



*Dublin Midlands Hospital Group

Nursing and Midwifery Implementation
Strategy and Action Plan 2024 -2026

HSE Dublin and Midlands



*The HSE is restructuring into Regional Health Areas. For the purposes of this Implementation Strategy and Action Plan, DMHG refers to St. James's Hospital, St Luke's Radiation Oncology Network, Tallaght University Hospital, The Coombe Hospital, Naas General Hospital, Regional Hospital Mullingar, Midland Regional Hospital Tullamore and Midland Regional Hospital Portlaoise.



Contents

Foreword - Regional Executive Officer	4
Foreword - Chief Director of Nursing & Midwifery	5
A Year at a Glance	6
Introduction	7
Our Mission, Vision and Values	8
Our Strategic Priorities	9
Instructions for Completion	10
Strategic Priority 1	12
Strategic Priority 2	14
Strategic Priority 3	16
Strategic Priority 4	18
Strategic Priority 5	20
SWOT Analysis	22
Glossary	23
Supporting Documents	28
Acknowledgments	30



Foreword

Ms Kate Killeen White Regional Executive Officer, Dublin & Midlands Region

I am pleased to support the Nursing and Midwifery Implementation Strategy and Action Plan 2024 - 2026, Acute Adult and Specialist Maternity Services, for Hospitals within the HSE Dublin and Midlands region. I would like to acknowledge the work of the Hospital Group and its Hospitals in its work to deliver the Group Nursing and Midwifery Strategy 2023 – 2026. This implementation strategy and Action will serve to support and enable all hospitals to deliver on the identified key priorities.

As the REO for this new region, I have a clear priority to Stabilise, Sustain and Grow this region. This means ensuring that we have the right budget and people, in the right place to cater for the health needs of the people who are using our services every day. As part of this I will focus on an

- an unwavering commitment to providing safe, high-quality care
- a commitment to effective, efficient, high-quality performance
- behaviours characterised by support, compassion and inclusion for all patients and staff
- ways of working that focus on continuous learning, quality improvement and innovation
- enthusiastic co-operation, teamworking and support within and across boundaries.

The Hospital Group Nursing and Midwifery strategy and implementation plan provides a commitment to integrated person-centred quality care, evidence based work force planning and a culture of quality improvement, innovation and research that has clear leadership and that can drive implementation of digital enabled healthcare.

I very much welcome the implementation of these priorities, which is further commitment to the Sláintecare vision for a

healthier Ireland, with a high-quality health service valued by all. Nurses and Midwives partnering with patients and service users and working in collaboration with all healthcare professionals have the power to achieve better integration of care. They have the capacity and capability to lead modernisation and reform in the way healthcare is delivered for patients and service users, and to contribute to the delivery of improved access to the healthcare.

The framework is aligned with the vision for service stability and sustaining a culture of improvement. It retains the focus on continually enhancing the quality and safety of services provided while simultaneously accelerating towards greater integration.

I support this Nursing and Midwifery Implementation Strategy and Action Plan as it prioritises improved patient and service user satisfaction and outcomes and overall enhancing the satisfaction of the Nurses and Midwives providing the care. It moves us further on the journey to achieving the ambition that the Dublin & Midlands Region will be the best place to grow up in, to live in, to work and to age in.

I would like to thank you all for your work and commitment to our services and I really look forward to working with you all into the future.

Le gach dea-ghnì

Kate Killeen White

Foreword

Ms Eileen Whelan
Chief Director of Nursing & Midwifery
Dublin Midlands Hospital Group



I welcome the publication of the Nursing and Midwifery Implementation Strategy and Action Plan 2024 – 2026. The Implementation Strategy and Action Plan builds on the previously published Nursing and Midwifery Strategy 2023 – 2026 and is aligned to the move by healthcare organisations worldwide to redesign and to improve the quality of care delivered to patients and service users in line with changing population needs. Core to the redesign is the commitment to continually improve the quality of care and to re-orientate the health system “towards integrated primary and community care, consistent with the highest quality of patient safety in as short a timeframe as possible” (Houses of the Oireachtas, 2017).

The Implementation Strategy and Action Plan provides a framework to support implementation and continuous quality improvement in the standards of care for patients and service users in line with the themes of the Strategy. I wish to acknowledge the work of the Directors of Nursing and the Directors of Midwifery and Nursing in all Hospitals within the Dublin Midlands Hospital Group who collectively contributed to the development of the Implementation Strategy Framework. Thank you to all the team who reviewed numerous iterations of the content to ensure the structure and process of the Implementation Strategy and Action Plan assists in identifying the barriers and enablers to implementation. Successful implementation will be evaluated against outcomes and overall satisfaction for patients and the staff delivering the care.

