients 110 patient had no sign of localised infection, 6 patient had redness at their AVF needle site and only one patient commenced on I.V antibiotic treatment, subsequently blood culture was negative and treatment changed to oral antibiotics. Bacteraemia developed in 5 patients during the two year time period, however only 3 bacteraemia episodes were attributed to buttonhole cannulation technique after root cause analysis. A total of 13642 treatments with 3 Bacteraemia equates to a rate of 0.21 events per 1000 AVF days.

## CONCLUSION

This study showed 3 confirmed bacteraemia events from buttonhole cannulation during a two year period. Our findings shows the importance of development and adherence to good clinical practice supported by evidence based guidelines which will reduce the potential risk of developing bacteraemia or localised infection.

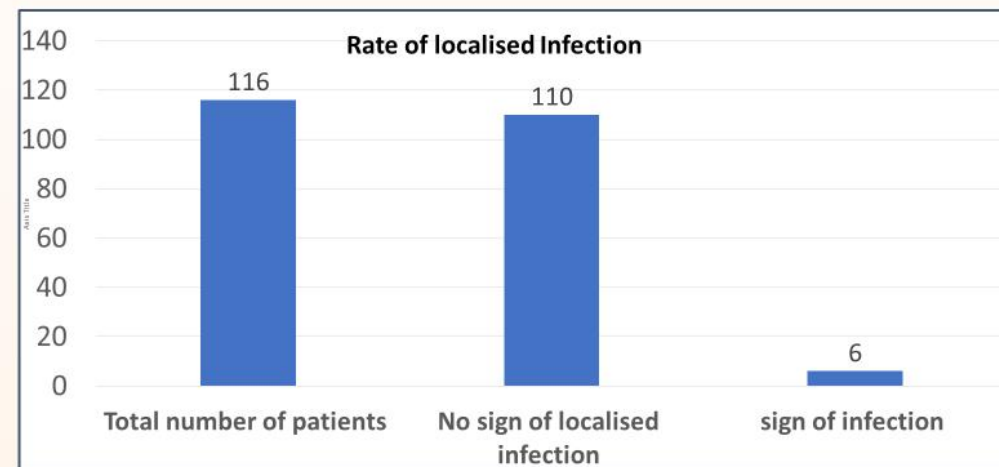
Contact: [jini.jacob@hse.ie](mailto:jini.jacob@hse.ie) [maria.bergstrom@hse.ie](mailto:maria.bergstrom@hse.ie)

Reference; Clinical practice recommendations for use of buttonhole technique for cannulation of arterio venous fistula (2016) BRS vascular access special interest group.

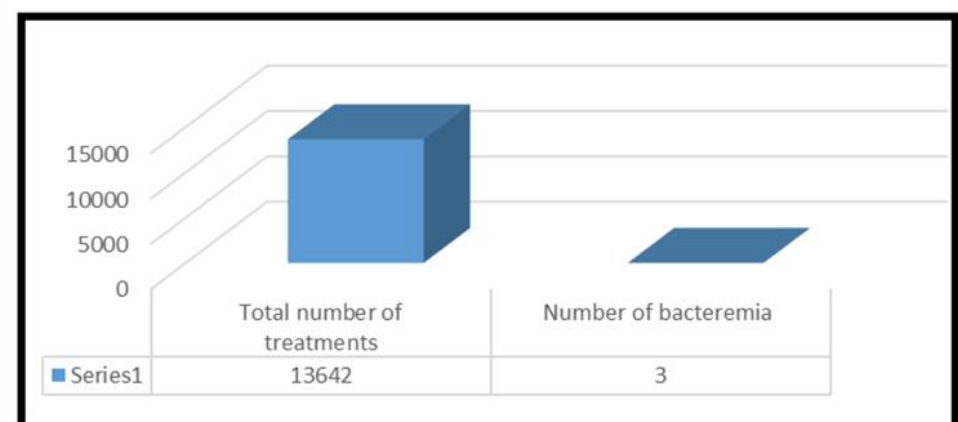
Glerup *et.al*. Staphylococcus aureus bacteremia risk in Haemodialysis patients using the buttonhole cannulation technique: A prospective multicenter study, Kidney medicine 2019;1(5) 263-270.

Staff *et.al*. Cannulation technique and complications in arterio venous fistulas: a Swedish renal registry-based cohort study, BiomedMed Central Nephrology 2021;22:256.

THIS STUDY WOULD NOT HAVE BEEN POSSIBLE WITHOUT THE ONGOING COMMITMENT OF RENAL NURSES TO IMPROVING THE QUALITY OF CARE AT MRHT DIALYSIS UNIT. WE THANK ALL OF THE STAFF OF THE DIALYSIS UNIT AT MRHT FOR THEIR CONTINUED EFFORTS.



## Number of reported Bacteremia between 2017 - 2019



Bacteraemia events		
Study conducted In	AVF days	Rate of infection
Sweden	990,405	0.04 /1000 AVF/ days
Denmark	160,556	0.268/1000 AVF/ days
Ireland (Tullamore)	13,642	0.21/1000 AVF/days

## FUTURE PLANS

Within the renal unit at MRHT, the AVF ratio has increased to 59%. The current policy is to proactively introduce and develop further ultrasound guided cannulation for complex AVFs. The proposed plan is to develop and introduce a guideline/teaching program for Buttonhole cannulation technique. The unit will endeavor to share this learning with our renal colleagues in Ireland.



# Integrated Oncology Nursing Service (I.O.N.S)



Tallaght  
University  
Hospital

Ospidéal  
Ollscoile  
Thamhlachta

An Academic Partner of Trinity College Dublin

A collaboration between the Acute Oncology Service in Tallaght University Hospital and the South Dublin Community Intervention Team (SD CIT)

