Feedback, comments and submissions for future issues are welcome and should be sent to dmineweslist@hse.ie

<table>
<thead>
<tr>
<th>INSIDE THIS ISSUE</th>
<th>Practice Development</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Celebrating Nursing &amp; Midwifery practice in the Midlands and Dublin South</td>
<td>Page 2</td>
<td></td>
</tr>
<tr>
<td>Photos Gallery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A Collaborative initiative to implement Person Centre practice</td>
<td>Page 3-4</td>
<td></td>
</tr>
<tr>
<td>The Clinical Nurse/Midwife Specialist in Sexual Assault Forensic Examination</td>
<td>Page 5</td>
<td></td>
</tr>
<tr>
<td>The Physical Health Interventions &amp; Lifestyle Improvement Programme (PHILIP)</td>
<td>Page 6</td>
<td></td>
</tr>
<tr>
<td>Electronic recording of care planning</td>
<td>Page 6</td>
<td></td>
</tr>
<tr>
<td>Implementation of Care Bundles</td>
<td>Page 7</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Leadership &amp; Innovation</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The introduction of an integrated team model of working in Public Health nursing</td>
<td>Page 8</td>
</tr>
<tr>
<td>Bringing knowledge and information to Nurses and Midwives</td>
<td>Page 9</td>
</tr>
<tr>
<td>Improvement of a hospital quality improvement project</td>
<td>Page 9</td>
</tr>
<tr>
<td>Alternative review process–Telephone clinic</td>
<td>Page 10</td>
</tr>
<tr>
<td>The evolving role of the Acute Paediatric Link Nurse</td>
<td>Page 11</td>
</tr>
<tr>
<td>Home away from Home experience in the Day Care centre</td>
<td>Page 11</td>
</tr>
<tr>
<td>Dialectical Behaviour Therapy</td>
<td>Page 11</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provision of Safe Quality Care</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>The introduction of the stroke CNS in the MRH Mullingar</td>
<td>Page 12</td>
</tr>
<tr>
<td>The Patient Priority Pledge</td>
<td>Page 13</td>
</tr>
<tr>
<td>Nursing and Midwifery Quality Care Metrics</td>
<td>Page 14</td>
</tr>
<tr>
<td>The Decider’© programme</td>
<td>Page 14</td>
</tr>
<tr>
<td>Implementation of the Emergency Response system in Tallaght Hospital</td>
<td>Page 15</td>
</tr>
<tr>
<td>Falls Prevention and Management and the older person</td>
<td>Page 15</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Continued Professional Development and Research</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aspects of Health for people with an intellectual Disability</td>
<td>Page 16</td>
</tr>
<tr>
<td>Knowledge women with an intellectual disability have about breast health</td>
<td>Page 16</td>
</tr>
<tr>
<td>Person Centred Planning and people with an intellectual disability</td>
<td>Page 17</td>
</tr>
<tr>
<td>Understanding the lived experiences of patients with advanced malignant disease</td>
<td>Page 17</td>
</tr>
<tr>
<td>Improving practice led research</td>
<td>Page 18</td>
</tr>
<tr>
<td>Improving children’s palliative care</td>
<td>Page 19</td>
</tr>
<tr>
<td>End of Life Care practice Development Programme</td>
<td>Page 19</td>
</tr>
<tr>
<td>Clicker centre for learning and development</td>
<td>Page 20</td>
</tr>
<tr>
<td>Perineal repair by Midwives</td>
<td>Page 20</td>
</tr>
<tr>
<td>Recent and upcoming events</td>
<td>Page 21-23</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Message from Area Director</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Dear Colleagues,</td>
<td></td>
</tr>
<tr>
<td>Welcome to the December 2014 edition of the Dublin Mid-Leinster (DML) Nursing and Midwifery Newsletter. This edition contains descriptions of initiatives that were presented at either the 3 day conference in Tullamore held from October 21st to 23rd or at a one day Innovation and Information event held in Palmerstown on November 11th.</td>
<td></td>
</tr>
<tr>
<td>These excellent events provided a forum for nursing and midwifery staff from within DML to share examples of quality nursing and midwifery practice developments, in a networking and learning environment.</td>
<td></td>
</tr>
<tr>
<td>Key note speakers and concurrent presentations highlighted the importance of effective nursing leadership and the resulting positive change initiatives for patients, service users and staff. 55 posters from across all services demonstrated innovation and quality care. I would like to congratulate all staff involved with these developments. Articles featured in this edition provide only a snapshot of those presented.</td>
<td></td>
</tr>
<tr>
<td>As 2014 is nearing its end, I would again like to express my sincere appreciation for the dedication you show in all aspects of your professional work from caring for patients and service users, to your active involvement in the wider development of the nursing and midwifery professions. Thank you.</td>
<td></td>
</tr>
<tr>
<td>I hope you enjoy reading this edition of the newsletter and I wish you a joyful Christmas and a happy and healthy 2015.</td>
<td></td>
</tr>
</tbody>
</table>

Liz Roche, Area Director DML
liz.roche@hse.ie
A key strategic aim of the Office of the Nursing & Midwifery Services Directorate (ONMSD) and Nursing and Midwifery Planning and Development (NMPD) is to promote and support excellence in nursing practice, fostering a culture of research while supporting service-led initiatives for healthcare staff.

The NMPD team in the Midlands organised a very successful three day event in October titled ‘Celebrating Nursing and Midwifery Practice in the Midlands’. This event provided a forum for all nursing and midwifery staff in the region to share exemplars of quality nursing and midwifery practice. This event provided an opportunity for networking in a learning environment. Over the three day event, 323 staff attended with representation from across all care and education services in the region. Together with keynote speakers there was also excellent oral presentations from staff working within the services demonstrating innovation, leadership and research in nursing and midwifery practice. Innovation and quality care was also showcased through the display of 55 posters from the services. The event evaluated very well with participants delighted to have the opportunity to network and share with their colleagues from across the region. All the presentations and Poster abstracts from the event are available on the NMPD Tullamore website http://www.hse.ie/eng/about/Who/ONMSD/NMPDU/NMPDUml

Contact Details: Mary Manning Interim Director
Email: marym.manning@hse.ie  Ph: 057 9357870

The regional Nursing and Midwifery Innovation day for Dublin South, Kildare and Wicklow took place on 11th November 2014 in Mill Lane Palmerstown. The event which was opened by Dr. Michael Shannon provided a platform to showcase, celebrate and share the excellent nursing and midwifery innovations which have been supported by the NMPDU over the past 12 months in the region. The day had a packed agenda with 15 individual innovations presented throughout the day. All nursing disciplines and midwifery were represented and innovations spanned nursing and midwifery education, practice and research. In addition, all innovations clearly demonstrated a patient centred focus. The NMPDU would like to commend and congratulate all service that presented their significant achievements.