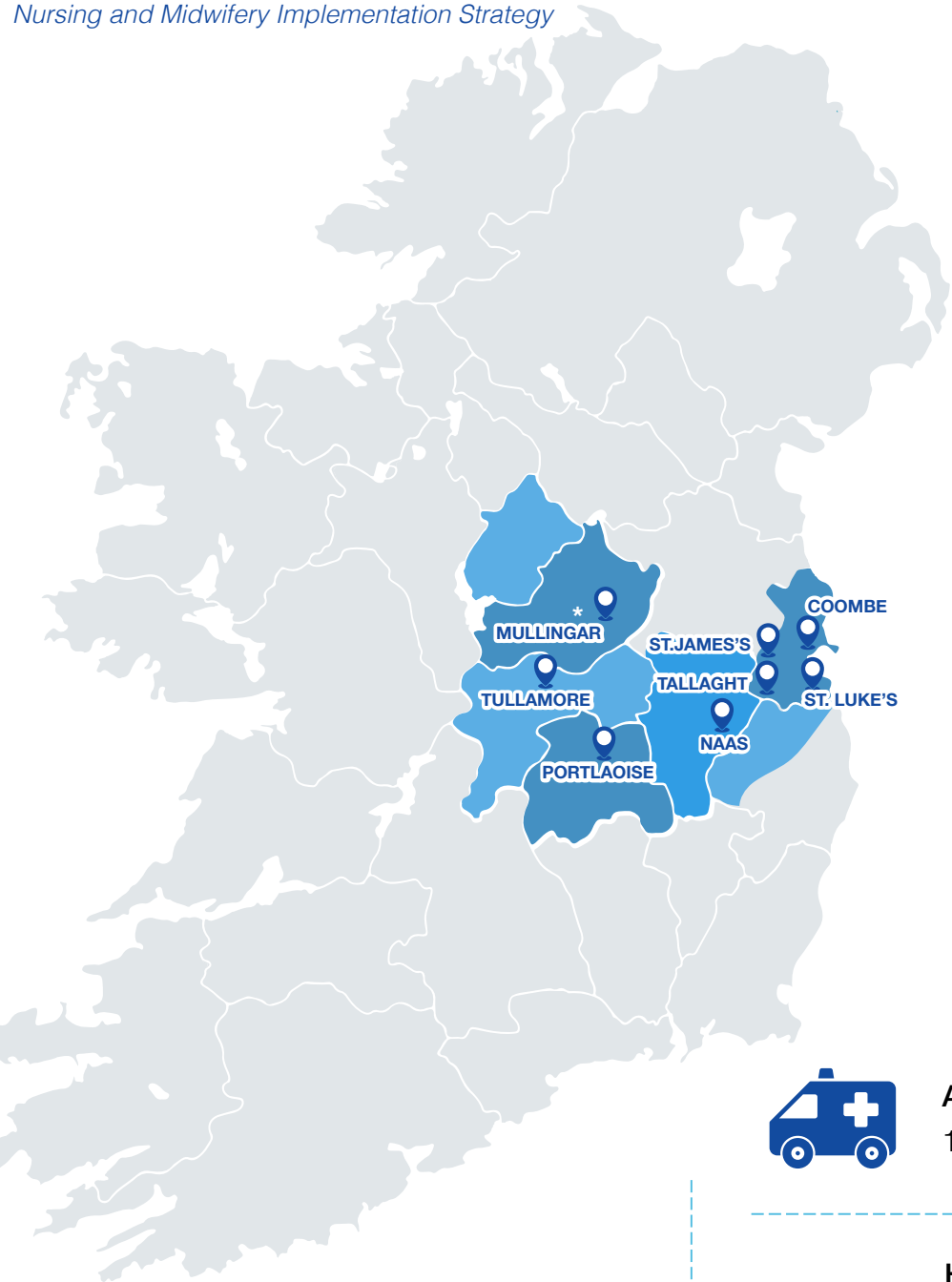
As we move to further enhance the quality and integration of services for patients and service users, I am proud of the care, compassion and commitment shown by all Nursing and Midwifery staff. Fostering a culture where evidence based practice drives the standards of care and where a culture of good governance is underpinned by investment

in education, and the promotion of research and innovation further enhances best outcomes and experiences for patients and service users. I acknowledge the support and commitment of our academic partner, Trinity College Dublin and the leadership and commitment from all stakeholders in education and practice development.

Recognising the diversity within our workforce, Nurses and Midwives have enormous potential to contribute to the overall health and wellbeing of the population, innovating the way we deliver care and provide a supportive environment for patients and service users at all stages of the healthcare journey from first breath to supporting a peaceful death. I look forward to the Implementation Strategy and Action Plan enhancing the care and the environment of care for patients and staff, and to moving a step closer towards integrated care for all our population.

Le gach dea-ghnì

Eileen Whelan



Dublin Midlands Hospital Group

A Year at a Glance in Our Hospitals 2023



Population served by DMHG
819,340



WTE Employees
13,390



Budget
€1.309 Billion



Attended ED
180,012



Had an inpatient or day case treatment in our Hospitals
227,328



Attended outpatient appointments in the Group
585,495



Babies delivered by staff in our maternity services
7,872

*Please note, the 2023 figures do not include Regional Hospital Mullingar as during 2023 this hospital was part of the Ireland East Hospital Group

Introduction

The Dublin Midlands Hospital Group Implementation Strategy and Action Plan 2024 – 2026 aims to advance the work and commitments outlined in the Dublin Midlands Hospital Group Nursing and Midwifery Strategy 2023 -2026. It seeks to build on our strategy document and helps define the work that will be achieved over forthcoming years.

The DMHG Implementation Strategy and Action Plan will involve prioritisation and self-assessment by the staff in each hospital. This includes measurement of the effectiveness of implementation and highlighting areas

where additional action is required.

This Implementation Strategy and Action Plan aims to achieve the vision of the DMHG Nursing and Midwifery Strategy to deliver “excellent clinical care through patient-centred services and supporting innovation for the benefits of our patients and staff” (DMHG 2023).

‘Vision without action is merely a dream.

Action without vision just passes time.

Vision with action can change the world’

(Barker, 1991)



Our Mission, Vision and Values

Our Nursing & Midwifery Implementation Strategy & Action Plan is the vehicle to deliver on the Dublin Midlands Hospital Group Nursing & Midwifery Strategy 2023 -2026. It is underpinned by the Dublin Midlands Hospital Group strategic priorities to deliver excellence in standards of quality and safety for patients, optimise service delivery, ensure patients are treated in the right place, at the right time, by the right people and enhance the delivery of integrated care between Dublin Midlands Hospital Group and its Community and Primary Care Partners, fostering education, academic research and innovation and strengthening co-operation and collaboration between

the Dublin Midlands Hospital Group hospitals. The vision is towards a healthier Ireland with a high quality health service valued by all.

The vision and mission of the Nursing and Midwifery Implementation Strategy & Action Plan aligns with the vision and mission of the DMHG Strategy and is a collaboration of the professional values for Nursing and Midwifery set out by the regulator, the Nursing and Midwifery Board of Ireland (NMBI) which are compassion, care and commitment and the Health Service Executive values - care, compassion, trust and learning.



OUR MISSION

Nurses and Midwives are committed to providing high quality, sustainable, healthcare in the most appropriate healthcare setting.



OUR VISION

Delivering excellent clinical care through patient-centred services and supporting innovation for the benefit of our patients and staff.



OUR VALUES

Compassion
Care
Commitment
Trust
Learning

Our Strategic Priorities

1

Strategic Priority 1

To deliver integrated person-centred, quality care.

2

Strategic Priority 2

To implement evidence based workforce planning.

3

Strategic Priority 3

To embed a culture of learning, quality improvement, innovation and research.

4

Strategic Priority 4

To nurture leadership capability of all Nurses and Midwives.

5

Strategic Priority 5

To drive the implementation of digital enabled healthcare.

Instructions for Completion

Each hospital is asked to complete a self assessment of the Implementation Strategy & Action Plan 2024 -2026 twice yearly.

Instructions for completion

Please complete each strategy priority (numbered tabs 1 to 5 & columns B - G)*, as per example below. * refers to electronic interactive pdf.

Under each strategy priority, there are a number of objectives (column B). Each objective is further broken down by actions (column C).

In column D, please succinctly detail your evidence in meeting this action area. Please also include any additional plans to meet the action area.

In column E, please detail outcomes, percentages of staff etc.

In column F, please enter the target date.

In column G, please enter the person responsible for implementation of the action area.