C. Parthiban CIT Liaison CNM2

D. Whelan Acute Oncology CNS

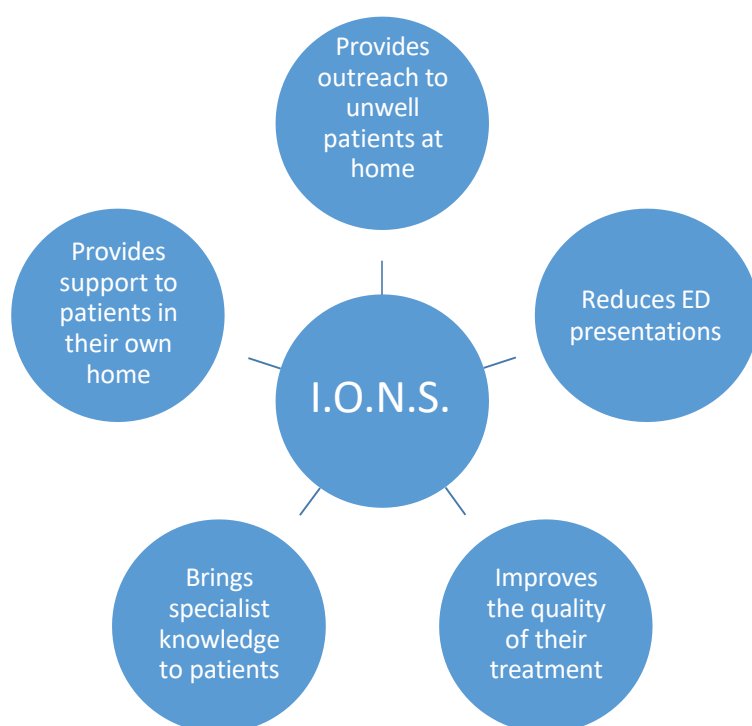
IONS has been founded to provide supportive care to vulnerable Haematology/Oncology (Haem/Onc) patients in the community. It will enhance the nursing care and attention these patients receive in the community, with the aim being to reduce and avoid hospital and ED presentations. The SD CIT nursing team will provide a rapid and integrated response to a patient with an acute episode of illness who requires enhanced services and acute intervention for a defined short period of time. The CIT Liaison CNM2 was introduced in March 2021. This role was devised to facilitate communication and build pathways between the South Dublin CIT and Tallaght University Hospital (TUH).

The Acute Oncology (AO) CNS in TUH was established in Sept 2020. The purpose of this role is to triage and manage Haem/Onc patients at home, avoiding where possible, ED and hospital attendance. The AO CNS acts as a point of contact and provides continuity of care for patients. This role increases access to specialised oncology nursing care for patients receiving Systemic Anti-Cancer Therapies (SACT) and Oral Anti-Cancer Medicines (OAM) to further enhance patient safety.

## Why the need for an integrated service?

- HealthCare Associated Infections (HCAI) pose a greater risk to the immunocompromised Haem/Onc patient.
- Modern cancer care is mainly delivered on an outpatient basis, meaning that there are many patients in the community at risk of side effects of treatment or manifestations of disease progression that can present as an emergency

This is where the Integrated Oncology Nursing Service (IONS) will be most valuable;



## The Integration of AOS and CIT services:

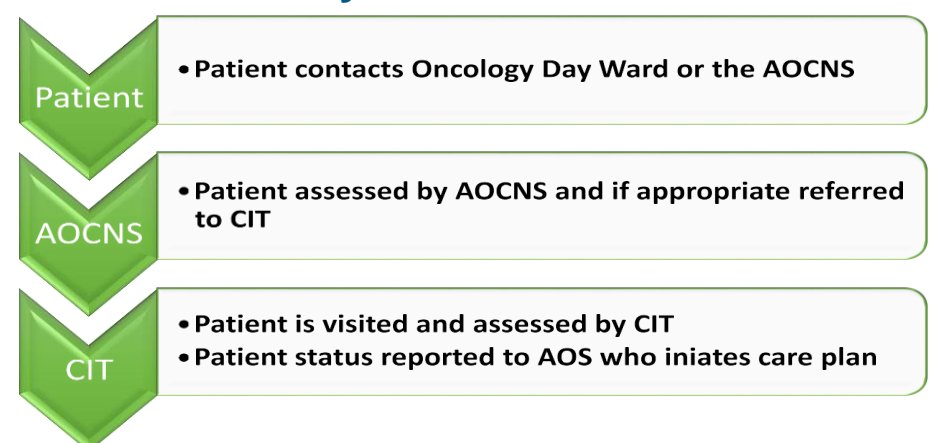
IONS is a collaborative response between the acute hospital and community services.

- It enables the delivery of a domiciliary assessment and care
- Takes an integrated approach to acute care in a patient's home
- Is aligned with the TUH strategic vision of a hospital without walls and the overarching national policy of Sláintecare and the National Cancer Care Strategy
- To further assess/treat patients, and provide an additional layer of care in their own home.



South Dublin Community Intervention Team

## Clinical Pathway



The clinical pathway describes how the AO CNS will refer oncology patients who trigger the need for assessment on the UKONS triage tool to CIT.

CIT services include:

- Clinical vitals
- Phlebotomy
- Pain management/medication administration
- Supportive and psychosocial care

It is hoped this will reduce unscheduled presentations and result in admission avoidance for patients accessing the Tallaght University Hospital Oncology Services.

Clinical governance is provided by the Oncology Consultants in the acute hospital

## Future Planning:

- IONS was awarded The Elizabeth O'Dwyer Bursary and Medal by the Meath Foundation which will provide the initial funding to roll out the service
- Education will be delivered to ensure standardisation of care
- We have met with NCCP and will launch a six month pilot programme which will include an evaluation process. It is hoped that once proof of concept is seen, it will inform national roll out
- We are in the process of developing PPPG's and electronic referrals to support a seamless pathway from Secondary care to Primary care

## Conclusions:

It is anticipated that this nurse-led service will improve patient experience, reduce unscheduled presentations, and result in admission avoidance for patients accessing the Tallaght University Hospital Oncology Services.

With thanks to Terry Hanan and colleagues in the NCCP, Fiona O'Connor Power ADPHN, Berneen Laycock ADON and Paula Ryan ADON for their valued input.



# Video tools to standardise asthma and allergy management amongst caregivers of children with asthma and allergies

Miss Lisa Egan RANP Paediatric Respiratory  
Midland Regional Hospital Portlaoise



## Aim

In Ireland, Asthma and Allergy affect approximately one in every five and one in every 25 children respectively. Early recognition and intervention are vital when it comes to the successful management of these conditions in children. While primary caregivers, usually the parents, are trained to manage an asthma or allergy exacerbation, there is a lack of information provided to the child's secondary caregivers. Schools, crèches, sports clubs, grandparents etc., should all be equipped with clear, concise information so that they feel competent and confident to employ early interventions when needed. The RANP will address this information gap by producing a series of short, step-by-step videos that will show all caregivers exactly what to do if a child in their care experiences an allergy or asthma exacerbation.

## Method

The RANP in Paediatric Respiratory recorded short videos on

1. Inhaler technique (IT)
2. Personalised asthma action plans (PAAP)
3. Adrenaline Auto- injector administration (AAI)
4. Allergy action plans (AAP)

The recorded videos are currently being distributed to schools, crèches/ childcare facilities, paediatric OPD waiting rooms and primary healthcare centres nationally.

## Impact of Video tools

These videos are a necessary next step in the successful management of asthma and allergy in children in Ireland. Their circulation would mean the following:

- Secondary caregivers are educated about action plans, medication adherence, rescue medications and early interventions, so they can act as effective first responders at the onset of symptoms.
- Consistency of care will be achieved as all caregivers will respond similarly in the event of an exacerbation, by following steps outlined in the videos.
- Fewer absences from school and crèche due to better overall management of condition.
- Earlier interventions would result in a more positive outcome for the child.