A similar event is being planned for 2015. All presentations are available on the NMPD website http://www.hse.ie/eng/about/Who/ONMSD/NMPDU/NMPDUDskilwicklow/

Contact Details: Susanna Byrne, Director, Email: susanna.byrne1@hse.ie  Ph: 01 6201713
L/R: James Conway, Mary Manning, Bernadette Kerry and Phelim Quinn
HIQA

L/R: Louise Burke, Sinead Bracen, Dr. Mary McDonell Naughton, Judy Ryan, Dr. Donal Fitszmonds, Liz Roche and Mary Manning

L/R: Marian Wyer; Patrick Glackin, Philip Crowley, Mary Manning, Liz Roche, Kathleen Griffin
L/R: Mr Michael Shannon, ONMSD, Ms Colette Twomey Project Officer NMPD, Mr Brendan Power CNMEDW/SW Mental Health Services, Mr Paul Leavy, Expert by Experience, Mr Paul Gallagher, DON, St James Hospital, Ms Benery Rickard, Regional Library Service, Ms Susanna Byrne, Director NMPD

L/R: Ms. Liz Roche, NMPD Area Director, Ms Triona Cowman, Director CME, Coombe Hospital, Ms. Tracey Wall ADON, Our Lady’s Children Hospital, Crumlin, Ms. Shauna Ennis, CNM3, Tallaght Hospital, Ms. Stacey Power, Staff Nurse, LauraLynn, Children's Hospice

L/R: Ms Bettina Korn End of life coordinator St James's Hospital, Ms Aine Lynch, ADON Tallaght Hospital, Ms Sandra McCarthy, Director of CL&D Tallaght hospital Ms Ciara White, Metrics Project Officer, NMPD, Palmerstown, Ms Nora O Mahony, NPDC, Naas General Hospital, Ms Susanna Byrne, Director, NMPD, Palmerstown
A Collaborative Initiative to Implement Person Centred Practice in Stewarts Care 2013

**Background:** Person Centred Planning (PCP) is the central mechanism that will enable people with an Intellectual disability (ID) to live their lives.

**Aim:** The aim of the study was to establish a person centred approach to service delivery within Stewarts Care. The study involved a collaborative approach with Stewarts Care and the School of Nursing and Midwifery Trinity College Dublin.

**Method:** An action research approach was used that involved a research team from Trinity College, Service users from Stewarts Care along with their staff and family members (McCarron et al 2013). Over a 10 month period 114 meetings were held to explore what Person Centred Planning (PCP) would mean for persons within the organisation. Inquiry group meetings were held with family members, key workers and staff with the support from middle managers from within the organisation.

**Results:** The inquiry group identified that community engagement and the participation of family was important to PCP. It was also felt that the use of champions of PCP within the organisation would help the process to develop. It was evident that the use of PATH (Planning Alternatives Tomorrow with Hope) was the preferred method of involving service users, family members and staff.

**Conclusion**
The combination of action research to implement PCP facilitates the opportunity to improve the quality of life for people with intellectual disability and within the organisation. PCP was possible in diverse settings and with people with varying levels of ID.

**Contact details:**
Noel McCarron, Stewarts Care Services, Palmerstown, Dublin 20.
**Email:** noel.mccarron@stewartscare.ie

“Pushing the Boundaries: The Role of the Clinical Nurse/Midwife Specialist (CN/MS) in Sexual Assault Forensic Examination (S.A.F.E.) in Ireland”

**Background:** Landmark Irish research (n=3,120) Magee et al (2002) found that 4 in 10 women (42%) & almost 3 in 10 men (28%) experienced sexual assault/abuse. A national review of Sexual Assault Treatment Units (SATU) services conducted by O’Shea (2006) found that sexual assault remains one of the most underreported/under recorded violent crimes in Ireland.

**Aim:** A key recommendation of the O’Shea report was the introduction of a pilot programme in forensic nursing.

**Results:** Nurses undergo a Higher Diploma and specialised clinical placements for accreditation. As forensic examiners, nurses are attached to a SATU, strategically located nationally. This helps to minimise patient distress and ensures timely collection of forensic evidence.

This role has been a driver for change in SATU service delivery, extending the breadth and depth of services. Patients have more access to regional services and forensic evidence collection is conducted in a more responsive, timely manner. Patients who do not wish to report to a Garda can still avail of the SATU services.

**Conclusion:** This role promotes excellence within this cohort of specialist nurses with a platform for research and information sharing. Progression to ANP is a realistic future option.

**Contact details:** Mary O Neill and Debora Marshall, S.A.T.U
**Email:** deborah.marshall@hse.ie
**Ph:** 044 9394239
The Physical Health Interventions & Lifestyle Improvement Programme (PHILIP) HSE Dublin South Central Mental Health Services

Introduction: Historically the physical health needs of mental health service users has been an area of discussion, yet the mortality rates of service users, with a diagnosis of schizophrenia, has actually worsened over the last few decades. Mental Health Services have a key role in promoting the physical and mental well-being of their patients. Nurses play a pivotal role as the largest professional group employed in such services. The Physical Health Interventions and Lifestyle Improvement Programme or PHILIP aims to enhance the knowledge and skills of Registered Psychiatric Nurses (RPNs) to enhance and develop practice.

The programme, underpinned by a co-produced and co-facilitated module between a service user and carer combined a mixture of theory, practical and personal narratives to enhance the knowledge and skills of mental health nurses in the area of physical health and physical healthcare. This approach was developed through the application of the Advancing Recovery in Ireland (ARI) initiative underway in the Dublin South Central Mental Health Services (DSCMHS).

The primary aim of the programme was to create an awareness of this often neglected area of practice in psychiatry and to enhance the quality of care to its users with an emphasis on a biopsychosocial approach towards care instead of a divided mind and body approach. A nurse-led group has now been established, to standardise a physical health assessment and metabolic screening tool for use in local mental health services. Further workshops are planned in conjunction with our local university partner.

Electronic recording of care planning in a service for people with intellectual disability

This initiative involved the development of a person centred electronic record keeping system for use in a large service for individuals with an intellectual disability.

The existing care plan required considerable reformatting and consultation with the system provider to facilitate computerisation. A steering group have responsibility for deciding on levels of accesses various grades of staff have in each site/area and a support staff team consisting of one CNM and IT support have been identified in order to drive this initiative. A number of community and campus based residential settings were identified for the initial phase of the introduction.

To date the IT support worker has prepared an electronic care plan to facilitate downloading to the epicare system. Training has been facilitated by the company with further onsite training planned when the system goes live. Ongoing development days will occur once the care plan goes live in order to streamline the system, in line with service user need. It is proposed that this initiative will see an integrated, person centred, support plan and streamlining of paperwork resulting in efficiency in managing care/support provision with interdisciplinary collaboration across service locations. While controlled access to information in all areas promotes the maintenance of confidentiality. The system will provide facilities for the tracking of resources, service levels and service deficits with the capacity to maintain up to date records, produce timely accurate reports, event track and manage deadlines. It is envisaged that this initiative will also provide for time efficiency in goal evaluation and subsequent adjustments of intervention plans.

