The Office of The Nursing and Midwifery Services Director
Health Service Executive presents

3rd Nurse Midwife Medicinal Product Prescribing Conference:
Nurse and Midwife Prescribers: Leading Care and Compassion in an Evolving Healthcare System

Conference Date: Thursday 14th April 2016.
Venue: Dublin Castle, Dublin 8.
Message of Welcome

We are delighted to extend a warm welcome to you our delegates, our national and international speakers and colleagues from around the country to our 3rd Nurse Midwife Medicinal Product Prescribing Conference. ‘Leading Care and Compassion in an Evolving Healthcare System’ is the title of this year’s conference with a focus on building a world class cohort of nurse and midwife prescribers. We hope you will find the day enjoyable, informative and of benefit to you and your organisations.

The underlying principle of this conference is the promotion of nursing and midwifery medicinal product prescribing through collaborative practice to deliver the best quality care to patients and clients. This is demonstrated by the inclusivity of the professions including medicine, pharmacy, nursing and midwifery and representatives from the Nursing and Midwifery Board of Ireland as well as Registered Nurse Prescribers.

In addition to providing an opportunity to network and share information with national and international colleagues, the objectives of today’s conference are to:

• promote nurse and midwife medicinal product prescribing;
• promote national awareness of medicinal product prescribing;
• explore national and international trends in prescribing;
• contribute to the professional development of the nurse and midwife prescriber;
• explore and promote collaboration in practice and good governance structures;
• examine future developments in nurse and midwife medicinal product prescribing.

It is now nine years since nurses and midwives first gained prescriptive authority in Ireland and there are now 894 nurses and midwives registered with the Nursing & Midwifery Board of Ireland to prescribe medicinal products.

We wish to acknowledge the work of the conference steering group in organising this conference. Particular thanks are extended to Sandra Kennedy, Clerical Officer, Regional Centre of Nursing and Midwifery Education, HSE South; Annette Cuddy (HSE West) Maureen Nolan (HSE Dublin Mid Leinster) and Rose Lorenz (HSE Dublin North East).

Ms Mary Wynne
Interim Director Nursing and Midwifery Services, HSE

Ms Clare Mac Gabhann
Director of Nursing and Midwifery (Prescribing)
The Office of The Nursing and Midwifery Services Director
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<tr>
<td>08.30 - 09.00</td>
<td>Registration and Viewing of Posters</td>
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<td>09.00 - 09.10</td>
<td>Welcome Address: Ms Mary Wynne, Nursing Midwifery Services Director, Health Service Executive (HSE)</td>
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<td>Chairperson: Dr Anne-Marie Ryan, Deputy Chief Nursing Officer, Department of Health</td>
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| 09.00 - 09.45 | Guest Speaker: Professor Ciaran O’Boyle, Director of Royal College of Surgeons in Ireland Institute of Leadership  
**Title: Future Focused Leadership** |
| 09.45 - 10.00 | Ministerial Address                                                     |
| 10.00 - 10.40 | Professor Joe Harbison, Lead Consultant StROKE Physician and Geriatrician; Mr Paul Gallagher, Director of Nursing; Ms Suzanne Walsh, Clinical Nurse Specialist/Registered Nurse Prescriber, Stroke Rehabilitation, St. James’ Hospital  
**Title: Revolution Returns to South Dublin Union: Advancing Nurse Prescribing in St. James’ Hospital** |
| 10.40 - 11.10 | Refreshment Break and Viewing of Posters                               |
| Chairperson: Ms Ann Donovan, Chief Director of Nursing/Midwifery, Ireland East Hospitals Group |
| 11.10 - 11.45 | Ms Mary Corcoran, Clinical Nurse Specialist/Registered Nurse Prescriber; Ms Mai Murphy, Clinical Nurse Specialist/Registered Nurse Prescriber, Specialist Palliative Care Services, Laois/Offaly  
**Title: Nurse Prescribing in Specialist Palliative Care: Our Journey** |
| 11.45 - 12.20 | Ms Teresa Kearney, Director of Primary Care Development, South Essex Partnership University Foundation Trust, United Kingdom  
**Title: What Leadership Qualities do you need to Effectively Prescribe?** |
| 12.20 - 12.50 | Ms Clare Mac Gabhann: National Lead/Director of Nursing and Midwifery (Prescribing) ONMSD, HSE; Ms Kathleen Walsh, Professional Officer; Nursing and Midwifery Board of Ireland  
**Title: Evolutions in Nurse Midwife Medicinal Product Prescribing in Ireland** |
| 12.50 - 13.00 | Questions and Answers                                                   |
| 13.00 - 14.00 | Lunch and Viewing of Posters                                           |
| Chairperson: Ms Geraldine Shaw, Director of Nursing and Midwifery/National Clinical Programmes, Office of the Nursing and Midwifery Services Director, HSE |
| 14.00 - 14.40 | Professor Matt Griffiths, Visiting Professor of Prescribing and Medicines Management, Birmingham City University, United Kingdom  
**Title: Nurse Prescribing in the UK – Maxi Nurse or Mini Doctor?** |
| 14.40 - 15.20 | Professor Michael Barry, Clinical Lead, National Medicines Management programme, HSE; Dr Helen Flint, National Lead Medicines Management, Office of the Nursing and Midwifery Services Director, HSE  
**Title: Medicines Management Update/Standards for Medicines Management: a Better Pill to Swallow?** |
| 15.20 - 15.50 | Ms Ruth Morrow, Registered Advanced Nurse Practitioner/Registered Nurse Prescriber, General Practice, Leitrim  
**Title: Nurse Prescribing in Primary Care: Empowering the nurse, meeting patient need** |
| 15.50 - 16.05 | Questions and Answers                                                   |
| 16.05 - 16.15 | Closing remarks                                                         |

To Register: To register for this conference, please contact Sandra Kennedy  
sandra.kennedy@hse.ie  phone: +353 51 842656
Biographical Details of Speakers

Ms. Mary Wynne – Interim Director Nursing and Midwifery Services, Health Service Executive

Mary has recently been appointed as Interim Director Nursing and Midwifery Services HSE. She undertook her nursing and midwifery education in the Mater Misericordiae Hospital and the Rotunda Hospital respectively. Following an extensive and varied career in clinical practice in both voluntary and statutory services she graduated from UCD as a nurse tutor at the time of transition of nursing to graduate level education. Her subsequent career has comprised education, practice development, senior nurse management at Assistant Director and Director level in the acute sector, and since 2004 at regional and Area Level in the HSE. She has led on national nursing and midwifery development work since 2006. She was awarded an MBA in Health Services Management by UCD in 2008.

As Chair of the ONMSD/NCCP Strategic Nursing Reference Group she led the development, and publication and implementation of “A Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland”(2012). The breadth and depth of her professional experience has provided her with an insight into of the challenges facing nurse and midwife leaders as well as nursing and midwifery’s pivotal role and contribution within the health service from patient care, service delivery, leadership and change management, and educational perspectives.

Dr. Anne-Marie Ryan – Deputy Chief Nursing Officer, Department of Health

Anne-Marie Ryan is the Deputy Chief Nursing Officer with a responsibility for education, policy and legislation in the Department of Health in Ireland. Prior to this she was the Chief Education Officer with the regulator for nursing and midwifery (NMBI), overseeing the implementation of the degree programme for nurses and midwives, setting and approving educational standards for nurse and midwife education and guidance to the professions. Anne-Marie has led many national committees to develop policy and guidelines including projects to implement the regulatory structures to support the developing role of the nurse and midwife including nurse prescribing of medicinal products, x-ray and advanced practice. She also oversaw the revision of the Code of Professional Conduct and Ethics for Nurses and Midwives. In relation to European education policy Anne-Marie took an active role in the consultation for the modernisation of the Professional Qualifications Directive of the European Union (2005/36/EC). She was an expert reviewer for the profession of nursing with a TAIEX mission for enlargement of the EU.