## Personalised AAP + IT



**MY ASTHMA MEDICINE**

My daily controller medication

My controller medication is:

My other controller medications:

My rescue inhaler is:

My other rescue inhalers:

My other medicines:

Why do I need controller medication?

My controller medication keeps my lungs by reducing inflammation, swelling and mucus. I need to take my controller every day even when I am well.

My rescue medications

My rescue medication is:

Why do I need rescue medication?

My rescue works quickly to make breathing easier by opening up my airways. I will always carry my rescue inhaler with me.

My asthma triggers are:

**MAKE YOUR ASTHMA ACTION PLAN WORK FOR YOU**

Put your Asthma Action Plan where you and your family can easily see it.

Save a photo of your Asthma Action Plan on your phone or keep a copy in your bag or car.

Show a copy of your Asthma Action Plan with family members, friends and caregivers.

Check your Asthma Action Plan regularly.

Always bring your Asthma Action Plan with you to healthcare appointments and Emergency Department visits.

Remember to attend for an asthma review at least once a year and have your inhaler technique checked.

**YOU CAN HELP YOUR ASTHMA BY:**

Staying active and taking exercise for at least 20 minutes each day.

Maintaining a healthy weight.

Quitting smoking and avoiding smoky environments, for help to quit smoking call the Quitline on 800 20 202 or visit [www.quit.ie](http://www.quit.ie)

**MY ASTHMA ACTION PLAN**

Name:

Age:

Sex:

Address:

Phone:

Emergency contact number:

For example GP or parent of these details

An Asthma Action Plan is your personal guide to manage your asthma when it gets out of control.

It will help you to recognise asthma symptoms:

COUGH WHEEZE CHEST TIGHTNESS

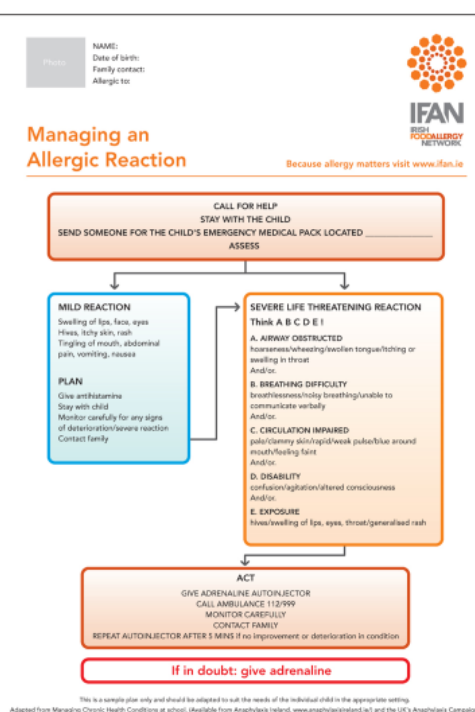
SHORTNESS OF BREATH

And provide you with information on what action to take.

This Asthma Action Plan is yours, so use it, don't lose it!

[asthma.ie](http://asthma.ie)

## Video on use of AAI and AAP



## Conclusion

Our ultimate goal is to ensure consistency of care in the treatment of allergy and asthma in children. Prompt action is essential in the safe management of these conditions so it is imperative that schools, crèches, grandparents, etc. know when and how to intervene during the early onset stages of an exacerbation.

Through these short, educational videos, we will equip secondary caregivers with the knowledge and confidence to willingly intervene when necessary. These videos will promote secondary caregivers competence in managing exacerbations, thus ensuring earlier intervention and safer management of children with asthma and allergy in Ireland.

## References

1. Portnoy J.M., Shroba J. Managing food allergies in schools. *Curr Allergy Asthma Rep* 2014; 14(10):467.
2. Asthma Society of Ireland: Asthma & Your Child: Helping Children with Asthma Stay Healthy accessed on [www.asthma.ie](http://www.asthma.ie) on 12/1/2022.
3. Irish Food Allergy Network: Managing an allergic reaction accessed on [www.ifan.ie](http://www.ifan.ie) on 12.1.2022
4. Pros and Cons of Visual Learning Style for students assessed on [www.embibe.com](http://www.embibe.com) on 12.1.2022.



# Quality and Audit of new Virtual CNS Sleep Clinic

Elizabeth Kohn, Catherine Callan, Amani El Gammal, Christine Hogan, Olivia Lee, Barbara Loughman, Tariq Quadri.

## BACKGROUND

Sleep Disordered Breathing (SDB) is highly prevalent and includes several conditions including Obstructive Sleep Apnoea and Central Sleep Apnoea. SDB leads to poor quality sleep and day time somnolence. Internationally approximately 10% of the population is thought to have a clinically significant SDB, and with ageing populations and higher incidence of obesity there is likely to be a growing incidence of SDB worldwide including Ireland (WHO 2018). It is a risk factor for hypertension, cardiovascular disease and diabetes. Furthermore it may lead to an increased risk of driving or work related accidents (Bonsignore *et al.* 2021). Continuous Positive Airway Pressure (CPAP) is the treatment of choice for patients with symptomatic mild to severe SDB in conjunction with lifestyle modifications (NICE 2021). CPAP therapy can be difficult to tolerate for many patients. A virtual clinical nurse specialist (CNS) led – sleep clinic was established in early 2022 in order to provide support to patients newly diagnosed with SDB and commencing this therapy.

## AIM

- Optimise management of SDB.
- Monitor and review patients adherence and response to CPAP
- Establish a clear pathway for patients who commence CPAP therapy
- Improve patients QOL by improving day time somnolence and performance as risk reduction.
- Maintaining quality assurance by collecting data, auditing and evaluating the service.
- On-going patient education and support

## METHODOLOGY

- Process mapped of referral pathway to the respiratory CNS clinic (Figure 1)
- Created and Excel database of referral to service
- Created a clinic on PAS with appointment slots every 2 weeks
- Established a clinical supervision meeting with consultant
- Created a template for recording the virtual appointment and GP letter
- Created a patient information bundle