In column H, please select an appropriate Implementation Status to indicate your measure of meeting each action.
Green = action met | Orange = action in progress | Red = action not yet commenced

At the end of the exercise, please list any barriers and or enablers to implementation of strategic actions

Example

Priority 1 - Deliver Integrated Person-Centered, Quality Care

Objective	Actions	Evidence/ Additional Plans?	Outcomes	Duration / Target Date	Person Responsible	Implementa- tion Status
1. Advocate & deliver person centered, compassionate care that reflects a positive experience.	Implement value based initiatives in hospitals across DMHG (e.g. Heart Awards, Hello My Name Is, Schwartz Rounds, John's Campaign).	1. Heart Awards 2. 'Hello My Name Is' implemented Additional Plans include: 1. Implementation of Schwartz rounds planned Q4 2024 2. Implementation of the Health Passport	1. Heart Awards takes place annually- 10 awards presented to staff 2. "Hello My Name is" - 100% staff have ID badges. Initiative demonstrated at inductions and compliance monitored by Line Managers	1. Heart Awards & Hello My Name Is ongoing 2. Implementation of Schwartz Rounds in Q 2 2024 3. Health Passport implementation due for completion Q3 2024	Mary Bloggs, DON	
	Enable models of integrated person-centred care and population health, in collaboration with hospitals, primary and community care and in partnership with patients, women & babies. e.g. Midwifery led care models, Integrated Care Programme for Older persons & Chronic Disease Management.	1. COPD Outreach Clinic 2. Frailty Hub 3. Community Antenatal Clinic Additional Plans include: 1. Integrated Care Hub 2. Expansion of Community Antenatal Clinic	1. COPD Outreach Clinic - increase of 44% in attendances over 12 months. Patient Satisfaction report 92% (excellent rating) 2. Frailty Hub- Integrated care pathways in place with hospital avoidance. 5% lower attendances in ED for over 75 patients, 12 month Waiting List for Older Person Services reduced by 20% 3. Community Antenatal Clinic- 5,632 attendances to clinic in 2023	1. Implementation of Integrated Care Hub to be completed in Q3 2024 2. Expansion of Community Antenatal Clinic completed by Q2 2024	Mary Bloggs, DON	
Barriers / Enablers Identified to Implementation?	Barriers include the recruitment of CNS Respiratory and access to defined space. Enablers: 1. Ongoing support from Senior Leadership Team, release of staff from areas to attend training/induction 2. Specific funding allocated, Clinical equipment on site.					



Strategic Priority 1

Deliver Integrated Person-Centred, Quality Care.

Overview

The unique relationship that Nurses and Midwives have with patients/women and babies and their families/carers places them in a central position to advocate on behalf of patients/women & babies. Nurses and Midwives continuously influence and lead on the design and delivery of safe, quality patient focused care that encompasses compassion and commitment. They provide a person- centred positive experience of care which focuses on individual needs delivered by the Sláintecare principles – the right care, in the right place, at the right time.

Objective	Actions	Evidence/Additional Plans?	Outcomes	Duration / Target Date	Person Responsible	Implementation Status
1. Advocate & deliver person centered, compassionate care that reflects a positive experience.	Implement value based initiatives in hospitals across DMHG (e.g. Heart Awards, Hello My Name Is, Schwartz Rounds, John's Campaign).					
	Implement person-centred practices in hospitals across DMHG, i.e., Ensure safe and effective decision making for patients accessing care via the Unscheduled care pathway, inclusive of implementing the SAFER bundle. Implement the HSE Health Passport, What Matters to Me, Dementia Care Bundle, "Could It Be Sepsis?", NHCP.					
	Support the implementation of the National Healthcare Communication Programme in collaboration with other members of the multidisciplinary team, e.g. S.A.F.E programme, ISBAR3					
	Enable models of integrated person-centred care and population health, in collaboration with hospitals, primary and community care and in partnership with patients, women & babies. e.g. Midwifery led care models, Integrated Care Programme for Older Persons & Chronic Disease Management.					
	Develop a collaborative and consultative approach with patients and women for service development. Influence social and maternity care policy, including patient/caregiver representation on Dementia/Sepsis/Deteriorating Patient Steering Groups.					
	Enable shared decision making through a collaborative approach with patients, women and families.					
	Encourage the participation in the National Patient/Maternity Experience Survey & National Survey of Maternity Bereavement Care in Ireland and support the implementation of the findings/recommendations from the reports.					
2. Assure quality care through systematic measurement and a focus on continuous improvement.	Continuous completion and monitoring of the Nursing and Midwifery Quality Care Metrics and implementation of action plans to ensure improvements.					
	Promote a reporting culture for near misses and incidents and facilitate feedback to staff in line with National Incident Management Framework.					
	Monitor and measure performance and trends against evidence based standards.					
	Develop a culture of continuous learning to support improvements and to reduce patient harms/unexpected events, including mandatory education (Sepsis), National programmes, and recording staff compliance.					
	Implement agreed methods to improve quality and safety care standards and better patient/women & babies experience based on achievement of Magnet status/Pathway to Excellence or other quality accredited models (including National Clinical Guidelines).					
	Foster a continuous improvement process through audits and other quality improvement tools.					
	Reduce patient harms, such as; Health Care Associated Infection (HCAI), falls, pressure ulcers including SSI, DMHG Pressure Ulcer/Falls Collaboration, maternal & perinatal morbidities/mortalities.					
	Develop and utilise safe, secure clinical systems and digital solutions to support the integration of nursing and midwifery care information including INEWS digital signs systems, MEG including IMEWS & PEWS.					
3. Implement local, regional & national Healthcare strategies inline with integrated models of care	Continue to support and implement recommendations in line with National policy and strategy to include implementation of the recommendations of Sláintecare, the new Regional Health Areas, and National Clinical Care Programmes and Guidelines. Include those that are diagnostic specific (e.g. Stroke) and those relating to Sepsis, Deteriorating patient, Dementia, Falls and Pressure Ulcers, Delirium and ensure governance structures are in place.					
	Continue to support the National Women and Infants Health Programme and utilise the Clinical Programme Guidelines					
Barriers / Enablers Identified to Implementation?						

Strategic Priority 2

To implement evidence based workforce planning.