Professor Ciaran O’Boyle, Director of Royal College of Surgeons in Ireland Institute of Leadership

Dr. Ciaran O’Boyle is a Professor of Psychology and founding Director of the Institute of Leadership at the RCSI (www.rcsileadership.org). He holds BSc in psychology and pharmacology and a PhD both from University College Dublin, a Diploma in Theology from the Milltown Institute of Theology and Philosophy and a Diploma in Organisational Leadership from the University of Oxford. He established the RCSI Institute of Leadership in 2005 to develop the leadership and management competencies of healthcare professionals. Each year, the Institute has over 500
professionals taking its Masters programmes, at its bases in Ireland, Bahrain, Dubai and Jordan and up to 1500 taking its short programmes. He lectures extensively in Ireland and internationally and has published widely. His major interest is in the application of psychology to organisations and people, particularly in the fields of values-based leadership, diversity, stress management and work-life balance.

Professor Joe Harbison, Lead Consultant Stroke Physician and Geriatrician, St. James’ Hospital, Associate Professor, Trinity College Dublin

Joe Harbison qualified from University College Dublin in 1992 and trained as a stroke physician in the North East of England, receiving his Doctorate from the University of Newcastle. After posts in the UK he was appointed Associate Professor in Trinity College Dublin in 2006. After appointment he established the stroke service in St James’s Hospital, Dublin. Since 2010 he has been a national clinical lead for stroke. He was an initiator and is still a course director of the Diploma in Cerebrovascular and Stroke Medicine of the Royal College of Physicians of Ireland. He remains working as a Consultant stroke physician in the hospital. His research interests are varied and include studies of neurcardiovascular instability and stroke including trials of pharmacological and other interventions. He has been a primary investigator on two large national studies of Atrial Fibrillation prevalence and treatment: The Irish Longitudinal Study of Ageing and the West of Ireland Atrial Fibrillation Screening Study. He is also primary investigator of the National Stroke Audit. He has been Chair of Pharmacy and Therapeutics in St James’s Hospital for the last 7 years and was previously the chair of the National Advisory Committee on Medication Safety.

Mr. Paul Gallagher, Director of Nursing, St. James’ Hospital; Adjunct Associate Professor, School of Nursing and Midwifery, Trinity College Dublin; Honorary fellow, Faculty of Nursing & Midwifery, RCSI

A registered psychiatric and general nurse, Paul joined the corporate management team of St. James’s Hospital, as Director of Nursing in August, 2006. He has responsibility for overseeing the Nursing Practice Development Unit, undergraduate, postgraduate and general education requirements for over 2000 registered nurses, student nurses and healthcare assistant staff. Paul is also responsible for over-seeing the recruitment, retention and development of the nursing profession at St. James’s.

In April, 2013, Paul was elected as President of the Nursing & Midwifery Board of Ireland (NMBI) and fulfilled this role until December 2015. Paul and his fellow board members, had the responsibility of overseeing the introduction of the Nurses and Midwives Act, 2011.

The School of Nursing and Midwifery, Trinity College Dublin, awarded Paul the title of Adjunct Associate Professor, in June 2014. In February 2015, Paul was awarded with an Honorary Fellowship, from the Faculty of Nursing & Midwifery, Royal College of Surgeons in Ireland, as an acknowledgement of his contribution to the professions of Nursing and Midwifery.

He has obtained a great deal of clinical and managerial experience in the Intensive Care setting both in Dublin and North America. He was Assistant Director of Nursing at Beaumont Hospital, Dublin, for seven years prior to his current appointment. Paul holds an MBA (Health Services Management) from The Smurfit Business School, UCD and was recently awarded a Diploma in Leadership and Quality in Healthcare from the Royal College of Physicians.
Ms. Suzanne Walsh, Clinical Nurse Specialist/Registered Nurse Prescriber, Stroke Rehabilitation, St. James’ Hospital

Suzanne Walsh, has worked as a Stroke Nurse Specialist in St. James's Hospital since July 2007. Suzanne is a Registered Nurse Prescriber since November 2010 and is the nursing lead for the hospitals Stroke Secondary Prevention Clinic. Suzanne is currently undertaking a Master’s Degree in Stroke and Cardiology through Hertforshire University England and is also working towards an Advanced Nurse Practitioner role in Stroke.

Suzanne completed her Registered General Nurse training in Kings College Hospital London, and worked for 2 years in the Step-Down Cardiothoracic Unit before returning home to Dublin in 1997 and commenced work in St. James's Hospital. Suzanne has worked as a staff nurse in Cardiology and the Coronary Care Unit as well as a short period as Clinical Facilitator in Cardiology and Respiratory medicine before taking up her current position.

Ms. Ann Donovan, Chief Director of Nursing/Midwifery, Ireland East Hospitals Group

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

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

Ann took up the post of Chief Director of Nursing for Ireland East Hospital Group in August 2015. Ireland East Hospital Group is a group of 11 hospitals with its academic partner UCD serving a population of 1.1 million.

Ms. Mary Corcoran, Clinical Nurse Specialist/Registered Nurse Prescriber, Specialist Palliative Care Services, Laois/Offaly

Registered Nurse; Dip HE (Health Studies), BSc Hons (Nursing), Dip HE (Health Service Management); MSc Distinction (Nursing/Palliative Care)

Mary has many years experience in palliative care and has worked in both in-patient and community settings. She has previously held clinical and managerial positions in the Mid-West area with Milford Care Centre, Specialist Palliative Care Service and in the British Isles with Hospice Care, Isle of Man. Throughout her career she has worked as a clinical leader on a number of education, research and consultancy projects and has influenced practice development at local and national level. Mary’s current role is as Clinical Nurse Specialist and Registered Nurse Prescriber with Laois/Offaly Specialist Palliative Care Service.

Ms. Mai Murphy, Clinical Nurse Specialist/Registered Nurse Prescriber, Specialist Palliative Care Services, Laois/Offaly

Mai Murphy qualified as a registered general nurse at the Richmond Hospital Dublin in 1976. She subsequently moved to work in the Midlands Regional Hospital Portlaoise where she remained
Ms. Teresa Kearney, Director of Primary Care Development, South Essex Partnership University Foundation Trust, United Kingdom

Teresa has had an NHS career spanning 37 years. Of this, 22 years was based in clinical practice in Primary Care. Commencing as a practice nurse, and culminating as the lead clinical in a PMS practice providing healthcare services to a socially excluded group.

As a pioneer and innovator, she has had various roles both clinically and in leadership, working locally, regionally and nationally. She has advised internationally with regard to the development of clinical practice in other countries. She has led on both service development and pathway redesign, as well as innovating and delivering new models of care directly to patients. Teresa has also influenced policy change nationally. As a result of her direct involvement in service innovation, she has served on various working and strategic groups at the Department of Health, and the Department of Work and Pensions.

Teresa has extensive experience in leadership development, mentoring and supporting colleagues to grow and develop the necessary resilience to undertake managed risk in order to deliver new models of care. Her experience and expertise spans primary care, mental health and acute care as a leader and expert clinician.