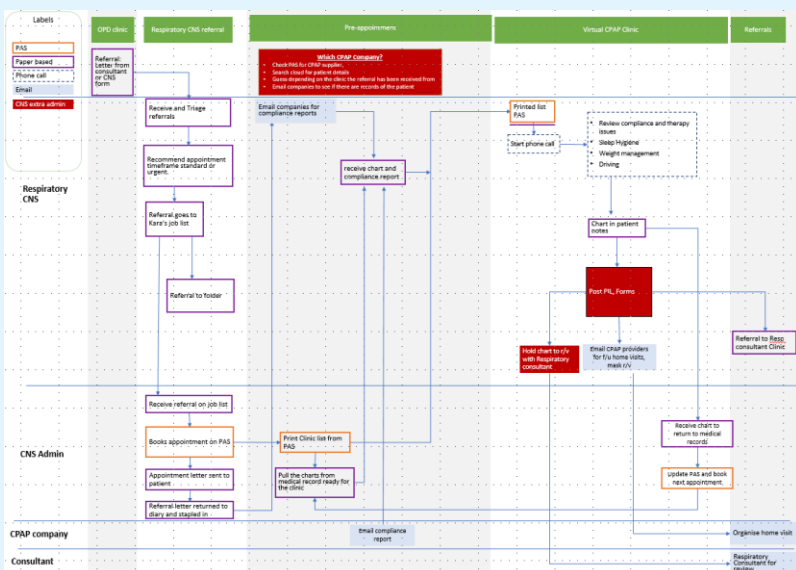


Figure 1

## RESULTS

1st Jan 22- 30th Sept 2022

105 patients received appointment in the Respiratory Nurse virtual review clinic

The did not attends (DNA) rate was 5% (Figure 2)



Figure 2

## DISCUSSION

The virtual clinical nurse specialist (CNS) led – sleep clinic has been successfully establish in NGH. It has allowed prompt and early identification of patients issue with their CPAP therapy to improve treatment adherence and success. It provides an opportunity for the CNS to explore the patients understanding and experience of CPAP treatment. Additionally patients are supported to make healthier lifestyle choices.



The DNA rate for the virtual clinic compared to the face-to-face respiratory nurse led clinic is better 5% versus 13%. The virtual clinical nurse specialist (CNS) led – sleep clinic has decreased foot fall through OPD, freed up more Consultant led clinic time to see new and return patients.

Future plans include launching an automated dictation service in the service to improve correspondence and develop a patient information brochure

## CONCLUSION

With a growing incidence of diagnosis of SBD, the establishment of the CNS led – sleep clinic is timely. Incorporation of technology and more efficient clinic organisation is of benefit to both NGH and the patient. Improving the reach and decreasing wait times makes the capture of patients, diagnostic services and application of appropriate therapies more efficient therefore improving outcomes for this patient group and reducing their co morbidities.

[elizabeth.kohn@hse.ie](mailto:elizabeth.kohn@hse.ie)  
[Catherine.callan@hse.ie](mailto:Catherine.callan@hse.ie)

## REFERENCES

- <https://irishthoracicsociety.com/respiratory-health-of-the-nation-2018-by-chapter>
- Bonsignore MR, Randerath W, Schiza S, et al. European Respiratory Society statement on sleep apnoea, sleepiness and driving risk. Eur Respir J 2021; 57: 2001272 <https://doi.org/10.1183/13993003>
- World Health Organization. Regional Office for Europe. (2018). European health report 2018: more than numbers – evidence for all. World Health Organization. Regional Office for Europe. <https://apps.who.int/iris/handle/10665/330800>



# Gerontological Nursing Foundation Programme March 2023

Archana Dsouza<sup>1,2</sup>, Cathy Monahan<sup>1,2</sup>, Sarah Feeney<sup>1,2</sup>

<sup>1</sup> St. James's Hospital, Dublin, Ireland

<sup>2</sup> Mercers Institute of Successful Ageing, Dublin, Ireland

## Introduction

The Foundation Programme in Gerontological Nursing started in 2017. The Gerontological Foundation Programme aims to enhance the qualified nurses' knowledge, skills and competencies in the delivery of evidence based care for nurses who care for the older person.

The programme runs bi-annually and facilitates the continuing professional development of nurses through education, clinical practice, leadership and research utilisation. This provides a pathway for the nurse to evolve not only professionally, but also personally which will enable the nurse to fulfil their potential.

Following the programme, it is expected that nurses will be better able to critically evaluate and apply the required knowledge and skills to guide a comprehensive and systematic patient assessment. This includes planning, prioritisation, implementation and evaluation of evidence based nursing care for the older person.



## Course criteria

The course awards 33 CEU points on completion.

This course is accredited by the School of Nursing & Midwifery, Trinity College Dublin.

The student must complete these criteria to obtain their certificate

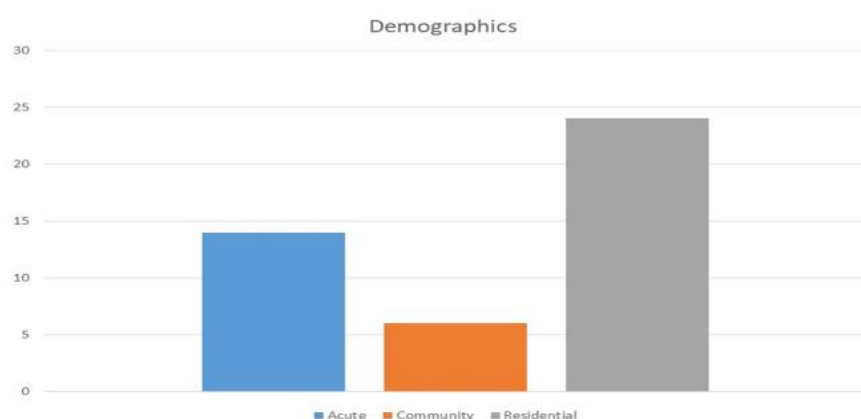
- Attend 33 hours over five days either online or face to face.
- Complete 15 multiple choice questions on day five.
- Submit a 1,000 word case study which is examined by the course facilitators

## Methods

- Previous topic and feedback review resulted in two new topics being added to the programme
- Relevant speakers from the multidisciplinary team were contacted and invited to present on the course
- Timetable was created
- Venue was booked
- The course was advertised internally and externally
- Interested candidates complete booking form and send to facilitators to process
- Informed finance department to generate invoices
- Organised catering for breakfast and lunch
- Hybrid course was the chosen method of delivery to accommodate a wider audience during the continuing Covid – 19 restrictions

## Demographics

- Below is a snapshot of the demographics from our recent course in March 2023
- Forty four registered nurses from all across Ireland attended the programme
- These nurses work in a variety of healthcare settings
- This integrated approach enables participants to gain insight to all areas of nursing as they shared their



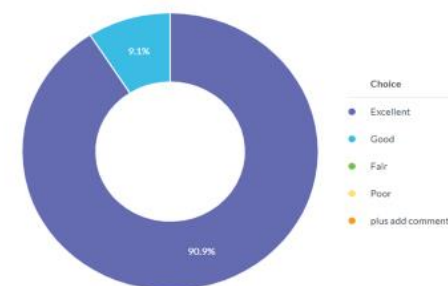
## Resources

- Network of educators
- Zoom for the online attendees
- David Coakley Lecture Theatre, MISA building, SJH for the in person attendees
- Tools used to engage and encourage student participation during presentations
  - Mentimeter
  - Videos
  - Case studies
  - Demonstrations
  - Group discussions
- Padlet page to share course information and PDF presentations
- Survey planet was used to evaluate each presentation