Objective	Actions		Evidence/Additional Plans?	Outcomes	Duration / Target Date	Person Responsible	Implementa- tion Status
1. Ensure multiannual integrated workforce planning	Define data sets and mechanisms for workforce reporting and monitoring.						
	Support the Director of Nursing and Midwifery with designated workforce expertise.						
2. Ensure safe staffing with implementation of staffing frameworks and models	Adopt and implement Safer Staffing Frameworks and models across all hospitals, incorporating patient acuity measures and workload management.						
	Continue to utilise the Birthrate Plus approach as a model to determine safe clinical midwifery staffing levels.						
3. Implement digital health technology to support better work force planning, information and management	Commence phased implementation of eRostering in all hospitals.						
	Facilitate the introduction of digital systems to assist with workforce planning, information, monitoring and management.						
4. Influence to increase access pathways and number of students and supports to meet service needs	Utilise different methodologies to enhance the profile of the Nursing and Midwifery profession.						
	Increase the intake to Undergraduate & Graduate Nursing and Midwifery Programmes by facilitating and supporting an increase in HCA sponsorship, graduate entry and diversity. Expand undergraduate clinical placement opportunities to match future healthcare requirements.						
	Support work experience placements with creative exposure to the healthcare environment within the hospital catchment area.						
5. Development of specialist roles, implementation of Policy on Development of Graduate to Advanced Nursing & Midwifery Practice	Identify emerging specialist roles in nursing/midwifery to enhance the patient/women & babies experience and outcomes.						
	Inform strategic planning on ANP and AMP posts in the context of future direction of health services.						
	Development of governance structures and posts for integrated CNS/CMS and ANP/AMP roles in line population health needs and new models of care delivery.						
6. Inform local, national and international recruitment structures and processes	Implement the recommendations of current and future national reports for Nurses and Midwives, inclusive of Report of the Expert Review Body on Nursing & Midwifery (DoHC 2022).						
	Agree volumes and timelines for recruitment in line with agreed financial resource.						
	Align national and international recruitment processes.						
	Advocate the evaluation and development of support workers to further assist and support nurses and midwives in the delivery of quality care.						
7. Support staff retention and health and well-being.	Support implementation of a Performance Achievement Model/ Professional Development Planning (PDP's) for all staff						
	Continued succession planning in the form of support and career enhancement						
	Encourage and maximise local staff engagement in services to support retention. Establish staff councils.						
	Conduct exit interviews and analyse the data to inform retention strategies						
	Provision and engagement of coaching and mentorship to support management levels.						
	Facilitate the availability of resources to support the nursing/midwifery team and new staff, such as; Clinical Facilitators and Education Leads.						
	Implement a structured approach for the health and wellbeing of staff, such as the Magnet principles/ Pathway to Excellence or other validated models.						
	Partner with other departments to implement the priorities in the Healthy Ireland Framework. - Provide a structured approach to health and wellbeing, with a focus on Women's Health and Men's Health initiatives - Provide supportive environments for break time and access to hot foods - Introduction of health screening for staff - Encourage access to Employee Assistance Programme - Wellbeing supports						
Barriers / Enablers Identified to Implementation?							

Overview

A competent, skilled, well-resourced nursing and midwifery workforce is essential to the delivery of safe quality nursing and midwifery care. By utilising validated evidence based models and interventions, we will plan an effective and efficient approach to ensure safe levels for the nursing and midwifery workforce. In addition, a focussed approach on health and wellbeing and retention strategies will create a positive sustainable workforce in our hospitals.

Strategic Priority 3

To embed a culture of learning, quality improvement, innovation and research.

Overview

Nursing and midwifery education, innovation and research informs and underpins professional practice and is the cornerstone of high-quality, evidence-based nursing and midwifery care. Quality improvement, research and innovation will assist in addressing the future healthcare needs of patients/women and babies which we are committed to build on and align to our practice.

Objective	Actions		Evidence/Additional Plans?	Outcomes	Duration / Target Date	Person Responsible	Implementa- tion Status
1. Lead on the expansion of quality clinical learning environments and supports for undergraduate nursing and midwifery education	Ensure Clinical Learning Environment is aligned to NMBI Nurse Registration Programmes Standards and Requirements (5th Edition) 2022 and NMBI Midwife Registration Programme Standards and Requirements (4th Edition) 2016.						
	Ensure adequate supports including CPC & SALO are available & aligned to the integration agenda.						
	Optimise supports in clinical practice to strengthen preceptorship and mentorship						
	Maintain meaningful and genuine collaboration between Clinical Sites, Health Service Providers and HEIs i.e. TCD, TUS, NUI Maynooth.						
2. Invest and promote postgraduate education based on service needs and national priorities	Create an environment where postgraduate education is supported and opportunities are available to nurses and midwives to pursue further postgraduate education including support with local quality initiatives, and conference presentation.						
	In line with changing healthcare needs; support and facilitate the development of new education programmes in partnership with key stakeholders.						
	Implement a model of mentorship and preceptorship.						
3. Develop a culture of Quality Improvement to enhance the patient/women & babies and staff experience	Promote quality improvement initiatives locally that are transferable and shared across the DMHG hospitals including Falls/Pressure Ulcer Collaborative, National Sepsis Audits, Dementia/Delirium audits (national algorithms) and PDSA Action Plans.						
	Encourage quality improvement education and training for staff, such as; HseLanD, RCSI QPS Programme, LEAN programmes, National Dementia Education Programmes, Leadership in Healthcare Diploma in collaboration with NQPSD (team and project based learning programme).						
	Identify new and emerging health technologies where appropriate to support innovation projects, including utilisation of MEG app for KPIs monitoring, QPS Falls and Pressure Ulcer App, QCM, where applicable.						
4. Encourage and facilitate innovation in practice	Promote an open culture for staff to communicate innovations from ward level to senior management.						
	Build an environment where nursing and midwifery staff are aware of and are encouraged and supported submit applications through/ apply for existing funding streams to fund various innovations i.e. NMPDU, SPARK						
	Promote staff achievements and facilitate and support education and annual audit/ research symposiums across DMHG held in hospitals in rotation to include nursing and midwifery, including awareness days.						
5. Support a research positive culture among nurses and midwives to lead, undertake and disseminate findings to influence practice	Build research capacity within all sites.						
	Establishment of Nursing/Midwifery Grand Rounds at both local and group level to encourage sharing of programmes of work.						
	Support collaborative research within specialist/ advanced practice and across HEIs and Clinical i.e. Professor of Nursing in Chronic Illness & Aging working with NPD teams, CLDs and CNMEs, Director of Trinity Centre for Maternity Care Research.						
	Establishment of a Joint Academic and Clinical Research and Education Forum within the catchment area.						
	Leverage expertise from the Professor of Nursing & Chronic Illnesses and the Professor in Cancer Nursing to increase research capacity and capability.						
Barriers / Enablers Identified to Implementation?							

Strategic Priority 4

To nurture leadership capability of all Nurses and Midwives.

Overview

Nurse and Midwife leadership at all levels is instrumental in developing and nurturing our workforce and in the delivery and growth of integrated and innovative services. We aim to develop effective clinical Nursing and Midwifery leaders with the ability and capability to influence and support an ever changing health system, thus, encapsulating a strong compassionate leadership approach from the top-down and bottom-up.