Contact Details: Dorothy Hanly, Email: Dorothy.hanly@sjcms.ie
Ph: 087 7936003
Implementation of Care Bundles Hospital Wide in a Paediatric setting.
Our Lady’s Children’s Hospital, Crumlin

Introduction: Care bundles are a “small set of evidence-based interventions for a defined patient population and care setting. Care Bundles when they are implemented together, will result in significantly better outcomes than when implemented individually” ¹. This project is the implementation of Care Bundles hospital wide in a paediatric hospital.

Objective: The aim of this project is to prevent healthcare associated device infections by the introduction of 4 Care Bundles to all ward areas over a 9 month period.

Implementation, Tactics and Strategy: Support from corporate management was established and a project manager and project sponsor were appointed. A working group was established which included practice development, surveillance scientist, nurse managers and educators. The project team used a phased approach to implement the bundles. The documents and audit tools were designed and created in consultation with the project manager and Practice Development. A pilot area was identified and a 4 week pilot occurred. Modification of the documents, audit tool and education were based on staff evaluation from the pilot. Finally an official launch took place at a Ward Managers’ Quality and Leadership Day.

Outcomes: There was no baseline data on device free infection days available outside of the Intensive Care Units. However, since the successful introduction of the bundles the hospital now has data to support device free infection rates for the entire device journey from March 2014. Confirmation and diagnosis of a device related infection are based: SARI guidelines, review of healthcare record and clinical picture, the medical scientists opinion (bundles <100% compliant) and finally confirmation by a microbiology consultant. This has resulted in reduced duration of use of invasive devices which results in improved patient experience.

Our Lady’s Hospital, Crumlin are the first children’s hospital in Ireland to achieve this implementation and “care bundles” are now part of the hospital vocabulary and culture. Device free infection rates are now available to all hospital staff as part of the hospital quality agenda. This information is now shared with other pediatric centres in a bid to share our knowledge, collaborate and most importantly patient safety.

Contact Details: Tracey Wall
Email: Tracey.Wall@olchc.ie
The introduction of an integrated team model of working in Public Health Nursing (PHN) service in Longford/Westmeath

A new model of integrated PHN working in three main urban sites of Longford, Athlone and Mullingar was introduced. The aim of this change initiative was to support the quality, safety and risk agenda within the HSE and is suitable for use in other PHN urban sites. The initiative involved a written guideline to support the process available on PHN PPG site with weekly clinical meetings of each integrated team/ADPHN in attendance. There were regular planned meetings of team leads with DPHN and AdPHNs to look at process. An audit process was carried out in Sept 2014. Evaluation of project commenced in Sept 2014 with an external consultant/supported by NMPD.

Objectives:
- To provide the background on the need for the change of working in the PHN service
- To outline the change process
- To show what the team looks like now/staffing structures and process
- To demonstrate the outcomes from the change
- Implications of change for primary care team working

Methodology: Management team implemented the change with support from frontline workers.

Description of the Innovation: A new model of integrated PHN working in the three main urban sites/Longford/Athlone/Mullingar with a written guideline to support the process available on PHN PPG site. Weekly clinical meetings of each integrated team/ADPHN in attendance were held. Regular planned meetings of team leads with DPHN and ADPHNs to look at the process took place. An audit of processes was carried out in Sept 2014. Evaluation of project commenced in Sept 2014 with an external consultant which was supported by NMPD.

Conclusion: This development is a new initiative within PHN and mirrors the changes that were made in Health Visiting in the UK in the 1990’s.

Contact Details: Virginia Pye Director of Public Health Nursing. Longford/Westmeath Email: Virginia.pye@hse.ie  PH: 04493 95078

L/R: Ms. Virginia Pye, Director of Public Health Nursing Ms. Kathleen Griffin, Practice Development co-ordinator PHN Services Laois/Offaly & Longford/Westmeath

L/R: Geraldine Deegan, Liaison Nurse, Eileen Donovan, Regional Continence co-ordinator, Madeline Kavanagh, Community RGN, Kathleen Griffin, PDC
Bringing Knowledge and Information to Nurses and Midwives

The development of library services in the HSE can be mapped to the professional development of Nursing and Midwifery in Ireland since the late 1990s. From the beginning, nurse education has been a primary driver in the establishment hospital libraries. As the body of nursing literature grew, so did the recognition that libraries were a necessary part of training. Therefore the accreditation of Schools of Nursing led to a requirement to have an onsite library leading to the establishment of a network of libraries in acute and psychiatric hospitals.

The Report of the Commission Nursing heralded the move of pre-registration education of nurses from a hospital based model to an academic model. As a result, a new relationship between third level institutions and health providers has emerged. Library services have also experienced change with a shift from providing on-going services to undergraduate nurses to supporting continuing professional development and nursing research. Your journey is our journey. The following presentation will explore the relationship between the professional development of Nursing and Midwifery and the development of library services in the HSE. Using specific examples of library developments the presentation will illustrate how this relationship has benefited and shaped our health library service today.

Contact Details: Bennery Rickard, Regional Library and Information Service
Email: regionallibrary@hse.ie  Ph: 01 6352558

Implementation of a hospital quality improvement project guided by the Careful Nursing Philosophy and Professional Practice Model® St. Vincent’s University Hospital (SVUH)

The rollout of the model and care planning system throughout the organisation is being undertaken over a phased 3-year period. It aims to enhance the standard of care given to patients, increase nurses control over their own practice, and to allow the nursing contribution to patient care to be measured in a tangible and meaningful way. In line with the values of SVUH and the Strategy of the Office of Nursing and Midwifery Services Director 2012 – 2015 (ONMSD 2011), the continuous improvement of safe quality nursing care and the identification of measurable nursing outcomes for patients is a central aim of SVUH Nursing Department. From the pilot project a decision was made to focus on two of careful nursing four main concepts, ‘the therapeutic milieu’ and ‘practice competence and excellence’. The model emphasises patient watching, assessing and monitoring, and patient and family involvement in care. The inclusion of Nursing Diagnoses, Nursing Intervention and Nursing Outcomes within the model led to the development of a comprehensive semi-electronic care planning system, incorporating these elements. This will allow the nursing contribution to care to be measured, through a process of goal identification and measurement. The Pilot Project (2012-2013) introduced and implemented the model and the implementation of an associated care planning system into the Care of the Elderly Unit in SVUH. Following the Pilot Project the model is now implemented in two further speciality specific areas with preparations underway for its introduction into a third area. The second phase of the project will expand on the nursing sensitive outcome component to allow the nursing contribution to patient care be measured in a tangible way on an organisational level and give a voice to the nursing profession. By further defining and clarifying the role of nursing we can collaborate more effectively within the MDT for the enhancement of patient care.