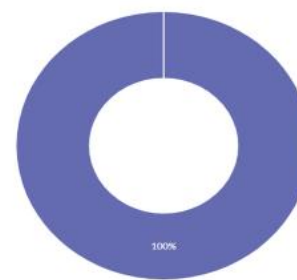


## Results

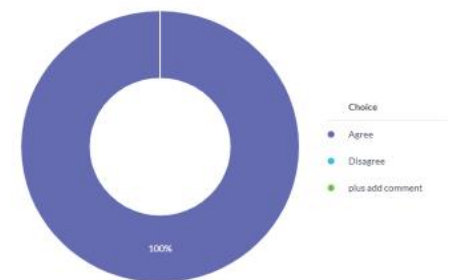
Q1 How would you rate this course overall?  
Multiple Choice



Q2 The course met my expectations  
Multiple Choice



Q3 The course exposed me to new knowledge and practices  
Multiple Choice



Highly recommend to all staff ,Brilliant course and all topics very helpful to update skills and knowledge especially when you are working in care of elderly. Thank you.

I loved listening to so many professionals from different fields. Definitely learned more than expected.

It's really very good sessions and it is clearly evident every facilitator's are giving their full into the teaching section. However; it would be great if practical experiences are mentioned to understand topics bit more clear.



## Conclusions

- The feedback from attendees on the programme was extremely positive
- The use of modern software has enabled us to reach a greater audience
- Due to the hybrid teaching method, plan to use a zoom equipped lecture hall in future
- Plan to review and develop each topic to maximise attendees' participation

## Acknowledgements

This course would not be possible without Josephine Donlon<sup>1,2</sup>, Cora O Connor<sup>1,2</sup>, Snehal Prabhukeluskar<sup>1</sup>, Carol Murphy<sup>1,2</sup>, Professor Conal Cunningham<sup>1,2</sup>, Shauna Farrell<sup>1</sup> and all of the course presenters.



# Development of a Multidisciplinary Focused Early Identification & Management of Delirium E-Learning Programme



Tallaght  
University  
Hospital

Ospidéal  
Ollscoile  
Thamhlachta

An Academic Partner of Trinity College Dublin

Chakkittakandy D, Lydon C, Regi C, Kelly L, Halford D, Dr McFeely A, Dr Hayden D

## Introduction

This programme is useful for all members of multidisciplinary healthcare teams both in the acute and community care settings.

The aim of this programme is to assist healthcare workers to:

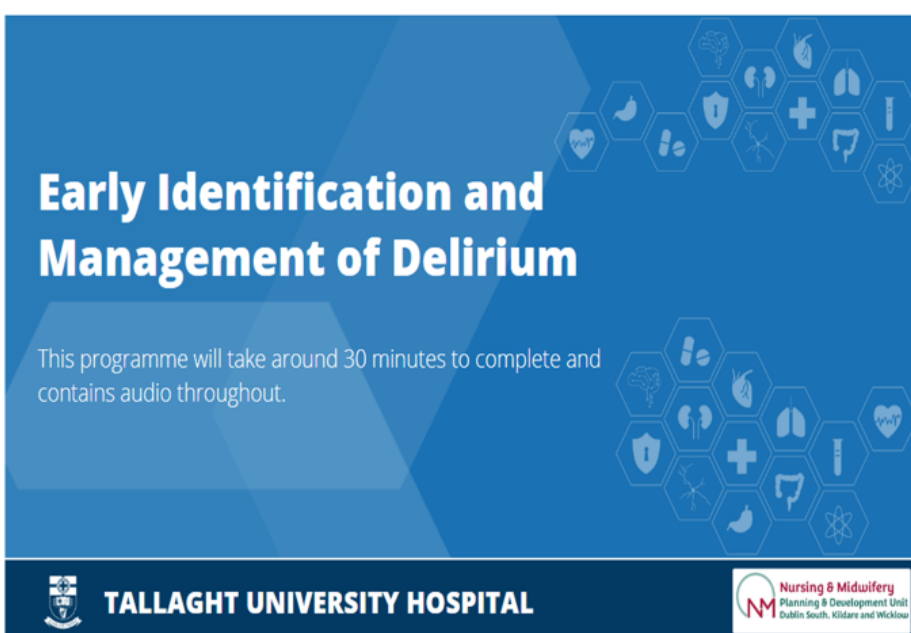
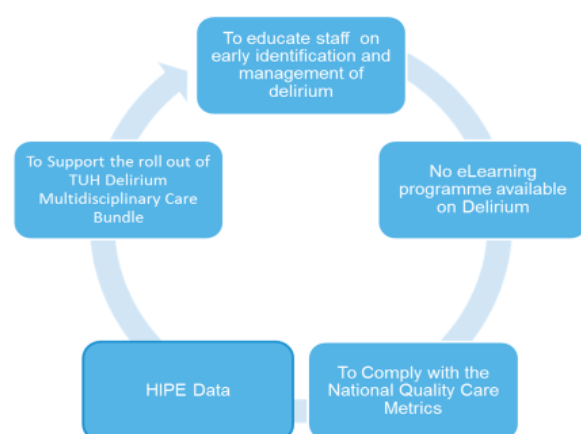
- Explain the importance of early recognition of delirium
- Recognise the risk factors of delirium and be able to identify delirium
- Identify and address potential causes of delirium
- Describe strategies for delirium prevention and management

## Aims and Objectives of this initiative

To develop an eLearning programme that will provide evidence based knowledge to all healthcare workers on early identification and management of Delirium

This new knowledge should form the basis from which healthcare workers can implement changes to their practices

## Why this eLearning Programme



## Multidisciplinary subject expert team members



A multidisciplinary subject expert eLearning team was established and began work on the development of this programme in November 2021.

The project was sent to tender and a company appointed to develop this project.

A strict project timeline was set out and milestones met.

MDT consensus was sought throughout the process.

The programme is now live and available for staff to undertake on HSEland since May 2022.