Objective	Actions	Evidence/Additional Plans?	Outcomes	Duration / Target Date	Person Responsible	Implementa- tion Status
1. Implement a Performance Achievement Process	Support nurse and midwifery managers in managing the performance review cycle process and professional development planning (PDP's).					
	Ensure staff are supported and facilitated to enhance their performance through clinical training, education and learning opportunities, i.e., shadowing senior colleagues.					
	Drive a culture of performance recognition, review and feedback through the use of Performance Achievement/Professional Development Planning.					
2. Encourage the use of Professional Development Plans for all nurses and midwives	Support education and training to facilitate the use of Professional Development Plans					
	Support and promote the use of electronic Professional Development Plans for all nurses and midwives					
3. Optimise leadership pathways at Local, Regional and National levels	Partner with the ONMSD, National Clinical Leadership Centre for Nursing and Midwifery (NCLC) and the Office of the CNO, Department of Health to provide leadership development opportunities (e.g. Nightingale Challenge Programme, NCLC Clinical Leadership Competency Framework).					
	Facilitate and promote the identification of leadership potential at undergraduate and postgraduate levels through education, training and development.					
	Support an ADON/ADOM Forum within DMHG to promote shared learning and opportunities for peer support and development.					
	Ensure Senior Nurses/Midwives, CNSp/CMSp, ANPs/AMPs collaboration and integration into new and innovative services					
	Develop a partnership approach to enable leadership for the design and implementation of services including QI collaboratives, such as Falls, Pressure Ulcers, Sepsis, Deteriorating Patient, SSI, Dementia, Delirium.					
	Embed a culture of leadership development through practice and shared learning to develop nurse/midwife leaders					
4. Empower nurses and midwives to achieve their full potential as leaders	Increase the number of ANPs/AMPs and CNSs/CMSs and support the development of nursing/midwifery input to lead and collaborate on new services and innovations to include reporting on current service performance indicators.					
	Enable the supernumerary role of CNMs/CMMs involved in the management of services/wards.					
	Encourage an increase in the numbers of nurses and midwives attending leadership programmes and impact of same.					
Barriers / Enablers Identified to Implementation?						

Strategic Priority 5

To drive the implementation of digital enabled healthcare.

Overview

Digital Health is central to the development of future services in nursing and midwifery care. Secure, safe, digital enabled systems will lead to more flexible and innovative ways of working for Nurses and Midwives to give them more time to spend with patients/women and babies. We aim to transform to a digitally enabled profession, championing informatics across all areas of professional practice, creating leadership opportunities in digital health, and informing health policy.

Objective	Actions		Evidence/Additional Plans?	Outcomes	Duration / Target Date	Person Responsible	Implementa- tion Status
1. Support our workforce to embrace digital health.	Create a baseline map of current nursing/midwifery digital system utilisation, identify clinical risk, integrational capacity and opportunities to stabilise and improve systems. (Analysis of digital baseline survey, ERB on Nursing & Midwifery DoH 2022). Develop a catalogue of role based nursing midwifery workflow processes and utilise minimum data sets fully (demographics, structured terminologies health problems).						
	Develop data assurance processes for nursing midwifery data integrity, availability, usability and security of data within organisations.						
	Support education programmes based on training needs analysis.						
	Enhance digital literacy through supporting further education and training in digital health from Foundation to Masters Level in conjunction with educational providers.						
2. Cultivate partnerships in the Digital Health arena.	Ensure representation from DMHG on national groups aligning DMHG digital projects to national digital frameworks.						
	Create a framework to build a nursing and midwifery digital workforce to support implementation and adoption of digital systems and new ways of working, appropriate to bed capacity and level of care.						
	In partnership with DMHG Chief Director of Nursing & Midwifery, eHealth Director, CIOs, influence service based nursing and midwifery digital leadership roles.						
	Collaborate with eHealth to draw down from frameworks to implement procured national digital systems. (such as, NCIS, eRostering, Trendcare, CCiS, ICNET).						
	Align and leverage postgraduate digital health projects with national, regional and local digital priorities in partnership with the regional NMIO role and HEIs.						
3. Collaborate with relevant stakeholders to support the integration of digital health.	Collaboration with eHealth Ireland, Chief National NMIO, Hospital Group NMIOs, DOH and ONMSD.						
	Incorporate digital passports and digital CPD into performance related reviews.						
	Collaboration with eHealth Ireland, Chief National NMIO, Regional NMIOs, CIO's ONMSD, National iPMS/PAS teams and Community eHealth Partners to strengthen nursing and midwifery representation in the design and procurement of digital systems.						
4. Co-design a digital enabled health service	Ensure nursing and midwifery are key stakeholders at planning, evaluation and procurement phases, design phase of new digital health projects.						
	Align future nursing and midwifery digital projects to: 'A Digital Roadmap for Nursing and Midwifery (2019)', 'All-Ireland Nursing & Midwifery Digital Health Capability Framework' and the 'Strategic Digital Health and Social Care Framework 2024-2030'.						
	Support the implementation of new digital medical device equipment and integrated systems.						
5. To embed governance on nursing and midwifery digital enabled services.	Ensure policies, procedures, guidelines and training are developed to support new heath technologies.						
	Support and guide nursing and midwifery decisions identifying new digital systems in line with HIQA National Standards.						
	Collaborate with regional eHealth structures and establish digital nursing sub-committees to ensure PPPG's and digital project approval processes are robust. Establish nursing and midwifery representation on the organisation eHealth Steering Committee to align nursing and midwifery requirement to local, regional and national eHealth strategies.						
	Develop a Digital Nursing Collaborative and lead on a the development of a MDT collaborative to ensure we promote aligned planning, sharing and direction for digital health nationally.						
Barriers / Enablers Identified to Implementation?							

SWOT Analysis

A SWOT analysis was conducted to support the Dublin Midlands Hospital Group Implementation Strategy & Action Plan 2024 – 2026, HSE Dublin & Midlands.