Her current role is one of Organisational Development in a challenged trust where she is working to develop multi-disciplinary teams at the frontline enabling sustained change and develop leadership skills that are embedded in practice and impact positively on direct patient care.

Ms. Clare MacGabhann, Director of Nursing and Midwifery (Prescribing), Office of the Nursing and Midwifery Services Director, Health Service Executive

A registered nurse and midwife, Clare has been involved in the Nurse Midwife Medicinal Product Prescribing initiative since 2007, initially as Assistant Director of Nursing and Midwifery for HSE South and Director of Nursing and Midwifery (Prescribing) / National Lead since 2011.

Prior to 2011, Clare was Director of Nursing, St Finbarr’s Hospital, Cork. Previous experience includes working in the private sector, as a Midwife in the Bons Secours Hospital Cork, Clare has also worked as a nurse in the Middle East, the United States of America, and the United Kingdom.

Clare holds a MComm (Government and Public Policy) from University College Cork, a Diploma in Management from the Royal College of Surgeons in Ireland. She was recently awarded a Diploma in Strategy, Innovation and Change, University College Dublin Smurfit Graduate Business School.
Ms. Kathleen Walsh, Programme Development Officer, Pre-Hospital Emergency Care Council

Kathleen Walsh is a Registered General Nurse. She completed a Master’s of Science degree in Nursing, (University of Pennsylvania), Master’s in Healthcare Ethics and Law (RCSI) and a Graduate Diploma in Healthcare (Risk Management and Quality) (UCD). She has previously held positions as a nurse practitioner in the speciality of Otolaryngology-Head and Neck Surgery, surgical intensive/transplant care, nursing management and clinical research. Kathleen as Project Officer for the Medication Management and Nurse/Midwife Prescribing (An Bord Altranais and the National Council for the Professional Development of Nursing and Midwifery) was involved in the development of the regulatory framework and professional guidance for registered nurse prescribers, and medication management guidance for nurses and midwives. In her subsequent role as Professional Officer of Standards of Practice and Guidance for the Nursing and Midwifery Board of Ireland she lead on various professional guidance projects including the Code of Professional Conduct and Ethics, evaluation and revision of the Scope of Nursing and Midwifery Practice. Recent responsibilities encompassed the Review of the Systems and Processes for Nurse and Midwife Prescribing and the drafting of Medicine Management Standards, joint projects with the Office of Nursing and Midwifery Services Director of the HSE.

She has taken up a new position as a Programme Development Officer with the Pre-Hospital Emergency Care Council, the statutory regulator responsible for setting the standards for education and training for pre-hospital emergency care in Ireland.

Ms. Geraldine Shaw, Director of Nursing and Midwifery, National Clinical Programmes, Office of the Nursing and Midwifery Services Director

Geraldine Shaw RGN, BA, MA, Adjunct Associate Professor UCD School of Nursing, Midwifery and Health Systems has extensive senior nursing management experience in both the Irish and UK Acute Health Systems as Director of Nursing & Midwifery. She is currently Director of Nursing & Midwifery, ONMSD & National Clinical Programmes, working for the last 3 years in a national strategic capacity for the Office of the Nursing & Midwifery Services Director and the National Director for Clinical Strategy & Programmes Division, Health Service Executive. Geraldine is currently studying for a Doctorate in Governance at UCD.

Professor Matt Griffiths, Visiting Professor of Prescribing and Medicines Management, Birmingham City University, United Kingdom

Matt is currently an Advanced Nurse Practitioner in the NHS in Bath, UK. He is a qualified prescriber and he uses this qualification on a daily basis for patients within his care. Prior to this he was an Advanced Nurse Practitioner in Cambridgeshire and Senior Nurse for Medicines Management at The University Hospitals of Leicester NHS trust (One of Englands largest Acute NHS trusts).

From 2003-2008 Matt was contracted to The Royal College of Nursing as the United Kingdoms, Joint Prescribing and Medicines Management Adviser – a role which he job-shared with Professor Molly Courtenay from Cardiff University. Matt still occasionally works as a consultant adviser for the Royal College of Nursing on specific projects related to medicines.
Matt continues to work both clinically and in policy development and undertakes independent consultancy for a number of organisations including The Royal College of Nursing, NICE, The Resuscitation Council UK, The Royal Pharmaceutical Society, PRODIGY, The British National Formulary and the Department of Health.

He is a qualified nurse, and specialised in Accident and Emergency/unscheduled care. As a Senior Lecturer at Homerton College, Cambridge, he developed and ran the Independent and Supplementary nurse prescribing and Supplementary pharmacists’ prescribing courses in Cambridgeshire. Since returning to clinical practice Matt wished to maintain links with education, and was appointed in 2006 as Visiting Professor of Prescribing & Medicines Management at the University of Northampton, and then as Visiting Professor of Prescribing & Medicines Management at the University of the West of England (UWE) in Bristol in 2009. In August 2013, Matt was appointed as Visiting Professor at Birmingham City University.

Matt has undertaken international work presenting for the School of Nursing & Midwifery, University College Cork, the Danish Nurses Association, the Canadian Nurses Association, French Nursing organisations and the Spanish nursing regulators. He has presented to multiple Government ministers overseas about nurse prescribing in the UK and the implementation in their own countries.

Matt was the Joint Secretary to the Nurse Prescribers’ Formulary Sub-Committee (which advised UK Health Ministers on formulary inclusions) and in October 2013 was reappointed to represent the Royal College of Nursing on the Joint Formulary Committee of the British National Formulary (BNF). He was appointed in 2015 to the Nurse Prescribers Committee of the BNF; is a founder member and helped to set up the MIMS for Nurses Editorial Board; and is a member of the editorial boards of the Journal of Community Nursing and Independent Nurse. He was the Founding and Joint Editor of Supplementary Prescribing in Practice, and is a referee for Emergency Nurse. Matt is a member of the Editorial Advisory board for Clinical Knowledge Summaries (formally PRODIGY) who produce evidence based clinical guidelines for primary care practitioners on behalf of NICE.

Matt also has a monthly column on medicines management in Nursing Standard, and is regularly interviewed by the press and media (professional and mainstream) on medicines issues.

He has published multiple papers on prescribing in the Journal of Community Nursing, Primary Health Care Journal, Independent Nurse and Practice Nursing. His first book, which he Co-Edited (with Professor Molly Courtenay) ‘Independent and Supplementary Prescribing – An essential guide’, published by Cambridge University Press, has become a bestselling book for students undertaking the Non-Medical Prescribing courses. This book is now available as a second edition, and is currently being translated into Japanese. Matt has also contributed to several other book chapters, and published another book (with Professor Courtenay) ‘medication safety - an essential guide’ in November 2009, which was highly commended in the British Medical Associations, Medical book of the year 2010.

His political involvement in pushing for expansion of Non-Medical Prescribing means that he has submitted written evidence to The House of Lords and Commons – Select committees on ‘Antimicrobial resistance’, ‘The Influence of the Pharmaceutical Industry’, and most recently the Commons Select Committee ‘Patient Safety Inquiry’ and he has been called as a witness to give oral evidence to both ‘The Influence of the Pharmaceutical Industry’ and ‘Patient Safety’ Inquiries. He regularly attends Parliament to lobby on behalf of Nurse Prescribers and to become involved in his other passion, the open and fair access to medicines for patients. Matt has
previously lobbied in the Parliamentary Committee rooms aiming to make free prescriptions a reality. This has come into practice in Wales, Scotland & Northern Ireland. Matt is also actively involved in lobbying on the issue of patients who are addicted to prescription medications. It is estimated that there are approximately 1.5 million prescription medication addicts in the UK at present, and Matt believes that more responsible prescribing is key in halting this ticking timebomb.