Contact details: Ligi Anish CNM2 Nursing Practice Development, SVUH
Email: lanish@st-vincents.ie
Alternative review process provides Haematology patients with a patient focussed service - The Telephone Clinic

Patients with chronic haematological conditions require ongoing review for their lifetime. However more effective practices are needed to manage capacity and demand more effectively. In order to meet the needs of our patient and service an alternative review process via telephone clinic was developed by the ANP in Haematology.

**Aim and objectives**: The telephone clinic offers patients the opportunity to be reviewed without the burden of a hospital visit and transport issues. Several other factors are also removed including, lengthy waiting times, reduced DNA rates, more effective use of patient and healthcare time. It also allows a more effective use of haematology skill mix with redirected haematology team time to devote to other clinical activities and more complex patient cases. It also improved patient experience and more time for nurse led patient management.

**Method**: A protocol for the service was developed and included criteria on patient selection, referral criteria and patient process. Supporting documentation was developed including patient information leaflets. Secretarial support was established and necessary changes to the hospital information system completed. In addition the ANP completed the nurse prescriber course.

**Outcome**: The telephone clinic commenced in late 2012. To date 258 patient reviews have been completed via the telephone clinic. Patients have benefited from the service through reduced hospital visits, significantly reduced waiting times and the provision of dedicated nursing time. Benefits to the service include reduced clinic workload and fitting use of skill mix. However increased capacity to the telephone clinic is limited due to staffing and training resource issues.

**Conclusion**: The telephone clinic service provides an excellent review process for patients with chronic haematology conditions. Formal evaluation of the telephone clinic is planned

**Contact Details**: Mary Kelly, Registered Advanced Nurse Practitioner Haematology, Midland Regional Hospital Tullamore  Email: maryb.kelly@hse.ie Ph: 05793 21501

The evolving role of the Acute Paediatric link Nurse

In 2004 a pilot project was initiated in Midland Regional Hospital Portlaoise. (MRHP). The focus was to provide a family and child centred service offering support as early as possible in partnership with the child, family and interdisciplinary team when a child had medical complex needs. The role was evaluated by clinical audit in 2006. The results from this evaluation demonstrated very high levels of satisfaction with the Acute Paediatric Link Nurse Service (APLN) as it then operated but identified the need to expand the service.

The APLN service has continued to be innovative and evolve with the ever changing landscape of the HSE. An evaluation of the role of the APLN was completed within the context of a “Quality and Safety Framework” and included the following questions, has the service developed and what has changed? Are the needs of the families been met and by whom? Is the APLN delivering the care with the same philosophy underpinned by quality and patient safety? The findings reveal that there are positive outcomes from the role of the APLN including the development of the Children’s Outreach Nurses.

**Contact Details**: Elaine O’ Brien-Doyle, Acute Paediatric Link Nurse, Email: elaine.obriendoyle@hse.ie Ph: 05786 21364
Home away from Home experience in the Day Care centre

In an attempt to move away from bio-medical models of care to more Resident/Individual centred care which acknowledge and value the beliefs/ideologies of the Residents and Staff (McCormack et al, 2010), the Care Team at Riada House Day Care Centre sought to focus on quality assessment and continuous audit review from the perspective of daily service users.

The Care Team considered the application of the National Standards for Residential Care Settings (HIQA, 2008) and The Professional Guidance for Nurses Working with Older People (ABA, 2009) to a Day Care Setting. The Clients and Care Team have embarked on a collaborative programme for development and quality measurement which involves a number of enquiry methods, consumer narrative interviews and simple audits in order to gain an insight into how well the Care Team are actually delivering our services and identify areas for improvement.

Our aims/ objectives were initially to examine ‘How we do, what we do’. As we progress our project, we are considering the use of Health Information Technology to monitor and inform. We examine our feedback results and review aspects of our Service delivery in the Day Care Centre. We feedback directly to our Clients and their Families. As part of this learning journey, the Day Care Centre was nominated by a local Tullamore advocacy group for the Irish Health Care Awards and we are very proud of our achievement of Day Care Centre of the Year 2014.

Contact Details: Elaine Claffey, CNM2, Riada House, Day Care Centre, Tullamore
E-mail: elaine.claffey@hse.ie
Ph: 05793 59985

Dialectical Behaviour Therapy (DBT)

Dialectical Behaviour Therapy (DBT) was developed by Marsha Linehan for people diagnosed with Borderline Personality Disorder (BPD).

DBT Therapy Programmes: DBT is a highly structured programme requiring clients to attend weekly group skills training and weekly individual therapy for between 1 year and 18 months. The programme is based on the need for clients to apply beneficial behavioural changes to deal with chronic problems of suicidal urges, self-harm, emotional dysregulation and conflict in relationships. Clients are also coached to find ways to not hate themselves and accept the world as it is. A balance of acceptance and change is the cornerstone of DBT.

It has proven to be a highly successful skills based educational programme with very positive outcomes.

Contact Details: Stuart Hannell (CNS/DBT Therapist) Community Mental Health Centre, Dublin Road, Longford.
Ph: 0868599314
The introduction of the stroke CNS in Midland Regional Hospital at Mullingar

**Background:** In April 2008, the Irish Heart Foundation carried out the first national audit on stroke care in Ireland. The audit found that many people were not able to access vital stroke and stroke recovery services. The stroke manifesto shows that 1 in 5 people in Ireland will have a stroke at some stage in their life. 2,000 die, 15% are misdiagnosed and 50% of strokes are preventable. It is the leading cause of adult disability globally. The second leading cause of death worldwide. The incidence of stroke is expected to increase by 30% from 2020.

The National stroke Programme was developed to campaign for specialised posts in stroke care. The role of the CNS incorporates the organisation of the multidisciplinary care in a dedicated stroke unit. Thereby reducing the risk of dependence, mortality and institutionalisation due to early mobilisation, and early recognition and treatment of complications. The mission is to deliver better care through timely and better use of resources. The vision is to design standardised models for the delivery of integrated clinical care and to embed the sustained clinical operational management of the integrated pathway.

**Conclusion** The overall aim is to ensure national rapid access to best-quality stroke services. To prevent one stroke every day. To avoid death or dependence in one patient every day.

**Contact Details:** Sinead Gallagher CNS Stroke Unit, Mullingar Midlands Regional Hospital, Co. Westmeath

Email: sineadtgallagher@hse.ie  Ph: 0449344550  

Dr. Michael Shannon, Director ONMSD, Mary Manning, Interim Director of NMPD, Liz Roche, Area Director NMPD DML
The Patient Priority Pledge (PPP) - Quality in Action Our Lady’s Hospice & Care Services (OLHCS)

As part of our Clinical Governance Framework the PPP quality initiative was launched in June 2012 to review and improve patients/residents experiences in OLHCS. We wanted to ensure continued focus on our quality accounts as well as financial to ensure excellent care.