Strengths <ul style="list-style-type: none">Establishment of the new Regions and support of the REORelationships and culture are a key determinant for success. Strength of current Nursing & Midwifery leadership across all hospitals within HSE Dublin & Midlands.Strength of Trinity College Dublin as academic partner.Recent transition to a regional integrated approach to facilitate collaboration in the delivery of patient-centred care.Established structures and processes with all stakeholders in education, research and innovation and strength of relationships and partnerships.Establishment of integrated care pathways through ECC.Established relations and ongoing collaboration with National Clinical Care Programmes.Established Senior Nursing and Midwifery leadership roles within DMHG.Availability of nursing and midwifery expertise and capabilities within the service committed to the delivery of patient centred integrated care.Supportive culture to facilitate a continuous learning and quality improvement environment.Consistency of Nursing & Midwifery leaders within DMHG working with the MDT & all internal and external stakeholders	Weaknesses <ul style="list-style-type: none">Absence of a defined budget to drive bespoke initiatives.Risk of competing priorities.Identified variances in nursing and midwifery governance of integrated care & need to strengthen same.Lack of infrastructure which may include appropriate accommodation and location for development of services.National and regional challenges with recruitment and retention of nurses and midwives.Controlled financial investment/budgetary restraints.Limited engagement with patients and women in the delivery of services & need to invest in same.Limited collaboration with other specialities outside of Acute Hospitals, i.e Mental Health, Intellectual Disabilities, Public Health.Limited digital competency and capability within the service.
Opportunities <ul style="list-style-type: none">Strong track record of prior success. New regional integrated operational approach to patient-centred quality care in line with the Department of Health Sláintecare Programme. Development of new integrated patient-centred services led and influenced by nurses and midwives focused on quality, compassionate care.Opportunity to develop and strengthen further collaborations to deliver patient centred services. Enhancement of systematic measurements and continuous improvements in line with performance and productivity.Development of structured approaches to health and wellbeing for staff.Enhancing and embedding new approaches and methods to work including digital capabilities.Utilises new services/expertise for learning and development of undergraduate and postgraduate nursing students.Embedding and sharing research and quality improvements through integrated forums.	Threats <ul style="list-style-type: none">Challenges related to annual budgetary allocations, difficulty in medium to long term planning.Delay in the approval process for the electronic patient record and ICT systemsRecognised global shortage of nursing & midwifery staffing.Changing demographics and epidemiology.Socio-economic instability.Change programme currently taking place with HSE.Lack of budget authority in implementing national policies, strategies and frameworks.Potential future global pandemics that may occur with unknown health requirements.

Glossary

A Digital Roadmap for Nursing and Midwifery (2019)	A Digital Roadmap for Nursing and Midwifery (2019) has been developed by the HSE to facilitate national engagement on what actions need to happen for nursing and midwifery and to initiate and progress strategic and policy decisions about information and digital technology in nursing and midwifery.
“Could It Be Sepsis”	Encouraging people to learn the signs and symptoms of Sepsis. The HSE is encouraging people to learn about the signs and symptoms of sepsis, as early recognition and treatment is important. Sepsis is a life-threatening condition caused by an infection that affects the organs and kills 1 in 5 people who develop it. Sepsis kills more people each year than heart attacks, stroke or almost any cancer. Signs and symptoms of sepsis in adults (including maternity): S - Slurred speech, new confusion, too sick to communicate, drowsiness. E - Extreme shivering, muscle aches, fever. P - Has not passed urine in the last 12 hours and does not feel like passing urine. S - Shortness of breath, lips tinged with blue, feels like your heart is racing, dizzy when you sit or stand. I - I feel like I’m going to die. S - Skin mottled and discoloured, new rash that is still visible when pressed on with a clear glass (glass test). Signs and symptoms of sepsis in children: - Very fast breathing - Fits or convulsions - Mottled skin (irregular colour) bluish or pale - A rash that does not fade when you press it - Unusually sleepy and difficult to wake - Unusually cold when you touch them - Has had no pee for more than 12 hours
All-Ireland Nursing & Midwifery Digital Health Capability Framework	The framework defines the digital health knowledge, skills and attitudes required for professional practice, complements existing individual knowledge, skill, and attitudinal frameworks and provides a solid basis for tailored learning.
AMP	Advanced Midwife Practitioner
ANP	Advanced Nurse Practitioner
Birthrate Plus	Birthrate Plus® is the most widely used system for classifying women and babies according to their needs, and using clinical outcome data to calculate the numbers of midwives required to provide intrapartum and postpartum care
CCIS	Critical Care Information System
CIO’s	Chief Information Officer
CMS	Clinical Midwife Specialist
CNS	Clinical Nurse Specialist
CPC	Clinical Placement Co-Ordinators
Dementia Care Bundle	The Integrated Care Pathway for a person with known dementia who presents acutely or in potential crisis, describes the integrated care pathway between the community and an acute hospital and back again.
DMHG	Dublin Midlands Hospital Group
DOH	Department of Health

eHealth	<p>eHealth and Disruptive Technologies are the HSE office responsible for the delivery of technology to support and improve healthcare in Ireland.</p> <p>eHealth and Disruptive Technologies is committed to realising the eHealth Ireland Strategy by ensuring that information and technology support healthcare efficiently and effectively throughout the whole health service.</p> <p>The purpose of the strategy is to provide an outline of eHealth and demonstrate how the individual citizen, the Irish healthcare delivery systems – both public and private – and the economy will benefit from eHealth.</p>
ERB Body on Nursing & Midwifery DoH 2022	Report of the Expert Review Body on Nursing & Midwifery DOH 2022, Chapter 5 Digital Health.
eRostering	eRostering is the use of electronic rostering or scheduling software to automatically create employee schedules.
Expert Review Body on Nursing & Midwifery (DoH 2022).	The Minister for Health established the Expert Review Body (ERB) on Nursing and Midwifery in March 2020 to conduct a review of the nursing and midwifery professions as part of the resolution of the industrial dispute in in 2019. The Report of the Expert Review Body on Nursing and Midwifery (ERB Report) was subsequently published in March 2022 and provides an overview of the professions, acknowledging the immense contribution of nurses and midwives and the ongoing excellence in care delivery, particularly considering the timing of the Report, evident in the response to the COVID-19 pandemic. It contains 47 recommendations that will support nurses and midwives to continue to learn and develop in professional roles, enabling significant reform and ensuring critical Sláintecare priorities are realised.
Healthy Ireland Framework	The Healthy Ireland Framework 2019-2025 is a roadmap for building a healthier Ireland. It is based around four key goals: (1) to increase the proportion of people who are healthy at all stages of life; (2) to reduce health inequalities; (3) to protect the public from threats to health and wellbeing; (4) to create an environment where every individual and sector of society can play their part in achieving a healthy Ireland.
Heart Awards	Heart Awards is an initiative acknowledging nursing staff for the nursing contributions they provide to service users / patients.
HEI	Higher Education Institution
Hello My Name Is	Hello My Name Is..’ is an initiative where staff communicate clearly and introduce themselves by saying ‘Hello my name Is...’ when meeting with patients / service users.
HIQA National Standards	<p>HIQA sets national standards for health and social care services to:</p> <p>(1) provide a common language to describe what high quality, safe, person-centred care looks like; (2) create a basis for services to improve the quality and safety of the care they deliver by identifying strengths and highlighting areas for improvement; (3)assist people using services to understand what they should expect from a service; (4) promote practice that is up to date, effective and consistent.</p> <p>The standards are underpinned by four key principles. These principles are: a rights-based approach, safety and wellbeing, responsiveness, and accountability, all working together to achieve person-centred care.</p> <p>HIQA also develop guidance to help staff working in health and social care services to implement national standards or as a guide to making improvements in a particular area.</p>
HSE Health Passport	The HSE Health Passport Intellectual Disabilities is a communication tool designed to support people with Intellectual Disability express their needs when in a health care setting, it contains five sections, these are; All about me, Communication, Medical History, Looking after me & Keeping me safe and happy. Additionally, the HSE Health Passport Intellectual Disabilities will assist healthcare staff to get to know all about the abilities and needs of people with an Intellectual Disability who come into contact with a Healthcare Setting enabling them to provide better safer care by providing reasonable adjustments before undertaking any assessment, examination or treatment of people with Intellectual Disability.