Matt has taken part in multiple focus groups and committees advising both agencies and ministers on aspects surrounding prescribing & Medicines Management. These include:

- The Shipman Inquiry and their subsequent working groups advising the Department of Health and Home Office (for 8 years).
- The National Programmes for Information Technology (NPfIT), National Clinical Advisory Board, Medicines Management Working Group.
- The Committee for the Association for Nurse Prescribing (for 8 years until April 2011).
- The Advisory Council on the Misuse of Drugs - Shipman Committee
- The Nursing & Midwifery Council - advisory groups - "Standards and guidance for Nurse prescribers", "Fitness to practice at the point of registration – medicines management” & “Standards for Medicines.
- PRODIGY & Clinical Knowledge Summaries
- National Clinical Advisory & Validation board member The Specialist Advisory Committee of Anti-microbial Resistance, SACAR (Health Protection Agency),
- Specialist judge for Nursing Standards 'Nurse of the year' awards & the 'Ask about medicines week' awards for the Medicines Taskforce and Medicines Partnership.
- The Resuscitation Council UK – advisory Board reviewing the Emergency treatment of anaphylactic reactions, guidelines for healthcare providers, which were published in January 2008 and are available via the following link - http://www.resus.org.uk/pages/reaction.pdf
- Co-opted by NICE to their guideline development group for their guidelines - 'prescribing of antibiotics for self-limiting respiratory tract infections in adults and children in primary care' which were published 23rd July 2008 and are available via the following link - http://www.nice.org.uk/guidance/index.jsp?action=byID&o=12015
- Member of The National Patient Safety Agency, National medication safety board until April 2011, when this organisation cease to function.

Matt has taken part in several pieces of research to help evaluate independent non-medical prescribing with Keele & Southampton Universities, and to look at Multi-professional prescribing education (a collaboration between several Universities).

Matt has worked with the National Prescribing Centre as a member of several projects aiming to provide supporting information to NMP leads and commissioners. He has worked on several pieces of work relating to the Shipman Inquiry and the private prescribing of Controlled Drugs, and also helped as a steering group member to develop their 'single competency framework for
all prescribers’. This document is currently being reviewed by the Royal Pharmaceutical Society and Matt has been involved as a member of the external steering group.

Other work includes contributing to The Royal Pharmaceutical Society guidance on 'Medicines at the transfer of care' and The RCP/RCGP/RCPsych guidance on 'Medicines in care homes'.

In September 2013, Matt was appointed to a working party for Public Health England, looking to develop guidelines for prescribing in substance misuse.

In Matt’s "Spare" time, he spent 9 years (until April 2011) as a volunteer Nurse for the East Midlands Ambulance Service/ Lincolnshire Integrated Voluntary Emergency Service (LIVES) a BASICS scheme, attending 999 calls to treat medical emergencies, Road traffic collisions, and Trauma in his local community. After returning to live in the west country, Matt continued to volunteer as an accredited BASICS practitioner for South West Ambulance NHS trust volunteering in his local community as a pre-hospital care practitioner. Matt has also spent 25 years as a volunteer nurse, a Clinical Lead, a member of the clinical governance committee, and a member of the training & education faculty for Festival Medical Services working at Glastonbury rock festival (a charity which donates its funds (raised through provision of medical services) to medical charities worldwide).

Matt is the first nurse to ever be elected to the Resuscitation Council UK’s, executive committee, which he took up in June 2012. He is also a member of their subcommittee drafting 'Clinical Standards for resuscitation in primary care'. Matt has an interest in community cardiac arrest and resuscitation, he fundraised for a community defibrillator in his home village, and is a Patron of the Community Heartbeat Trust alongside Sir Dereck Jacobi, Simon Weston & Jude Law.

**Professor Michael Barry, Clinical Lead, National Medicines Management Programme, Health Service Executive, Head of Department of Pharmacology and Therapeutics, Trinity College Dublin**

Prof. Michael Barry is a Consultant Clinical Pharmacologist and Head of the Department of Pharmacology & Therapeutics at the University of Dublin, Trinity College. He is the clinical director of the National Centre for Pharmacoeconomics (NCPE) which conducts pharmacoeconomic evaluations on medicines prior to reimbursement under the Community Drugs schemes in Ireland. He is Past-President (2010-2011) of the International Society for Pharmacoeconomics and Outcomes Research (ISPOR). He was a board member of the Health Information and Quality Authority (HIQA) and is a member of a number of National Committees on pricing and reimbursement of medicines. Prof. Barry chairs the New Drugs Committee and the Medication Safety Committee at St. James’s Hospital, Dublin. In 2013 he was appointed as Clinical Lead for the new HSE Medicines Management Programme.

He is a fellow of the Royal College of Physicians in Ireland and is a specialty trainer for Pharmacology & Therapeutics. His research areas include the cost-effectiveness of high cost drugs including chemotherapeutic agents and biologic drugs, pricing and reimbursement and performance based risk sharing schemes. He has published widely on the cost-effectiveness of medicines in the Irish healthcare setting.
Dr. Helen Flint, National Lead Medicines Management, Office of the Nursing and Midwifery Services Director, Health Service Executive

Having trained in both general and psychiatric nursing, Helen holds post-graduate diplomas in coronary care and general intensive care. She was a Ward Sister at the Royal Free Hospital in London and Senior Nurse Manager and Hospital Manager in England before moving to Ireland in 1990 to take up post as Matron, Leopardstown Park Hospital and subsequently Director of Nursing, St. Colmcille’s Hospital, Loughlinstown.

Helen has both an MSc and PhD from Trinity College Dublin. Her MSc is in Community Health and her doctorate from the Department of Pharmacology and Therapeutics is in safe and cost-effective prescribing. Helen is a Fellow of the Royal Academy of Medicine in Ireland and recipient of the Jacqueline Horgan Bronze medal.

Ms. Ruth Morrow, Registered Advanced Nurse Practitioner/Registered Nurse Prescriber, General Practice, Leitrim

Ruth received her general training in the Adelaide Hospital, Dublin and in 1992 chose the career path of practice nursing one year following qualification. She is currently employed in a single-handed General Practice in rural Co Leitrim. She completed her Bachelor of Nursing Studies degree programme in the distance learning centre (Oscail) at DCU and followed this with a Masters in Nursing Science from the University of Manchester and the Royal College of Nursing in the UK.

In 2001, she received Clinical Nurse Specialist status and in November 2005 was accredited as the first Advanced Nurse Practitioner in Primary Care in Ireland. Her role primarily focuses on long term conditions which include diabetes, hypertension, chronic kidney disease, coronary heart disease, COPD and asthma. In 2010, she completed the Certificate in Nurse/Midwife prescribing and became a Registered Nurse Prescriber.

Ruth has published many articles on a wide range of clinical issues. She is currently consulting editor of Nursing in General Practice, the official journal of the Irish Practice Nurses Association. In 2015, she was appointed Clinical Director of Nurse CPD which publishes e-learning modules for nurses. She is a trainer for Education for Health in the UK for the Asthma Diploma. She is also a tutor for the asthma and COPD on-line modules in NUIG. She is currently undertaking a Doctorate in Nursing Practice at NUI Galway.

Ruth also runs her own consultancy business and has written and developed a number of respiratory education programmes which have been approved by the NMBI and are delivered to practice nurses nationally. She has recently been working with Services for Older Persons in Sligo/Leitrim to develop Day Hospital services.