The PPP was developed inclusive of shared values and behavioural standards expected of all staff (Fig. 1). This was designed into a poster format and displayed outside each unit, so patients/residents would know what to expect in OLHCS. The PPP was also translated into a pocket size Challenge Card for staff to carry with them. The five key themes in this initiative are:

- Nursing Metrics
- Champions Groups
- Step Into My world
- Quality, Performance and Practice Group
- Linking Education & Practice

**Outcome:** Nursing Metrics are completed monthly and reported on using a traffic light system. Action plans are developed by ward managers and acted on, giving them an opportunity to put their report into context and link it with the incident. Successful Step into My World Events have been held which have helped guide our practice and understanding of our residents/patients journey in OLHCS. For example, our wheelchair event has brought about adaptations to some areas of OLHCS. The Champions Groups have enhanced safety by standardising documentation and practices. They have successfully established a communication mechanism for champions to actively participate and engage others in accomplishing the goals of the group’s projects which are person centred and safe.

The introduction of the PPP has provided a platform to ensure quality of care for our patients/residents and to develop our awareness and understanding of how it feels to be a patient/resident. The PPP is known throughout the organisation and leaflets are distributed to each new patient/resident describing its activities which are reported to our local governing structure. We continue to expand on the initiative and develop its interdisciplinary aspects.

**Contact Details:**
Linda Kearns  
Email: lkearns@olh.ie  
Ph: 01 4068826

Penny Cosgrave  
Email: plong@olh.ie  
Ph: 01 4068793

![Fig. 1](image-url)
### Nursing and Midwifery Quality Care Metrics: A national Quality Initiative supported by the Office of Nursing & Midwifery Services Directorate (ONMSD)

**Background:** The Nursing and Midwifery Quality Care Metrics Project is supported nationally by the Office of the Nursing and Midwifery Service Directorate. Following various national reports into poor care practices, it was decided to introduce a national measurement tool, Nursing and Midwifery Metrics.

**Aim:** The aim is to assist service to provide assurance of the quality and standards of nursing and midwifery care provided.

**Definition of Quality Care Metrics:** ‘Metric is defined as ‘a system or standard of measurement’ (Oxford English Dictionary).

**Progress of Work Nationally:** Quality Care Metrics have now been standardised across 7 work streams: Children’s Services, Older Person Services, Mental Health Services, Midwifery Services, Acute Care, Public Health/Community Services, Intellectual Disability Services. The process is standardised across all services and is cyclical. It includes monthly data collection, imputing this data electronically and running and printing reports. Trends are analyse with the findings shared with the services leading to the development of improvement plans/work with staff to implement changes required to meet standards.

**Contact Details:** Mary Nolan, Project Officer Metrics Project Officer, NMPD  
Email: mary.nolan13@hse.ie  Ph: 05793 57865

---

### The Decider©- for living a more skilful, less impulsive life

The Decider’ © and Skills Manual were developed in 2010 by Michelle Ayres & Carol Vivyan. This programme aims to support individuals with mental health issues develop positive coping skills who have a tendency to engage in impulsive behaviours. It also aims to develop a positive support network for service users and to empower service users to utilize these skills when in an ‘emotional emergency’. The Lifejacket metaphor is central to ‘The Decider’©. The group takes place once per week for 1½ hours over 12 weeks. The group is delivered in a highly original and innovative way. It is future focused and presented in a fun, creative and interactive style using demonstrations, music and visuals to aid learning.

**Project Description:** ‘The Decider’ © summarises thirty-two Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) informed skills. The four core skill sets are Distress Tolerance, Mindfulness, Emotion Regulation and Interpersonal Effectiveness.

**Results:** Pre and post intervention measures were taken using CORE 10 and BEST. Clients were also asked to complete an evaluation form in order to gather some qualitative feedback. On scoring the quantitative measures there was evidence of a reduction in symptoms of global distress, anxiety and depression.

**Conclusion:** Overall the programmes delivered to date have shown improved ability to cope with difficult situations and more importantly the impact of acquiring these new skills for participants as they move forward in their lives. Feedback was very positive - Individuals felt they had enjoyed both the content and delivery of the programme and equally as importantly the group morale and support over the number of weeks they attended.

**Contact Details:** Carol Delaney S/N & Noelle Moran S/N, Triogue Community Mental Health Centre Portlaoise.  
Email: portlaoiseday.hosp@hse.ie  Ph: 0578622925
Implementation of the Emergency Response System in Tallaght Hospital

Introduction: An Emergency Response System (ERS), comprised of the National Early Warning Score (NEWS), ISBAR Communication tool and an Emergency Response Team (ERT) was fully implemented in 2012. An ERS co-ordinator, was appointed to co-ordinate the implementation of the system.

Roles of ERS co-ordinator: The role encompasses staff support and education, data collection and analysis, follow up of process outcomes e.g. governance reviews and membership of the national NEWS Implementation Support Group.

Impact of ERS to date: The ERS has been implemented in all in-patient areas, the Emergency Department and the Endoscopy Unit. The data demonstrates high rates of compliance with the NEWS (91.6%). Compliance with the use of ISBAR is 50%. The ERT responds to an average of 46 calls per month. The majority of calls are triggered by multiple physiological triggers. In 2013, over 71% (n=268) of patients who triggered an ERT call remained on the ward with 26% (n=97) requiring admission to a higher level of care. We have observed a trend of reducing crash calls and hospital mortality.

Conclusions and Implications: The early recognition and management of deteriorating patients has improved significantly since the introduction of the ERS. The role of the ERS Co-ordinator has been pivotal to the success of this project. As the number of ERT calls increases the number of crash calls in in-patient areas decreases and while we cannot prove causality, it is likely that the ERS has made some impact on the decreasing hospital death rate. We are planning several process improvements e.g. critical care outreach service, electronic capture and reporting of EWS.

Contact details: Shauna Ennis.
Email: shauna.ennis@amnch.ie Ph: 01 4144130

Falls prevention and management for the Older Person

Background: A falls management group was set up in 2012 and it was decided to have a Falls Prevention & Management Awareness week for June 10th to 17th in the centre to include residents, staff and relatives.

Aim: The aim of the week was to promote a resident–centered and a facility wide team approach to fall prevention and management and reduce falls by 10%

Methodology: An audit and analysis of falls for previous year was carried out. There was a competition for all staff to devise a name for falls prevention and management week. The winning phrase was “Catch on to falls Prevention”. A time table of events for the week was drawn which included, talks for residents and staff from physiotherapists, Occupational Therapist, Pharmacy and nursing. An open day for relatives was held. Environmental checks/assessments carried out with staff highlighting the risk of potential fall obstacles. Shoe Assessments were carried out. Posters were displayed and information leaflets were devised. A review of existing policies, incident forms and documentation was carried out. A presentation on education for all staff was developed and rolled out.