ICNET	<p>Infection Control Surveillance Software. Healthcare acquired infection (HCAI) is one of the commonest causes of harm to people using healthcare services. There are estimates that about half of HCAs can be prevented by consistent implementation of best practice in infection prevention and control (IPC). A key part of driving the improvements in quality and patient safety that will improve performance on preventing HCAI is good and timely information and information sharing. A national information system to support surveillance of HCAI has a key part in control of HCAI.</p> <p>HSE Acute and Community services, eHealth and AMRIC are now working together to introduce a National Clinical Surveillance IT System for Infection and Prevention Control. This system will be available across all Acute and Community services and will help to support integrated care of patients on their journey between Acute and Community based services.</p>
IMEWS	<p>Irish Early Maternity Warning System (IMEWS) is a nationally agreed system developed for early detection of life-threatening illness in pregnancy and the postnatal period.</p> <p>IMEWS should be used for women who are clinically pregnant or who were delivered within the previous 42 days. An e-learning education programme was published in tandem and is available on HSELand.</p> <p>IMEWS should be used to complement clinical care and it is not designed to replace clinical judgement. Clinical concern about an individual woman should trigger a call to medical staff irrespective of the IMEWS.</p>
INEWS	Irish National Early Warning System - The INEWS aims to support clinical staff in the acute settings to use the Irish National Early Warning System to anticipate, recognise, escalate, respond and evaluate a non-pregnant patient (≥16 years).
iPMS	Information Patient Management System
ISBAR3	Communication tool for effective Handover, Identification, Situation, Background, Assessment, Recommendation/Read Back/Risk.
John’s Campaign	John’s Campaign is a campaign for extended visiting rights for family carers of patients with dementia in hospitals in the United Kingdom, founded on 30 November 2014 by the writers Nicci Gerrard and Julia Jones. Behind its simple statement of purpose lies the belief that carers should not just be allowed but should be welcomed, and that a collaboration between the patients and all connected with them is crucial to their health and their well-being.
Magnet	Ireland Magnet4Europe Study of hospital working conditions and nurse patient associated outcomes. This study seeks to improve clinician mental health, wellbeing and patient safety and supports the International Partnership of some of the World’s Leading Universities.
MEG	Medical (or Clinical) E-Governance - MEG’s software supports customers to continuously improve the quality of their services and safeguard high quality of care. MEG’s cloud-based software connects all the key components of clinical governance and quality management in one place to deliver safe, effective, and person-centred care to every patient, every time.
NCIS	The National Cancer Information System – (NCIS) is a single national computerised system that records and stores information relevant to a patient’s health care.
NCLC Clinical Leadership Competency Framework	The Clinical Leadership Competency Framework (CLCF) is an e-learning resource for nurses and midwives up to and including CNM CMM2 and equivalent grades. The CLCF provides an opportunity for the user to assess, plan and develop their capacity and capability through 7 Leadership Competencies. The CLCF contains a comprehensive leadership resource section, while also linking the user to a digital National Professional Development Plan. Thereby providing an opportunity to record their leadership development. The CLCF can be accessed on hseland.ie

NHCP	The National Healthcare Communication Programme is designed to support healthcare staff to learn, develop and maintain their communication skills with patients, their families and with colleagues
Nightingale Challenge Programme	The Nightingale Challenge, now known as Nursing Now Challenge Is a programme originating as part of the global Nursing Now campaign in 2019. The aim of the programme is to optimise leadership development for participants, through the delivery of core leadership topics, mentoring, networking and shadowing opportunities.
NMBI	Nursing and Midwifery Board of Ireland
NMIO	Nursing and Midwifery Information Officer
NMPDU	Nursing and Midwifery Planning and Development Unit
NQPSD	National Quality and Patient Safety Directorate - working in partnership with HSE operations, patient partners and other internal and external partners to improve patient safety and the quality of care.
NUI Maynooth	National University of Ireland, Maynooth
Office of CNO	Chief Nursing Officer – Nursing and Midwifery Policy Unit Department of Health
OMNSD	Office of the Nursing and Midwifery Services Director
PAS	Patient Administration System
PDSA	Plan, Do, Study, Act
PEWS	<p>The Paediatric Early Warning System (PEWS) provides a framework for care and empowers clinicians to act on behalf of a child with signs of deterioration or about whom they have clinical concerns.</p> <p>It is designed to make hospital admissions safer for children and help staff care for deteriorating paediatric patients.</p>
PPPG's	Policies, Procedures, Protocols, Guidelines
QCM	Quality Care Metrics
QPS	Quality and Patient Safety
S.A.F.E. Programme	<p>Situational Awareness for Everyone - The RCPI's S.A.F.E. programme equips participants with the skills to engage and empower patients and colleagues to improve patient safety. The RCPI hosted the first S.A.F.E. sustainability workshop in May 2023 at No 6 Kildare Street. The event brought together past participants to share their experiences and ongoing commitment to Situation Awareness For Everyone (S.A.F.E.) in their hospitals.</p> <p>S.A.F.E. is a six-month collaborative patient safety education programme designed and delivered by the RCPI and funded by the HSE National Quality and Patient Safety Directorate. The programme supports multidisciplinary clinical teams to integrate patient safety methodologies into their daily work.</p>
SAFER Bundle	SAFER is a practical tool used nationally to reduce delays for patients in inpatient wards. It's important to implement all of the elements together to achieve the full benefits. When followed consistently, length of stay reduces and patient flow and safety improves.
Safer Staffing Frameworks	The Framework is an evidence-based approach to ensure there are enough nurses in acute hospital settings, including Emergency Departments (ED), with the right knowledge and skills to provide safe and quality care to patients. The framework incorporates the different care needs of patients with the clinical judgement of highly educated professionals and evidence of impact and outcomes.
SALO	Student Allocations Liaison Officer