An official launch of the programme took place on 2<sup>nd</sup> June 2022

## Conclusion:

This eLearning programme is the first of its kind Nationally. It will drive the best practices in the area of early identification & management of delirium

By educating staff on early identification & management of delirium and evaluating the learning has improved delirium care and will provide patients in acute and community settings with a better quality of life





# Developing the Role of Older Persons Advanced Nurse Practitioner

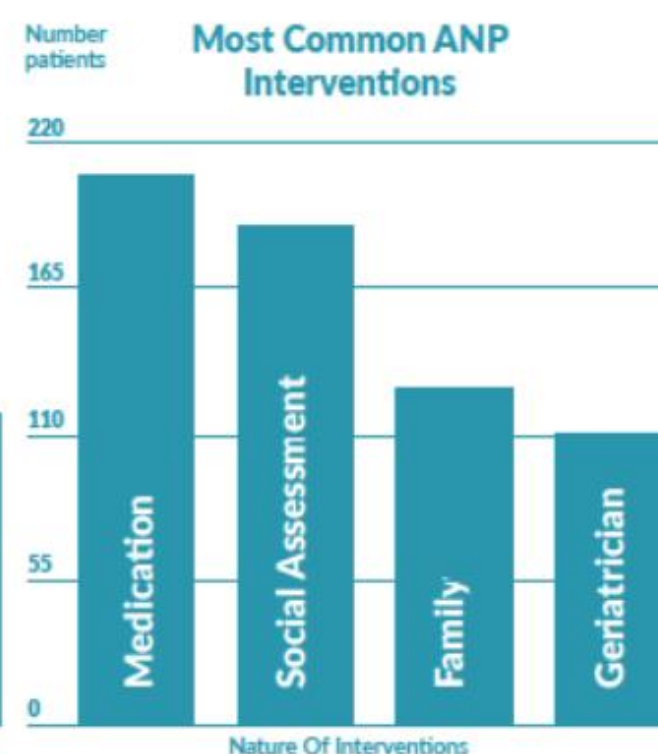


Alice Farrelly RANP Older Persons  
Midlands Regional Hospital, Tullamore, Co. Offaly



## Background

- Advanced Nurse Practitioners (ANP) for older persons have advanced clinical skills and work with the MDT, patients and carers.
- They practice with a high degree of autonomy under the clinical governance of a Geriatrician.
- These new roles have been developed in line with the emergence of clinical care pathways and an ageing population.
- Many are in the area of frailty assessment in the ED setting.
- This audit examined the development of the role of Older Persons ANP in a level 3 hospital.

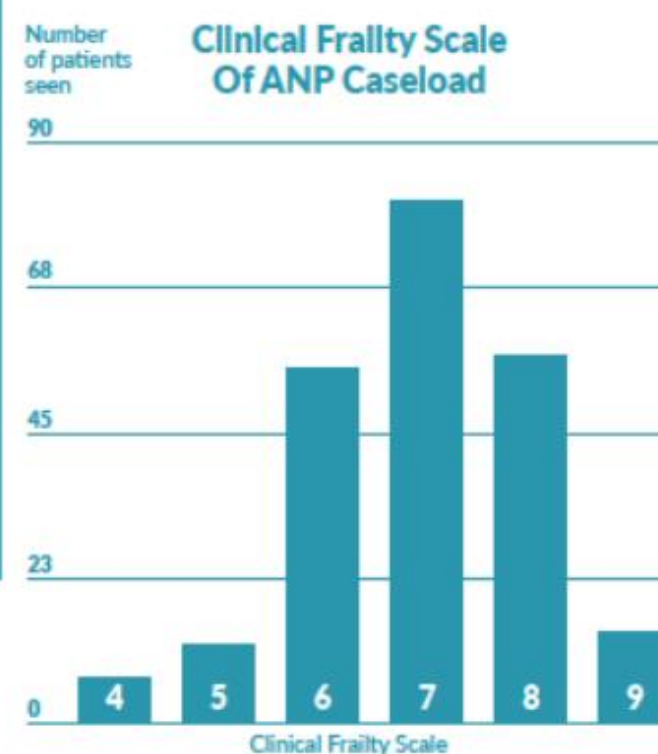


## Methods

- Inclusion and exclusion criteria for ANP caseload were developed.
- Referrals and interventions were captured by Audit.
- ANP Referral pathways were established.
- Data collection was both quantitative and qualitative

## Results

- Referrals to the ANP were generated in ED using a Variable Indicator of Placement (VIP) score and via consults from medical teams.
- 245 inpatients were seen by the ANP in a 6 month period in 2021; of these, half were generated by VIP and the other half were referred for consult.
- Clinical Frailty Scale (CFS) ranged from 4 to 9 but were predominantly 6, 7 and 8. The ANP undertook a comprehensive geriatric assessment for these patients.
- Interventions included medication adjustment, social assessment and specialist advice to the MDT.
- 100 required the additional input from the Geriatrician
- The ANP "pulls the story together" (Cowley, 2016) providing a holistic link between all parties.
- Ongoing support is provided by the ANP in an outpatient setting



## Conclusions

- The ANP is well placed to lead holistic care for older people in conjunction with the MDT.
- In this level three hospital, the ANP role has made a significant impact on the wards as part of the wider specialist geriatric team.
- This is novel in that many hospitals to date have placed the role in the ED.
- Variables such as impact on patient outcome, length of stay, readmission rates and service quality are worthy of exploration as the service progresses.





# Introducing an Initiative to Provide Safe and Effective Medication Management for Rheumatology patients in a clinic setting



Marian Hayden, Rheumatology CNM2, Naas General Hospital.  
marian.hayden@hse.ie

## Background

Disease Modifying Anti-Rheumatic Drugs (DMARDs), are medications that require blood monitoring, patient education and patient participation.

- ❖ 30% non-compliance (McCarthy & Mongey, 2015).
- ❖ 12% non-compliance Ali et al (2019).
- ❖ Noted possible adverse effects of Methotrexate on bone marrow, the liver and on the kidneys (Ali et al 2019).
- ❖ Out of 481 patients, 22 (4.6%) had Methotrexate discontinued due to abnormal blood results, mainly liver related (17/22) (Kent et al, 2004).
- ❖ Case study by Anger et al (2017) a patient on Tocilizumab, which resulted in severe liver damage resulting in transplant.

## Aim/ Objectives

### The Aim of this Initiative is:

To Provide Safe and Effective Medication Management for Rheumatology patients

### The Objectives of this Initiative are:

- ❖ To Provide Education for Patients
- ❖ To Provide Patient Information Leaflets to Promote Safe Blood Monitoring with Medications
- ❖ To Educate Nurses working with the Rheumatology service to support this Information Strategy
- ❖ To Provide Information for Contacting Phlebotomy: Booking tests.

## Methodology

# SMART

- Specific
  - Measurable
  - Ambitious yet Achievable
  - Relevant
  - Time-bound
- HSE, 2019

Using the SMART anagram (Specific, Measurable, Ambitious yet Achievable, Relevant, Time-bound) described by the HSE (2019).

The service user will benefit from this initiative, receiving further knowledge into their care and be empowered in line with Person-Centered Care and Support (HIQA, 2012).

## The Theory Behind Practice

### LEADERSHIP STYLE: Transformational leadership style

- Improved care. Effective. Team Nursing . (Fischer;2016)
- Change agent. Vision. Inspiration. Empowerment Commitment. (Marquis&Huston;2015)

### CHANGE MANAGEMENT THEORY

#### Lewin's Change Model:

- Unfreezing, Movement & Refreezing (Marquis& Huston; 2015)

### GROUP DYNAMICS

- ❑ Leadership.
- Barriers: Reluctance, Power loss. Perceptions. Poor communication (HSE;2020)

### SUSTAIN CHANGE

- Make it the norm.
- Show the benefits for all.