Outcome / Results: The introduction of a “orange sheet” on each unit to highlight the residents at risk of falling. All staff actively participated and embraced falls awareness which resulted in a 20% reduction in falls with improved communication at unit level. The lessons learned was the need for risk factors to be identified during the assessment with measures to be addressed and intervention to be put in place. The importance of communication, policies and procedures and team work in the prevention and management of falls.

Contact Details: Pauline Lee, Email: pauline.lee@hse.ie Ph:090 6483151
Aspects of Health for People with Intellectual Disability

People with an intellectual disability are living longer. With this increased longevity there is a greater incidence of underlying medical conditions commonly associated with ageing, such as dementia. Pain recognition and management is inadequate for those within the general population living with dementia. Research in this area for individuals with an intellectual disability and dementia is limited.

**Aim:** The aim of this study was to examine nurses’ awareness of pain recognition and management in individuals with an intellectual disability and dementia residing within an organisation. This research was necessary to gain an understanding of how individuals are supported in their pain. To gain access to this information forty two nurses’ working in an intellectual disability organisation participated in a self-reporting questionnaire.

**Findings:** The findings of the study indicate that while respondent’s knowledge and recognition of their own pain is evident, their perception and management of pain and the individual with an intellectual disability and dementia differs. The overall findings of this study identified the need for training and education in pain recognition and management for those supporting individuals with an intellectual disability and dementia.

**Contact Details:** Martina Barnes
Clinical Nurse Manager I Cheeverstown
Email: m.barnes@cheeverstown.ie

To explore the knowledge, women with an intellectual disability have about breast health

There has been a major shift in thinking about how service and supports are provided to and for people with an intellectual disability (Wolfensberger, 1972, Wolfensberger and Thomas, 1983; O’Brien, 1987; Young *et al.*, 2001; HSE, 2011) with more people with living within the family home with family carers and accessing primary and secondary health care services.

**Aim:** The aim of this study was to examine the knowledge women with an intellectual disability have about breast health. To ascertain this, four women with an intellectual disability participated in two focus group interviews.

**Findings:** The findings of this study indicate that the level of understanding and knowledge women with and intellectual disability had about breast screening and breast cancer was inadequate. While the participants had some insight into their health it was not apparent that it was an important aspect of their lives. Family members and support staff were integral to the lives of the participants. This study highlights the need to improve the understanding of women with an intellectual disability about breast health, thus enabling them to make informed decisions about their health. Additionally, recognition of the role family carers and support staff have in educating and supporting people with an intellectual disability to understand changes to their health is fundamental to health promotion.

**Contact Details:** Caroline Connolly
Clinical Nurse Manager II Cheeverstown
Email: c.connolly@cheeverstown.ie

Seasons Greetings
A c a s e  s t u d y  a n a l y s i s  o f  
P e r s o n - C e n t r e d - P l a n n i n g  ( P C P )  f o r  
p e o p l e  w i t h  a n  i n t e l l e c t u a l  d i s a b i l i t y  
fo l l o w i n g  t h e i r  t r a n s f e r  f r o m  
i n s t i t u t i o n a l  c a r e  

PCP has an essential part to play in ensuring self determination for the lives of people with intellectual disability. It is typically taken as an indicator to the quality of services and it is regarded as especially important when considering its effectiveness in impacting on the lives of people with an intellectual disability.

A i m :  T h i s  r e s e a r c h  e x a m i n e d  t h e  P C P  
process and its impact on the reality of the life of the person with intellectual disability through a developed understanding of various stakeholders in the PCP process and the relationship between the theory, policy, and outcomes of PCP for practice.

F i n d i n g s :  T h i s  s t u d y  d i d  n o t  f i n d  e v i d e n c e  
for true person centeredness in the community residences examined but found that the community residence service model (which is in affect a smaller version of the institutional model) still lacks flexibility in providing people with an intellectual disability lives of their own determination. However the study found that when people with intellectual disability moved from the institution to a community setting the PCP delivered on an increased range of hobby activities, typically in the context of special service settings and special service networks. Services and policy makers need to question whether PCP has the power to act as a conduit in the structuring of person centred support which ultimately can only be done for one person at a time.

C o n t a c t  D e t a i l s :  D r .  D o n a l  F i t z s i m o n s ,  
M a n a g e r  o f  D i s a b i l i t y  S e r v i c e s  
Email: donal.fitzimons@hse.ie  
Ph: 057 9359915

U n d e r s t a n d i n g  t h e  l i v e d  
experiences of patients with advanced malignant disease

There is a paucity in the nursing research exploring the experiences of patients living with advanced malignant disease approaching end of life. This study explored such experiences from a Rural Irish perspective. It highlights the importance of holistic multi-disciplinary care and can provide guidance and improve understanding of the patients challenges at end of life.

A i m : T h e  a i m  w a s  t o  g a i n  a  g r e a t e r  
understanding of living with advanced malignant disease through an interpretive phenomenological study, was designed to explore the experience of living with advanced malignancy from a patient's perspective. The issues of concern to patients (n=7), were explored through semi-structured interviews.

F i n d i n g s :  T h e  t h e m e s  t h a t  e m e r g e d  
revealed the impact of advanced malignancy on the individual’s physical, psychosocial, physical and spiritual wellbeing. The findings are presented in the four existentials of the lived world as outlined by van Manen, lived body, lived space, lived time and lived human relations. These findings have important implication for nursing in realising the value patients derive from telling their story. Death should not be seen as a taboo topic and individuals should be helped and encouraged with death preparation.

C o n t a c t  D e t a i l s :  F r a n c e s  N e v i l l e ,  
C l i n i c a l  N u r s e  S p e c i a l i s t ,  P a l l i a t i v e  C a r e  
Services/Laois/Offaly  
Email: frances.neville@hse.ie  
Ph: 086 0453469
Improving practice led research for the benefit of the service and service users. Nursing Service, St. James’s Hospital, Dublin 8

Introduction: To build on the partnership research initiative between the academic teaching Hospital and University to increase research output and capacity among nurses and develop a model of sustainable nurse led research.

Process: Using an implementation science framework with peer mentorship and an experiential learning model.

The project was developed in 2 phases.

**PHASE 1:** involved a needs analysis, steering group, development of small new research groups made up of a clinical nurse, academic and designated research fellow.

**PHASE 2:** Sustaining the model research fellow support continued, dissemination to additional sites and development of an outcome based strategy for nurse research within the hospital. Both phases were supported by dedicated research seminars, methodological master classes and a 1 day workshops to build research skills. Monthly steering group meetings were held to monitored progress.