Schwartz Rounds	Schwartz Rounds are conversations with staff about the emotional impact of their work. They provide a valuable opportunity for all staff to reflect on their work through conversations facilitated by a local clinical lead and facilitator. They are unique in that unlike other supports for staff they do not seek to solve problems or look for outcomes. Through the sharing of stories in confidence, Schwartz Rounds provide a framework which has been proven to support staff well being (reducing psychological distress), reduce role hierarchy, improve teamwork and connection which ultimately has an impact on improved person-centred care.
Spark	The Spark Innovation Programme is a frontline, staff-led initiative that seeks to support, promote and recognise innovation amongst healthcare staff. The Health Services People Strategy 2019-24 sets out a vision of an exceptional employee experience that engages talent, and nurtures the leadership capability of individuals and teams working together to deliver safer, better healthcare. Spark exemplifies this vision throughout its activities. The Spark Innovation Programme was initially established as a national programme to empower and engage doctors at the beginning of their careers. The opportunity to develop ideas is central to keeping staff engaged and inspired. This makes it easier to recruit and retain the high quality graduates of our world class medical education system. However, Spark is not just about successful ideas, but also about shared learning and creating an empowering work environment for healthcare professionals to bring their creativity, imagination, problem solving skills, love of design, and passion for the wellbeing of patients.
SSI	Surgical Site Infection - SSI delays wound healing and recovery and can cause psychological and physical distress, hospital readmission, longer hospital stays, additional surgical procedures, treatment in intensive care units, and greater rates of morbidity (illness) including sepsis and mortality (death).
Strategic Digital Health and Social Care Framework 2024-2030	DoH and HSE collaborative working draft of the vision, goals and objectives of policy direction for digital health.
TCD	Trinity College Dublin
Trendcare	Patient Acuity & Workload Management Software
TUS	Technological University of the Shannon
What Matters to Me / Personal Passport	Quality Improvement Initiative; includes a series of surveys to capture patient/family engagement feedback. This allows staff to know key information about the person including preferred name, loved ones, pets, hobbies, likes, dislikes, communication preferences and routines. This aids person-centred care that meets the unique needs of the person, and acts as a communication aid for staff.

Supporting Documents

The DMHG Nursing & Midwifery Implementation Strategy and Action plan 2024 – 2026, builds on the DMHG Nursing & Midwifery Strategy 2023 – 2026. This strategy involved comprehensive consultation and engagement with various stakeholders working in hospitals, community health organisations, department of health, academia and at strategic and operational level within the Health Service Executive. The DMHG Nursing & Midwifery Strategy embodies the themes, direction and aspirations of several national health strategies, programmes and frameworks. Our Implementation Strategy & Action Plan is the vehicle to support Nursing & Midwifery staff, driving continuous improvement and providing assurance of high quality integrated systems of care for our population.

Strategies

- Ireland’s National Strategic Roadmap for the EU Digital Decade Policy Programme (Government of Ireland 2023)
- Strategy for the Office of the Chief Nursing Officer 2024 -2026 (Department of Health 2024)
- Sláintecare Implementation Strategy and Action Plan 2021-2023
- National Maternity Strategy – Creating
- A Better Future Together 2016-2026
- National Cancer Strategy 2017-2026
- National Dementia Strategy 2014
- A Trauma System for Ireland: Report of the Trauma Steering Group 2018
- Leading the Way: A National Strategy for the Future of Children’s Nursing in Ireland 2021-2031
- National Patient Safety Strategy 2019-2024
- The People Strategy 2019–2024
- eHealth Strategy for Ireland 2013
- Dublin Midlands Hospital Group Strategy 2018-2023

Programmes

- National Healthcare Communication Programme
- National Women and Infants Health Programme
- National Critical Care Programme

- National Cancer Care Programme
- National Clinical Programme for Paediatrics and Neonatology
- NMBI Nurse Registration Programmes Standards and Requirements (5th Edition) 2022
- NMBI Midwife Registration Programme Standards and Requirements (4th Edition) 2016
- The American Nurses Credentialing Centre Magnet Recognition Program®
- Enhanced Community Care Programme
- National Healthcare Communication Programme
- National Sepsis Programme
- National Deteriorating Patient Improvement Programme

Policy, Models, Frameworks, Reports, Guidelines

- Sláintecare Progress Report 2021 – 2023 (Department of Health 2024)
- Sláintecare Action Plan 2023 (Department of Health 2023)
- Nationals Service Plan 2023
- National Service Plan 2022
- Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Ireland 2018
- HSE/RCPI Paediatric Model of Care 2016
- Sharing the Vision – A Mental Health Policy for Everyone and Connecting for Life 2020-2030
- Healthy Ireland Framework 2019-2025
- Framework For Improving Quality in our Health Service 2016
- National Guideline for the Development of Advanced Nursing or Midwifery Practitioner Services 2020
- A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice 2019
- All-Ireland Nursing and Midwifery Digital Health Capabilities’ Framework 2020
- Office of the Nursing and Midwifery Services Director Digital Roadmap for Nursing and Midwifery 2019 - 2024
- HSE National Framework for Governance, Management and Support of Health Research 2021
- A Guide to Performance Achievement in the HSE 2016
- Nursing and Midwifery Board of Ireland (NMBI) Code of Professional Conduct and Ethics for
- Registered Nurses and Registered Midwives 2021
- Department of Health Report of the Expert Review Body on Nursing and Midwifery 2022

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- Ms Antoinette Kirwan, Director of Nursing, St Luke’s Radiation Oncology Network.
- Ms Olivia Lafferty, Director of Nursing, Midland Regional Hospital Portlaoise.
- Ms Ann MacIntyre, Director of Midwifery & Nursing, The Coombe Hospital.
- Ms Áine Lynch, Director of Nursing & Integrated Care, Tallaght University Hospital.
- Ms Anne Murphy, Director of Nursing, Naas General Hospital.
- Ms Maureen Reviles, Interim Director of Midwifery, Regional Hospital Mullingar.
- Ms Sharon Slattery, Director of Nursing, St James’s Hospital.

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- Ms Cora Flynn, Director of Nursing, Nursing and Midwifery Information Officer
- Ms Claire Foley, Nursing & Midwifery Planning and Performance Manager
- Ms Karen D Holden, Assistant Director of Nursing, Sepsis, Deteriorating Patient/Women & SSI Lead
- Ms Susan O’Reilly, Assistant Director of Nursing, Dementia Quality Improvement