Ruth frequently supports the Asthma Society of Ireland, the Leitrim Branch of Diabetes Ireland and Special Olympics Ireland. In 2010 and 2014, she was the Medical Co-ordinator with the Irish Special Olympics European Team in Poland and Belgium respectively.

In her spare time, Ruth enjoys walking/running, yoga, cycling, reading and gardening.
## Poster Presentations

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<td>1</td>
<td>How to Manage a Nurse/Midwifery Prescribing Programme through a Consortium of Universities in Ireland</td>
<td>Catherine Meagher, School of Nursing and Midwifery, National University of Ireland, Galway, Rena Creedon, School of Nursing and Midwifery, University College Cork, Aine McHugh, School of Nursing Midwifery and Health Systems, UCD, S Fleming, School of Nursing and Midwifery, University of Dublin (TCD)</td>
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<td>A Review of the Hidden Benefits of Nurse Prescribing in Care of the Older Person</td>
<td>Daragh Rodger, Maree Barry, Elena Deveney, Charina Hogan, Gabriel Germino, Christine Scanlon, St Mary's Campus, Phoenix Park</td>
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<td>Antiemetic and Extrapyramidal Effects: Prescribing Considerations</td>
<td>Deirdre Hickson, Specialist Palliative Care, Roscommon Community Services</td>
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<td>The Role of Nurse Prescribing in Nurse Led Ward Rounds in Stroke Care</td>
<td>Imelda Noone, Advanced Nurse Practitioner in Stroke, Mary Kate Meagher, Clinical Nurse Specialist in Stroke, St. Vincent's University Hospital</td>
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<td>Nurse Prescribing: A Natural Step in Holistic Care in Haemodialysis</td>
<td>Jini Jacob, Sani George, Midland Regional Hospital, Tullamore</td>
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<td>Standardising the Prescription and Administration of Pro Re Nata (PRN) Medication</td>
<td>Jennie Synnott, Centre for Mental Health Care and Recovery, Bantry General Hospital</td>
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<td>Positive Effects and Improvement in Quality of Care with the Introduction of Registered Nurse Prescribers</td>
<td>Joan Dinneen, RNP, Angela Buckley RNP, Bernie Buckley, RNP, Macroom Community Hospital</td>
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**Poster 1 - How to Manage a Nurse/Midwifery Prescribing Programme through a Consortium of Universities in Ireland**

**Authors:** Catherine Meagher, School of Nursing and Midwifery, National University of Ireland, Galway; Rena Creedon, School of Nursing and Midwifery, University College Cork; Aine McHugh, School of Nursing Midwifery and Health Systems, UCD; S Fleming, School of Nursing and Midwifery, University of Dublin (TCD)

**Abstract**

**Background**

Nurse prescribing was introduced to Ireland in 2007 in response to changing service needs and the increasing specialisation of nurses and midwives as they expand their scope of practice. However, in 2013 the Health Service Executive, decided to offer the Nurse and Midwife Programme for tender nationally. The tendering process resulted in a group of Universities in Ireland forming a consortium to provide a national nurse and midwife prescribing programme that is managed by the programme coordinators who form the curriculum group.

**Aims and Objectives**

To evaluate the educational programme managed by the Universities consortium.

**Description of the Innovation**

One nurse/midwife prescribing programme was developed to run across four University sites, this involved aligning curriculum, assessments, developing a shared philosophy, operational issues and agreed programme credits. Evaluation of this innovation was undertaken using the Prescribing Course Outcomes Evaluation Questionnaire (PCOEQ). Findings indicate that there is a high level of satisfaction with the programme that is reflected in increased understanding and ability regarding the prescribing process. The assessment stage of the programme was reported as stressful however, this was in part due to time issues because of heavy work commitments. Students prefer a college based delivery of the programme rather than on line stating that interaction with students from other specialties was invaluable in the learning process.

**Result**

The programme has been on the whole positively evaluated across the four University sites using the using the five domains of competency for nurse and midwife prescribers. The evaluation also demonstrated the successful collaboration of the consortium to rollout this programme to fulfil the requirements of the tender as required by the Health Service Executive.

**Future Plans**

The process of collaboration used by the consortium to develop this programme has been highly effective and efficient and can be used in the future with any proposed tenders.
Poster 2 - A Review of the Hidden Benefits of Nurse Prescribing in Care of the Older Person

Authors: Daragh Rodger, Maree Barry, Elena Deveney, Charina Hogan, Gabriel Germino, Christine Scanlon, St Mary's Campus, Phoenix Park

Abstract

Background
A review of nurse prescribing activity in a large care of the older person facility demonstrated a dearth in the activity of the nurse prescribers in this area of practice. The review showed regular nurse prescribing activity in the specialist areas of tissue viability. However the response to nurse prescribing captured in extended care and community care was not as evident. Although the nurse prescriber carried out a detailed assessment, the outcome didn’t always indicate the need for a prescription. This was also identified in the National Evaluation of the Role of the Nurse and Midwife Prescribing Initiative (2009) which advocated that the decision not to prescribe a medicine or to stop a medicine is equally as important as the decision to prescribe. However the information on key areas around patient education, staff education and essential input from the nurse prescriber is not captured on the national database.

Purpose of the Initiative
This uncaptured activity is not seen as a negative by our nurse prescribers but a hidden benefit of their role. This initiative identifies that the nurse prescriber assessment and interventions enhances outcomes for patients and residents. These benefits are:

- Increased compliance of pre prescribed medication through patient/resident/family education
- Proactive approach to antibiotic therapy
- Promotion of best practice through staff education

This dialogue is captured through the collaboration of the nurse prescribers on a regular basis.

Plans for the Future
As the benefits of the assessment process, the time taken and documentation afforded to this practice is not always captured on the national database this initiative promotes the use of effective nurse prescriber activity in the medication management for the future care of older persons.
Poster 3 - Antiemetica and Extrapyramidal Effects: Prescribing Considerations

Authors: Deirdre Hickson, Specialist Palliative Care, Roscommon Community Services

Abstract

Background
Nausea and vomiting in specialist palliative care are common distressing symptoms. Prevalence in patients with advanced cancer is up to 70% and up to 50% in patients with non-malignant advanced disease, such as heart failure, chronic obstructive pulmonary disease and renal failure. The symptoms present as a result of many factors, which are most easily categorised as disease or treatment-related. Pharmacological treatment of these distressing symptoms can produce undesirable extrapyramidal effects that mimic symptoms such as Parkinson’s disease, depression and anxiety.

Aims/Objectives
When prescribing for patients with nausea and vomiting, it is important to consider the multifactorial causes of these symptoms and have awareness that many antiemetic drugs affect multiple receptors. Presenting the different vomiting pathways and the neurotransmitters involved in each pathway and associating the receptor-specific antiemetic drug, looking at the side effect profile of each drug and the possible treatment of the side effects.

Outcome/Results
Failing to recognise the causative agent of such symptoms could prolong a patient’s suffering. Therefore, it is important that the nurse prescriber is aware of these side effects when prescribing antiemetic drugs.