**Outcome:** 17 out of 72 invitees partook.

**Phase 1:** 12 projects, 5 publications, 11 conference presentations, skills development.

**Phase 2:** 7 projects – 2 submitted for publication, nursing strategic research program.

**Conclusion:** This low resource model was effective in increasing research output and research capacity. Key strengths are the peer partnerships between clinical and academic staff, the promptness to complete research, to publish and to showcase innovations. It was an innovative way to use funding rather than supporting one or two staff to do research for qualifications.

**Implications for policy or practice.**

Despite this initiative, time, appropriate support for research, and recognition and ward level support were still barriers to research as part of the advanced role. If research is to be really seen as a true element of advanced nursing, local management practices need to be developed to facilitate this.

**Next steps or future directions.**

Further work is required to develop research policies and build on the elements of sustainability and continuity so that on-going barriers such as participation and protected time are addressed.

**Contact Details:** Paul Gallagher, Director of Nursing St James’s Hospital
Email: p.gallagher@stjames.ie

Westmeath Self Advocacy Group with Liz Roch
Improving children’s palliative care: The value of post graduate education

Children’s palliative care is a new and evolving specialty, differing from the specialty of adult palliative care. Consequently, in 2010, “Children’s palliative care in Ireland–A National Policy” a blueprint for the future development of paediatric palliative care was published, identifying ongoing education and training as essential. Since publication, education providers are facilitating opportunities for staff to specialise in the care of children with life-limiting conditions and their families.

Opened in 2011, LauraLynn is Ireland’s only children’s hospice and aims to provide services to children with life-limiting conditions including transitional, respite and end-of-life care. The complexity of children’s palliative care requires nursing skills which may vary according the individual needs of each family.

In 2012 within LauraLynn a dedicated clinical education and research department was opened with the aim of generating a culture of learning. This facility links formally with NUI Galway, UCD and the NMPD. By 2016 six nurses will have completed a post graduate diploma in palliative care.

Furthermore in response to parent choice, LauraLynn commenced a year-long nurse led pilot project of a new hospice-at-home service “LauraLynn@Home”. The LauraLynn@Home nursing team provides ‘hands on’ expert nursing care for children with life-limiting conditions in their own homes. This is the first such service in Ireland and a preliminary evaluation suggests that this service is invaluable to families and will develop further in the coming years.

Contact details:
Stacey Power: Stacey@lauralynn.ie
Claire Quinn: Claire@lauralynn.ie

End of Life Care Practice Development Programme

As a member of the Hospice Friendly Hospitals network our organisation took part in a national End of Life Care (EOLC) Practice Development Programme (PDP) between 2010- 2012. The success of this ward based culture change programme generated interest for additional programmes in areas previously not involved. It is intended to host two EOLC practice development programmes run over 4 months each with the aim of assisting 6 teams of ward based staff to implement person-centred EOLC in their clinical area.

5 wards and the Patient Transport Services were involved. Utilising a unique approach, each area was represented by a health care assistant and a nurse manager. The PDP is based on the principles of collaboration, inclusivity and participation. The notion of equality is key and it is based on the Person-Centred Practice Development Framework (McCormack & McCance, 2006). The programme challenged participants on many levels, creating the opportunity for personal and professional growth. Participants learned to challenge non-person-centred language, attitudes and initiate change. Implementation of ward based action plans delivered evidence for improvements in end of life care to patients and their families and sustainability beyond the programme.

This approach to PDP provided participants with the reflective space to critically analyse their practice, identify issues and address concerns relevant to them, their teams and the care environment they work in. This in turn has strengthened the role of interdisciplinary practice based practice development and allows for evidence based practices to be implemented directly by practitioners.

Contact details: Bettina Korn, Email: bkorn@stjames.ie
Ph: 01 4103703
Enhancing Class Room Engagement through incorporating A Personal Response System – Clickers Centre for Learning & Development, Tallaght Hospital

Introduction: Incorporating a personal response system (PRS) technology into teaching is one pedagogical approach that can stimulate active learning in large and small classrooms. These individual handheld devices allow learners to respond to a question simultaneously through a receiver linked to the class room’s computer, which collects and records responses. Collective learner’s responses are displayed to the class as a bargraphy –via the LCD projector.

Process: A search was undertaken for a potential supplier of a PRS system. Companies were invited to demonstrate and tender systems. Local ICT representatives were invited to ensure compatibility with the system and existing ICT systems. Funding was received from the NMPD through their innovation application process. Training was provided by the supplying company and appropriate software installed on all pc's in the CLD along with potential users of the system office pc's.

Outcome: Better outcomes for staff and potentially patients–if utilised in patient education sessions as the interactivity keeps the learner active and focused. The anonymity is often valued so learners contribute with complete certainty, potentially beneficial when evaluating care with patient cohorts. It allows initiating small group discussions or providing learners with feedback without having to mark the answers in person, therefore saving lecture time on corrections. It allows a teacher see what the audience understands well and adapt what their teaching methodology immediately.

Conclusion: The PRS has been utilised successfully in a number of education programmes in the CLD Tallaght Hospital. Educators must continue to explore innovative technologies that make the most of the characteristics and learning styles of millennial learners.

Contact Details: Sandra McCarthy, Email: sandra.mccarthy@amnch.ie

Perineal Repair by Midwives in Ireland. A National Survey of Skills Knowledge and Experience. Women & Infants University Hospital Coombe

80% of women will sustain some form of perineal trauma during vaginal childbirth. Of these 60-70% will require perineal repair. Midwives are the key care providers at the majority of normal births, therefore; best positioned to perform perineal repair.

Inadequate perineal repair is associated with short and long term physical and psychological problems for woman. Key factors influencing the outcome of perineal repair are the skill of the person performing the procedure and the suturing technique they employ. There has been no published research relating to the role of the midwife in relation to perineal repair in Ireland. Therefore, this study aimed to determine the views and experiences of midwives regarding their role in perineal repair. A quantitative descriptive approach was used and 1,310 Registered Midwives (RMs) working in the 19 Irish maternity hospitals were surveyed. Questionnaires were distributed by post. 37.6%. were returned from 17 hospitals. 59.8% of midwives had performed perineal repair at some stage since registering. 40.4% were performing perineal repair at the time of data collection and 40.2% had never performed perineal repair. 34.9% of RM who qualified in Ireland are currently suturing compared to 53.7% of midwives who trained in another country (mainly UK). Of those currently performing perineal repair, 81.4% consider themselves to be competent with 60.6% overall compliance with evidence based practice. It appears that perineal repair is perceived by midwives as an extended/advanced skill. Attending perineal repair workshops as part of CPD has a positive impact on the implementation of evidence based practice.