### MEASURE CHANGE

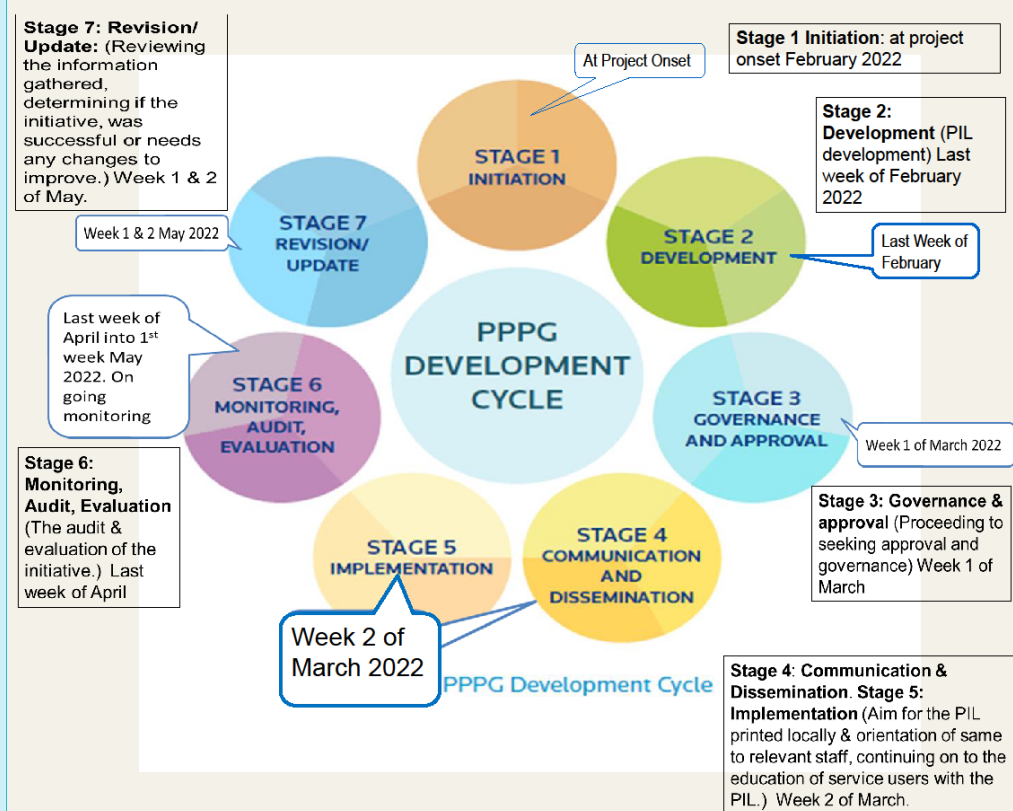
- Record the number of leaflets provided (measurable data)
- Feedback from patients and staff.

## Project Plan February 2022- May 2022 (SETU Module Project)

### DELIVERY PLAN

- Patient starting on or who attends on DMARDs, contacted by phone.
- Train nurses in groups One 2 One.
- Multi-disciplinary team: Nurses, Doctors, physios (MSK Triage, Specialist physio, OT and clerical staff. Awareness for other staff also.

### The Timeframe Project Plan using HSE (2016) PPPG Development Cycle for Guidance



## Results

78 Patient Information Leaflets (PIL) provided to patients  
5 Outpatient Nurses trained in PIL introduction  
Rheumatology Doctors requested PIL as needed for relevant patients

### Questionnaires

#### Nursing

Four nurses completed

'Was the PIL useful?' Yes 4/4

'Would they give it to patients?' Yes 4/4

#### The Patients

13 patients in total.

'Did you receive the Patient Information Leaflet?' 11/13

'Did you find the information in the leaflet helpful?' 11/11

## References

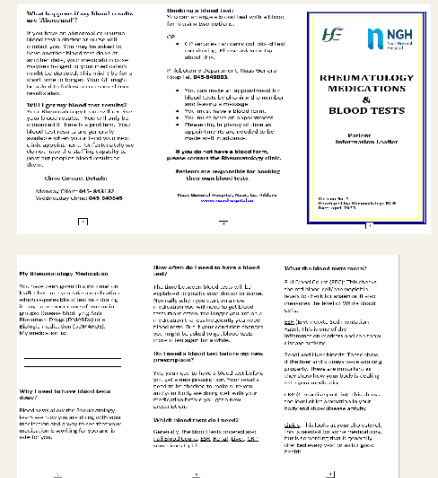
- Ali S., Ather A., Bond U., Dunlee E., & Regan M. (2019) Adherence by patients on Methotrexate to getting the advised regular laboratory tests done. {(19A145)ABSTRACT 36, REGULAR POSTER 28} *Irish Society of Rheumatology*. Autumn 2019 pg54-55. ■ Anger F., Wiegner A., Wagner J., Lock J., Baur J., Haug L., Schmalzing M., Geier A., Löb S. & Klein I. (2017) Toxic drug-induced liver failure during therapy of rheumatoid arthritis with tocilizumab subcutaneously: a case report; *Rheumatology*; 56 (9) :16281629 doi:10.1093/rheumatology/kex221 Advance Access publication 1 June 2017 ■ Fischer S.A. (2016) Transformational leadership in nursing: a concept analysis. *Journal of Advanced Nursing*. 72(11), 2644–2653. doi: 10.1111/jan.13049 ■ Health Information & Quality Authority (HIQA) (2012) *A Guide to the National Standards for Safer Better Healthcare*. Dublin. [www.hiqa.ie](http://www.hiqa.ie) ■ HSE (2016) *HSE National Framework for developing Policies, Procedures, Protocols and Guidelines (PPPGs)* HSE, Dublin ■ HSE (2019) *Quality Improvement Toolkit An Introduction*. HSE, Dublin. [www.qualityimprovement.ie](http://www.qualityimprovement.ie) ■ HSE (2020) *By all, with all, for all: a strategic approach to improving quality 2020-2024*. HSE, Dublin. [www.qualityimprovement.ie](http://www.qualityimprovement.ie) ■ Kent P.D., Luthra H.S. & Michet C.J. (2004) Risk factors for methotrexate-induced abnormal laboratory monitoring results in patients with rheumatoid arthritis. *The Journal of Rheumatology*, 31 (9) 1727-1731. ■ Marquis B.L. & Huston C.J. (2015) *Leadership Roles and Management Functions in Nursing*. 8th edn., Wolter Kluwer, CA ■ McCarthy N. & Mongey A.B (2015) 'An Audit of Compliance with Recommended Blood Monitoring for Methotrexate Toxicity in Patients Attending the Svuh Rheumatology Department as Outpatients', *IRISH JOURNAL OF MEDICAL SCIENCE*, 184, 565–566. ■ National Adult Literacy Agency (NALA) and Health Information and Quality Authority (HIQA), (2015) *Guidance for providers of health and social care services Communicating in plain English*.