Plan for Sustainability/Future Plans
When selecting a dose for an antiemetic drug health care professional should ‘start low and go slow’, particularly in elderly patients. Extrapyramidal effects from use of antiemetics can cause unnecessary anxiety and can be physically uncomfortable for patients. Misdiagnosis of these symptoms is common, prolonging discomfort, and, in some cases lead to serious consequences.
Poster 4 - The Role of Nurse Prescribing in Nurse Led Ward Rounds in Stroke Care

Authors: Imelda Noone, Advanced Nurse Practitioner in Stroke, Mary Kate Meagher, Clinical Nurse Specialist in Stroke, St.Vincent's University Hospital

Abstract

Background
Stroke survivors are at increased risk of developing complications which have been shown to impede rehabilitation and maybe associated with poor clinical outcomes. These complications, however, are potentially preventable or treatable with early detection. Nursing staff play a significant role in helping prevent their occurrence.
Ward rounds are an essential activity and represent complex care requiring not only knowledge but also skills in communication, clinical care, patient management and teamwork.
Using this concept, the stroke nursing team, including the Advanced Nurse Practitioner (ANP), or Clinical Nurse Specialist (CNS), Clinical Nurse Manager (CNM) and/or a Senior Staff Nurse, organised a weekly nurse led ward round.

Methodology
A nursing proforma was developed and each patient was assessed looking at essential nursing care (oral care, skin integrity, continence, falls prevention) and stroke outcome measures. Nurse prescribing was also reviewed looking at antiplatelet, antihypertensive, commencing and where appropriate, discontinuing laxatives.

Results
126 patients were included (mean age 84yrs) mean Barthel was 5/20. 33% of patients had signs of depression and SSRI’s were prescribed. 67% patients were incontinent (93% had bladderscans performed) and a continence care plan commenced in all patients. 60% were constipated of which 53% had laxatives prescribed and 20% had laxatives discontinued. Oral thrush was diagnosed in 27% and an oral care tool was instigated in all. Pressure areas were intact in all patients and mattresses were removed where appropriate to aid transfer. 40% of patients had a reduction of greater than 5kg in weight and dietetic input was requested on all. Antiplatelets were reduced in 13% and 20% of patients educated for anticoagulation.

Conclusion
Nursing ward rounds provide a proactive learning environment where care can be planned between patients/families, nurses and the multidisciplinary team. It also empowers nurses in decision making within their own professional role and resulted in timely secondary preventative measures being introduced with nurse prescribing. Its contribution impacts on patient care through early detection and prevention of stroke complications. Such an initiative may also be suitable in other care of the elderly settings.
Poster 5 - Nurse Prescribing; A Natural Step in Holistic Care in Haemodialysis

Authors: Jini Jacob, Sani George, Midland Regional Hospital, Tullamore

Abstract
The Midlands Regional Hospital Tullamore is the only centre for nephrology in the midlands and approximately 125 patients are receiving haemodialysis at present. Haemodialysis (HD) is a life sustaining therapeutic intervention that is used to manage patients with End Stage Kidney Disease (ESKD). Haemodialysis patients are a complex group, with multiple co-morbidities. Even though, their day to day care is delivered and managed by highly qualified and experienced nurses; nurse prescribing is initiated in haemodialysis in order to complete the circle of care. This empowers nurses to make autonomous decisions to prescribe and administer Erythropoietin Stimulating Agents (ESA’s) and Intravenous (IV) Iron in order to maintain adequate Hb levels.

Aims and Objectives
The aim of this innovation was to initiate nurse prescribing in haemodialysis, in order to provide total patient care. The objectives were to ensure that blood results were reviewed and reacted to in a timely manner, so as to maintain optimum Hb levels. Other objectives were to monitor dialysis adequacy, prescription of anticoagulants, mineral bone disease management and prescribing Hepatitis vaccinations. Two nurses undertook nurse prescribing supervised by the Consultant Nephrologist. They were registered as nurse prescribers in September 2013, and undertook anaemia management independently in January 2014. In order to standardise the prescribing practice, a protocol was developed in March 2014.

Outcome
Periodical audits showed anaemia management by Registered Nurse Prescribers (RNP) within target levels and significantly more cost effective without compromising quality of care. It also showed the effectiveness of protocol based anaemia management, in providing consistent and improved patient care.

Plans for Sustainability/Future Plans
To provide the highest standards of care to the growing dialysis population a further two nurses undertook the nurse prescribing course in 2015. We are conducting quarterly audits and compiling a patient satisfaction survey with the intention of maintaining and improving patient care.
Poster 6 - Standardising the Prescription and Administration of Pro Re Nata (PRN) Medication

Authors: Jennie Synnott, Centre for Mental Health Care and Recovery, Bantry general Hospital

Abstract

Background
The use of Pro Re Nata (PRN) medications is poorly monitored and poorly standardised leaving patients vulnerable to over use or misuse (Wright et al, 2012). This poster sets out how one drugs and therapeutics committee (DTC) created a clinical guideline to enable registered nurse prescribers (RNP) and prescribers standardise practice and improve the quality of care in using PRN medications.

Aim
To ensure practices around the prescription and administration of PRN medications are in line with international best available evidence.

Objectives
1. Within one month an audit tool was created to measure current practice against best available standards.
2. A guideline was developed by RNP and medical staff that set out instructions and recommendations on PRN prescription and administration practices.
3. The guideline was implemented.
4. Practice was re-audited against standards.

Key Steps and Tools
A review of the literature was completed to establish contemporary advice on the use of PRN medications. Standards were developed to develop a clinical audit tool using ‘A practical Guide to Clinical Audit’ (HSE, 2012). A baseline measure was established against the standards. The PPPG (HSE, 2012) framework was used to develop a guideline on the use of PRN medication which was reviewed and improved by the local DTC. This was signed off by senior management and implemented. Practice was re-audited at 6 months demonstrating increased compliance with best available evidence.

Sustainability/Future
A major recommendation of all the literature is that PRN medications use should be standardised. This innovation enabled nurse prescribers take the lead on improving the quality of this particular area of nursing practice.
Poster 7 – Positive Effects and Improvement in Quality of Care with the Introduction of Registered Nurse Prescribers

Authors: Joan Dinneen, RNP, Angela Buckley RNP, Bernie Buckley, RNP, Macroom Community Hospital

Abstract

Background
Nurse and Midwife Prescribing was first introduced in Ireland in May 2007. In Macroom Community Hospital, the introduction of the Nurse Prescriber was seen as a very positive step in the care of our clients. There are currently four Registered Nurse Prescribers. These Staff Nurses have vast experience in the care of the elderly and had been partaking in all aspects of Continuous Professional Development. Macroom Community Hospital is a 38 bedded elderly care unit which collaborates with 5 GP practices, Southdoc and a Geriatrician who visits 4-6 monthly.

Aims and Objectives
We want to demonstrate the benefits and positive impacts on the lives and health of our clients by having Nurse Prescribers on staff. We will show the amount of times RNP’s prescribed thus reducing the waiting time for GP’s and Southdoc. The presenters will also highlight research to date on the benefits of Nurse Prescribing since the introduction in 2007.

Initiative
Four Staff Nurses released from the workplace to receive training and supported by Management with any required resources. Local GP’s agreed to mentorship of each candidate thus imparting their knowledge and expertise with medication management etc. The Pharmacist supplying the hospital medication supported the candidates.

Outcomes / Results
Four qualified RNP’s, this number of qualified staff is a great asset as there is almost always one available. The regard and confidence in their expertise from all staff is very beneficial for the clients. The interaction with the GP’s and the Nurse Prescribers is also beneficial.