Contact Details: Triona Cowman, Email: tcowman@coomhe.ie
A Skills Enhancement Day for Front line Managers; solution focused approach to dealing with daily challenges took place on 12th December 2015 in HSE Palmerstown. The programme which has NMBI category 1 approval with 6 CEU points had full capacity of 40 participants. Front line managers in attendance represented all disciplines for nursing from across the Dublin South, Kildare & Wicklow region. The day focused on dealing with common HR Challenges, exploring Emotional Intelligence and how it can support the management role and building resiliency; promoting self care for carers. The second part of the programme comprises of a half day which takes place on 9th January 2015. Participants have given positive feedback to date and the programme will be fully evaluated once completed.

Education Day for Clinical Nurse and Midwife Specialists: A one-day programme entitled ‘Clinical Nurse/Midwife Specialists- Achievement of Core Concepts and Associated Competencies’ was facilitated in NMPD Tullamore on December 1st. CNS’s (n=41) and CMS (n=1) attended this Category 1 NMBI approved day. Dr. Mary Doolan revised the core concepts and associated competencies (NCNM 2008). Dr. Mary Casey from UCD discussed the National Review of the Scope of Nursing & Midwifery Practice Framework (Fealy et al 2014) and Ms. Nicola O’Grady facilitated ‘Clinical Audit’. The day evaluated very positively as an opportunity was provided to network and share best practice. We plan to repeat this one day programme for the remaining 45 CNS’s who were unable to attend on the day. There will be ongoing professional development for CN/CM specialists in the region.

RANP and CNS/CNMp Development in the Midlands: An information morning was facilitated by Dr Mary Doolan and Ms Bernadette Kerry to demonstrate the expertise and skills of Clinical Specialists and Registered Advanced Nurse Practitioners (RANP) in the Midlands region. Service plans are currently being finalised for 2015 and we considered it timely to highlight established evidence, which demonstrates that Clinical Specialists and Registered Advanced Nurse/Midwife Practitioners improve patient/client outcomes and enhance patient care that is safe and effective. The meeting which took place in the NMPD on December 8th was well attended by Hospital Managers Directors of Nursing, Senior Nurse Managers and RANP and CNS from the services. We had excellent presentations from a range of services including RANP Oncology Midlands Regional Hospital at Tullamore,(MRHT), RANP Emergency Department Midlands Regional Hospital at Mullingar, CNSp Dementia, St Vincents Hospital Mountmellick and CNS ENT MRHT. Discussion took place following the presentations.

A one day programme with NMBI Category 1 approval on The Management of Enteral Tube Feeding and the Reinsertion of a Replacement Gastrostomy in an already established tract hosted in the Midlands in November and December saw over 60 nurses from all care groups and dietitians complete the programme.
Building Resilience and Self Care Skills for Community Nurses December 3rd 2014

A Half Day workshop was facilitated for Community Nurses from the Laois/Offaly region on December 3rd. The aim of the workshop was to: provide a skills enhancement session that will promote positive self care, utilising mindfulness, self awareness, recognizing stress, managing stress and improved coping strategies. Approximately 50 community nurses from the Laois/Offaly, LHO Sector attended the half day. The session was delivered by facilitators from Anú, Community Healthcare Ireland. The workshop evaluated very well with staff commenting that they found it a great source of help, relaxation and reflection. There are plans to facilitate further sessions for colleagues in the Longford/Westmeath region in the new year.

Action Learning Programme established for Regional Directors of Nursing & Midwifery in the Midlands

Too much challenge without support can lead to stress and burnout. One of the best ways of ensuring that senior managers, like Directors of Nursing, can access the support that they need is to give them a chance to learn with and from their peers. An action learning Programme has been established for Directors of Nursing & Midwifery in the Midlands. Action Learning is a type of learning that is pragmatic and practical, rather than theoretical or academic. The AL sets will be initially facilitated by Hilary Maher however the intention is that after an agreed period the groups will be established to self facilitate the AL sets.

'Shift Handover: A Training Programme for Nurses and Healthcare Assistants'

Congratulations to Denise Doolan, Project Lead, Productive Ward and the staff of Medical 2 on the development of the DVD and Supporting Resources. This quality improvement initiative aims to support and enhance communication processes during shift handover to improve patient outcomes and support patient safety. The education programme has been awarded NMBI Category 1 Approval and is currently being distributed to all Productive Ward Sites and NMPD’s in the country.

Plans are currently underway with HSE Communications to make the education programme available on www.hse.ie

Further details will be available in January 2015.
**Assessment, Diagnosis, and Pain Management Challenges in the Older Person**
Master Class on Thursday January 22\textsuperscript{nd} 2015 - 9.30am to 1.30pm in the Lecture Theatre, Cherry Orchard Hospital, Ballyfermot, Dublin 10.

Facilitated by Professor Laserina O’Connor PhD, RANP, RNP
The Master Class has NMBI Category 1 approval with 6.5 CEU’s.
Booking through [carol.murray1@hse.ie](mailto:carol.murray1@hse.ie) by January 14\textsuperscript{th} 2015

---

**Caring for Children with Life Limiting Conditions (CLLC) 2015**

**CLLC Level A** - a one day programme to raise awareness among registered nurses, midwives and allied health care professionals who care for children with life-limiting conditions and their families. NMBI Category 1 approval and 6.5 CEU’s.

- 10th February  \hspace{0.1cm} RCNME, MRH Tullamore
- 17th April \hspace{0.1cm} KCNE, KGH Tralee
- 10th June \hspace{0.1cm} CNME, Rosses Point, Sligo
- 6th November \hspace{0.1cm} RCNME, Regional Hospital Waterford

**Themed CLLC Level A** days in the Ashling Hotel, Dublin:

- 27\textsuperscript{th} January 2015  \hspace{0.1cm} CLLC – Pain and Symptom Management
- 1\textsuperscript{st} December 2015  \hspace{0.1cm} Caring for the Neonate with a Life-Limiting Condition.

**CLLC Level B** - an in-depth programme for registered nurses (all disciplines)/midwives directly involved in caring for children with a life-limiting condition. This programme is facilitated at the Centre of Children’s Nurse Education in Our Lady’s Children’s Hospital Crumlin. This programme is accredited through the National Framework of Qualifications (NFQ) through University College Dublin (UCD) Level 8 and participants receive 5 Credits. Three CLLC Level B programmes are planned for 2015:

- Spring Programme (March - 10, 11, 12, 18, 19, 25 and 26)
- Summer Programme (May - 5, 6, 7, 12, 13, 19 and 20)
- Autumn Programme (October - 6, 7, 8, 13, 14, 20 and 21)

For further information contact/visit:

**Email:** [admin.cllc@olchc.ie](mailto:admin.cllc@olchc.ie)

**Website:** [www.hse.ie/ccne/](http://www.hse.ie/ccne/)