## Discussion

- ❖ Leadership roles in nursing promote positive change, utilising research to further optimise patient care
- ❖ The HSE PPPG development plan(2016) can be adjusted to introduce change initiative. Also available is HSE Change management framework
- ❖ NALA and HIQA (2015) give guidance on Health Literacy, making PIL's user friendly and understandable to the patient.
- ❖ The PIL is an example of using evidence based research to improve patient compliance and promote independence for the patient. Protected time for nurses in specialist areas is essential to promote these types of initiatives.
- ❖ Staffing levels and nursing knowledge gap in some cases relating to Disease Modifying Anti-Rheumatic Drugs (DMARDs) and biologic drugs (bDMARDs).

## Conclusion

- ❖ This PIL will assist to provide safe and effective medication management for rheumatology patients in a clinical setting.
- ❖ Positive feedback received from patients and staff.
- ❖ PIL underpinned by evidence based practice using transformational leadership theory, Lewin's change model and the PPPG Development Cycle
- ❖ Provided opportunity for continuous professional development. Further initiatives will benefit from process going forward.
- ❖ Evidence based research in practice, stepwise approach, promoting positive change.
- ❖ The PIL uploaded to Qpulse available to other specialties within the hospital service.
- ❖ Resulted in the production of Power point for computer system, clinic and PIL staff training.



## Acknowledgements

- Rheumatology team NGH.
- Nursing staff, Outpatients Department NGH.
- Ronan Mullan, Consultant Rheumatologist NGH & TUH
- Nora Flynn, Lecturer & Module leader Leading in Nursing Practice, SETU, Waterford.
- Lynn Farrell, Assistant Director Of Nursing, NGH.
- Elaine Harris, Practice Development, NGH.
- NMPDU DKSW (Academic funding)



# INTEGRATED CNSp LEG ULCER CLINIC

Elizabeth O'Neill  
Tallaght University Hospital  
Elizabeth.oneill@tuh.ie



Tallaght  
University  
Hospital

Ospidéal  
Ollscoile  
Thamhlachta

An Academic Partner of Trinity College Dublin

Managing patients at community level, avoiding the need to attend the acute care setting

**3 years in operation, 850 patients, 2500 clinic appointments.**

## Aims and objectives

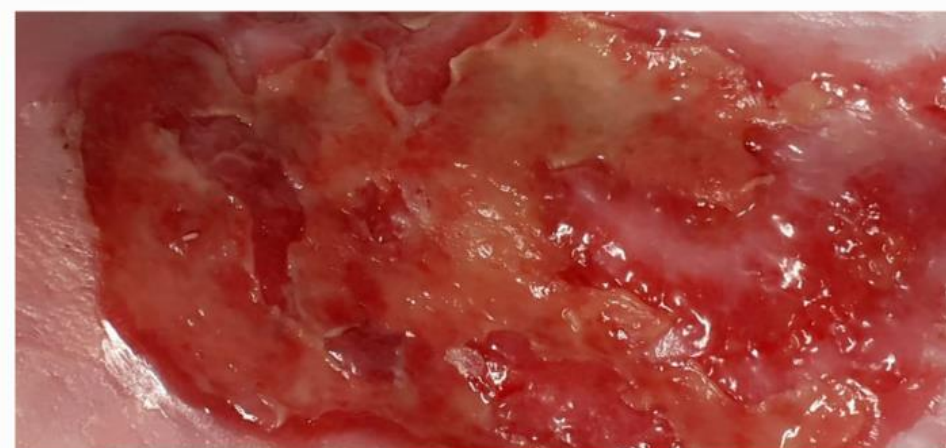
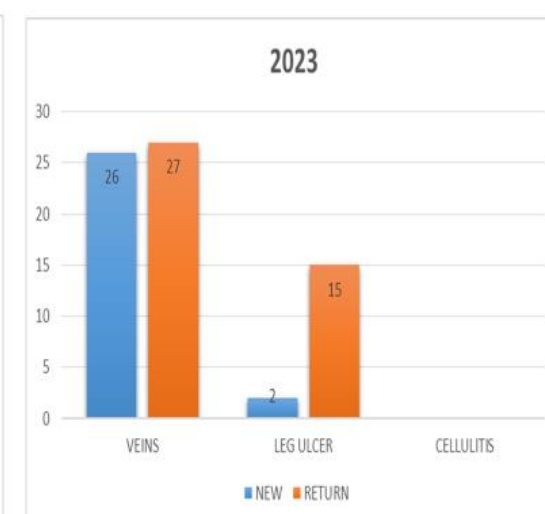
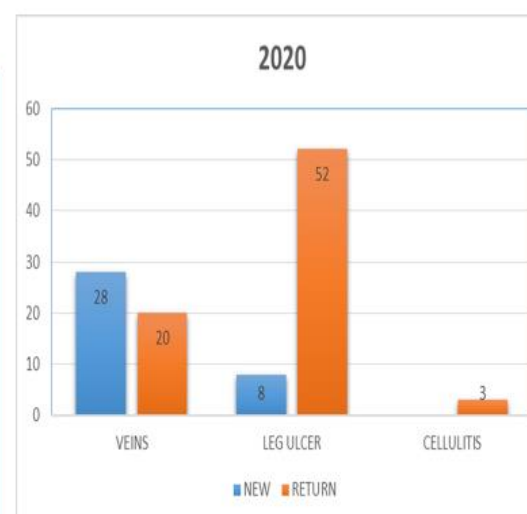
- Timely referral pathways for GP's/PHN to clinic, avoiding long waiting lists for OPD
- Avoid ED attendances
- Reduced healing times
- Reduce the need for admission
- A reduction in Vascular OPD activity in relation to leg ulcers
- Reduce the long waiting lists especially for those who need it the most

## What the service provides

- A comprehensive vascular assessment
- Physical examination of lower legs
- Diagnostics (Doppler's and Toe pressures)
- Individualised treatment plan
- Vascular health promotion
- Rapid access when needed
- Sharp debridement
- Punch biopsy

## Benefits of Service

- Timely assessment
- Emphasis on early diagnosis
- Early venous intervention aids improved healing
- Getting into effective compression
- Encouragement and support for self care
- Education about venous disease and health promotion to prevent reoccurrence
- When necessary, the ability for a timely onward referral



12 weeks following timely referral and appropriate treatment.



Tallaght  
University  
Hospital

**Keeping patients well in the community**

**Providing care at the “right time in the right place by the right people”**