Future Plans
- Encourage more staff to get trained.
- Increasing the Collaborative Practice Agreement with consent from GP’s.
- Campaign for refresher courses for Nurse Prescribers.
In Macroom, an early initiative is in progress for IV cannulisation training and administering IV drugs. This will invariably reduce the need for admission to the already overcrowded A&E’s. The Community Hospital could, with better resources be utilised for Community Intervention beds and Nurse Prescribers would be a valuable asset with this initiative.
Poster 8 - Mental Health Nurse Prescribing: From Education Programme to Registered Nurse Prescriber. A Review of Mental Health Nurse Practice

Authors: Joanne Etheridge, Fiona Hecker, Olwyn Keyes, Anne McGrane, HSE Dublin North East Mental Health Services

Abstract

Background
Within an Irish Community Mental Health Service five Nurses have successfully completed the Nurse Prescribing Education Programme. One Nurse has gone on to register as a Nurse Prescriber. There is concern that certain factors contribute or complicate the transition from the Nurse Prescribing Education Programme (NPEP) to Practice Implementation as a Registered Nurse Prescriber (RNP).

Aim
To investigate the transition process from NPEP to RNP.

Objectives
1. To identify if Mental Health Nurses completing the NPEP progress to registration as RNP.
2. To determine what Factors contribute or complicate the progression from NPEP to RNP.
3. To make recommendations that assist in transition from the NPEP to Practice Implementation (RNP).

Method
A Survey was completed by Mental Health Nurses attending the National Mental Health Nurse Prescribers Meeting who have completed the NPEP. The Survey recorded demographic details, date of completion of NPEP, date of Registration as RNP. Further questions asked what contributed or complicated the transition from NPEP to RNP.

Findings
There were N=30 respondents. N=30 individuals completed the NPEP and N=18 progressed to RNP. The results indicated that supportive management/organisation and supportive medical mentor are Factors that contribute to the successful transition from the NPEP to RNP. Factors identified that complicate the transition from the NPEP to RNP are increased workload, lack of continuous professional development and access to Drug and Therapeutic committee to facilitate Collaborative Practice Agreement. Overall 19 individuals reported the experience of Nurse Prescribing as a positive one with only 2 individuals identifying it as a negative experience.

Conclusions and Implications
The findings of the study offer information to guide Services to improve and Assist the transition from NPEP to RNP.

Authors: Joanne Martin, Our Lady of Lourdes Hospital Drogheda

Abstract

Background
Traditionally the warfarin service was a medical led clinic with patients waiting up 2-3 hours for results, with junior doctors manually prescribing the warfarin doses. The rational for this quality improvement was to reduce the waiting times and to develop a predominantly nurse led service using computer aided dosing.

Aims & Objectives
• To create an efficient patient centred service that was user friendly & safe.
• Introduce Computer aided dosing.
• Extend the role and scope of the nurses in the clinic by introducing nurse prescribing.
• Reduce the medical/doctor input at clinic.

How You Went About the Project
• A multidisciplinary approach: Clinical Lead Consultant Haematologist, laboratory services, senior nursing staff and OPD Nurses.
• Key steps included identifying each member of the team’s role and the work that they needed to do to make the service work.
• Nurses carried out patient satisfaction surveys, education sessions and staff education and training.
• Nurse prescribing course 2014.

Outcome/Results
• Waiting times significantly reduced by 2.5 hour’s patients now leave after phlebotomy.
• Pre R.A.I.D patient satisfaction survey 2013 = 81% dissatisfaction with the length of time spent at clinic.
• Post R.A.I.D patient satisfaction survey 2014 = 99% satisfaction with time spent at clinic.
• 70% of warfarin dosing, now carried out by nurses and a nurse prescriber, with medical prescribing reduced to 25-30%.
• New patient education sessions and checklists introduced.
• Most recent patient satisfaction survey January 2016 show.
• 86% of patients rated the service as excellent.

Plan for Sustainability/Future Plans
• 2 additional nurse prescribers qualifying (June 2016) further reduce medical input.
• Extension of service to The Louth County Hospital (2016).
• Develop an Anticoagulation service to incorporate all anticoagulants.
• Create anticoagulant nurse specialist role.
• Patient education equals patient empowerment.
Poster 10 - Findings of an Audit of a Cohort who were Prescribed Oxygen Therapy by the RNP from 2013 to 2016 with particular reference to Health Promotion and Quality of Life

Authors: Mary Nagle, Respiratory CNS, Bon Secours Hospital, Tralee

Abstract
The first Registered Nurse Prescriber (RNP) in the Bon Secours Hospital Tralee began prescribing independently in November 2012 in the specialty of Respiratory Medicine. As the RNP works as a Respiratory Clinical Nurse Specialist the addition of this service has been very beneficial to patient care within the Respiratory Department of the Bon Secours Hospital. This poster presents the findings of an audit of a cohort who were prescribed oxygen therapy by the RNP from 2013 to 2016 with particular reference to health promotion and quality of life.

Aim
The aim of this audit is to ensure that the interaction of RNP of oxygen therapy plays a crucial and specific role in the care, education and self management of this patient cohort. The RNP assesses and treats patients who require oxygen therapy in a holistic manner with the ultimate aim of maintaining patient independence and wellbeing.

The audit intent was:
- To examine cohort patients’ hospital admission history pre and post the RNP’s intervention of prescribing home oxygen therapy
- To determine if there was any variance in hospital length of stay in the defined period before and after the intervention
- To examine if this intervention has influenced the interval between admissions
- To examine if this intervention had any impact on antibiotic prescribing in the patient cohort
- To examine if the RNP of oxygen therapy decreased consultant out patient visits
- To maintain RNP competence in nurse prescribing of oxygen therapy by submitting her data for independent professional scrutiny
- To measure private practice RNP Bon Secours against national nurse prescribing standards

Method
Audit examining RNP of oxygen therapy from a holistic prescriptive perspective. Data collection via extensive search through medical charts and data recorded on the RNP’s excel database. Results utilised to identify areas of quality and areas of improvement with action plans in collaboration with the Respiratory Dept MDT.

Results and Discussion
Results demonstrated the role of the RNP as a very positive intervention for this patient cohort. Areas for improvement have been identified and are being addressed through action plans. Evidence of continued professional development is demonstrated in a variety of activities. Commitment to repeat audit is planned demonstrating a duty to quality care delivery.

Conclusion and Recommendations
The impact to access to the clinical expertise of the RNP from a holistic health promotion perspective in conjunction with the prescribing of home oxygen has proved beneficial to the patient cohort.
The recommendations from the audit are to continue with current processes including scheduled reviews and to continue to work closely with Collaborating Medical Practitioners and Pharmacy colleagues in order to promote ongoing uptake of this national initiative in Bon Secours Hospital Tralee. In conclusion the success of the initiative to date demonstrates that Nurse Prescribing in Bon Secours Tralee has been a successful Nursing initiative directly benefiting patient care.
Abstract

Background
Following successful completion of certificate in Nurse/midwifery prescribing, review of local collaborative practice agreement (CPA) and entry into prescribing division, the RANP has prescriptive authority to prescribe (amongst other medications) Vernakalant Hydrochloride; a newly licensed anti arrhythmic medication for the conversion of recent onset NVAF.

Aims and Objectives
The aim of the audit was to determine if the chemical cardioversion of NVAF and same day discharge from the ED by the RANP / RNP is a safe and effective treatment.

How I Went About the Project
From 2012, we began auditing RANP / RNP prescribed Vernakalant in patients with NVAF eligible for cardioversion and same day discharge that were managed by RANP.

Results
Patient profile: average CHA2DS2-VASc of 1.2, HASBLED of 0.85 and average symptoms duration of 13.4 hours (SD +/- 7.6). Vernakalant Hydrochloride cardioverted 83% (n=29) patients to sinus rhythm in an average of 9.4 minutes with no clinically significant drop in blood pressure. 97% (n=34) patients were discharged following a 2 hour monitoring period avoiding the need to use an acute hospital bed. No thromboembolic or haemorrhage events at 3 months.

Outcome/Results
• RANP prescribed Vernakalant is a safe, practical and effective means of treating patients with NVAF in ED.
• RANP prescribed Vernakalant is a safe, practical and effective means of reducing potential morbidity and mortality associated with alternative treatment strategies in patients with NVAF in ED.
• RANP prescribed Vernakalant and same day discharge reduces (LoS) in the ED, reduces, patient experience times (PET) thus enhancing the patient experience.

• RANP prescribed Vernakalant and sand same day discharge from ED negates the need for admission to an acute hospital bed; saving on average 3 acute bed days per patient.
• RANP prescribed Vernakalant has a positive impact on the organisation by saving limited human, capital and stock resources which can then be redeployed to treat other patients.

Plan for the Future
To continue auditing RANP prescribed Vernakalant with a view to eventually extending the protocol to senior ED Doctors in order to emulate the success so far of RANP prescribed Vernakalant and same day discharge of patients presenting to ED with NVAF.
Poster 12 - Registered Nurse Prescribing Led Tacrolimus Regimen in Lung Transplantation Receipients in an Outpatient Setting

Authors: Sara Winward, National Lung Transplant Programme, Mater Misericordiae University Hospital

Abstract

Introduction
The prescribing of medicinal products is an expanded role for nurses, introduced following amendments to legislation, in Ireland in 2006 ¹. The role of RNP in treating lung transplant recipients is unique to Ireland.

Tacrolimus a calcineurin inhibitor is widely used as a primary immunosuppressive agent in patients following lung transplantation in the prevention of acute rejection ². Careful evaluation of this immunosuppression regimen in terms of efficacy and toxicity is required.

Aims & Objectives
To achieve a safe, efficient and effective tacrolimus RNP prescribing service for patients following lung transplantation in an outpatient setting.

Methodology
- The Registered Nurse Prescriber successfully completed the Professional Diploma Nurse Prescribing Medication, UCD School of Nursing, Midwifery and Health Systems. Following successful application to the Drugs and Therapeutics Committee, prescriptive authority was authorised December 2014.
- The RNP having regard to professional regulation, guidelines, legislation and both national and local organisational policies prescribes tacrolimus according to the Collaborative Practice Agreement and Prescribing Guidelines for Tacrolimus, MMUH. Reporting relationship are to Consultant Transplant/Respiratory Physician and Director of Nursing, MMUH.
- The maintenance treatment dose of tacrolimus will be adjusted by the RNP according to target levels specified by the Transplant Consultant. The adjustment is based on response, 12 hour trough levels, renal function & time since transplant.
- Tacrolimus levels are taken every 6 weeks and more frequently if target levels are not achieved. Attention is paid to renal impairment, hyperlipidaemia, hypertension and glucose intolerance.
- The RNP issues a repeat prescription for tacrolimus using high tech prescriptions supplied by the Pharmacy Department.

Results
Prior to this RNP initiative, the blood results including tacrolimus levels were reviewed and changes prescribed by the Transplant Registrar. The time frame for review depended on the workload of the medical team. With the success of the National Lung Transplant Programme MMUH, there could be a delay of up to three days before the patient was informed of any amendments.
Following the change in practice, the RNP can provide a same day service when all the blood results are available. The patient is then informed of any changes to the tacrolimus dose, with a schedule of a follow-up appointment.

Conclusion
Due to the complex nature of lung transplantation, patients require frequent, close monitoring upon discharge³⁴.
The RNP in lung transplantation provides careful monitoring and surveillance of the patient in the prevention and prompt treatment of complications with timely review of immunosuppression levels.

References
Poster 13 - Patient Education - Methotrexate for Inflammatory Arthritis

Authors: Una Martin, Department Of Rheumatology, University Hospital Waterford

Abstract

Background

There are over 40,000 people living in Ireland with Inflammatory Arthritis (IA), a condition that is destructive in nature and may cause numerous problems for the patient ranging from personal, social and economic issues. Methotrexate (MTX) a potent immunosuppressant prescribed once weekly for IA. While the treatment for IA has changed dramatically in the last decade, it remains the gold standard treatment. Despite the fact that MTX is commonly prescribed, there is a lack of good quality patient information. Currently there are 10 registered nurse prescribers in rheumatology, the majority of whom have MTX on their CPA (collaborative practice agreement).

Aim/Objectives

To devise an educational tool in conjunction with a patient monitoring/information booklet to

- Assist patients in balancing cost/benefit of taking MTX
- Improve the safety issues related to the prescribing, dosing and administration of MTX
- Raise important health and lifestyle issues pertinent to the management of IA and the administration of MTX
- Improve communication and care between the patient and primary care
- Act as a resource and a structured tool for nurses prescribing and educating patients about MTX.

How the Project was Implemented

Two documents were compiled following a literature review and circulated for a peer review-pharmacist, patient, psychologist and nurse specialist. Recommended changes were incorporated into the 2 documents. A national pilot study was conducted including patients and nurse specialists.

Outcome/Results

The results/recommendations of the pilot study were incorporated into the final documents. These documents have been now are incorporated in to the National Rheumatology Care Programme –Once weekly Methotrexate pathway for Inflammatory Arthritis. All rheumatology units will be supplied with the educational toolkit as well as a supply of information/monitoring booklets for patients prescribed MTX.

Plan for Sustainability/Future Plans

To incorporate the documents into an educational programme to improve communication with primary care and practice nurses involved monitoring patients on MTX.
Poster 14 - Nursing and Midwifery Quality Care-Metrics

Authors: Mary Nolan, Metrics Project Officer, Midland Region (on behalf of National Lead and Project Officer team)

Abstract

Background
The Nursing and Midwifery Quality Care Metrics (QCM) Project is supported nationally by the ONMSD. Following various national reports into poor care practices, it was decided to introduce a national measurement tool, Nursing and Midwifery Quality Care-Metrics. QCM measure the process of nursing care including Medication Management – prescription and administration.

Aim
The aim of Nursing and Midwifery Quality Care Metrics is to assist service to provide assurance of the quality and standards of nursing and midwifery care provided.

Progress of Work Nationally
Quality Care Metrics have now been standardised across 7 workstreams: Children’s Services, Older Person Services, Mental Health Services, Midwifery Services, Acute Care, Public Health/Community Services, Intellectual Disability Services. The process is also standardised across all services and is cyclical: Collect data monthly-Enter Data electronically- Run and print reports-Devise improvement plan-work with staff to implement changes and meet standards-analyse trends and present findings. Core Metrics available to all services include the medication management comprising medication storage and custody, medication prescription (9 indicators) and medication administration (5 indicators).

QCM offer a method to nurse prescribers of assessing the overall standard of medication prescription and administration in their clinical areas which can then be used as a benchmark for the prescribers’ own evaluation of practice. It can also assist with identification of common errors/omissions relating to prescribing generally which may be useful in planning future education strategies for nurse prescribers.

Over 500 services are currently engaged in collection of QCM with over 86% of acute hospitals participating nationally.

Plans for Sustainability/Future Plans
Seven workstreams are currently in various stages of progress nationally. The purpose of the workstreams is to ensure a consistent and standardised approach to the development of Quality Care-Metrics and to ensure that indicators reflect the quality measurement needs of individual services in a changing environment.