North East Nursing and Midwifery Research Symposium 2018

Nursing and Midwifery Values: Compassion Care and Commitment

Symposium Programme and Book of Abstracts
Foreword

It is with great pleasure that on behalf of the HSE Northeast Nursing & Midwifery Research Group I welcome you to the 1st Research Symposium “Care Compassion and Commitment”. The research and quality improvements initiatives that will be presented to you today represent some of the initiatives that are being undertaken across the region. We anticipate that today will be the first of an annual event which will showcase nursing and midwifery initiatives, and as it is the first time that many of the speakers have done public speaking, we hope that their courage will inspire others for next year’s symposium.

I would like to thank our keynote speaker Dr Annemarie Ryan Deputy Chief Nursing Officer, Department of Health for sharing her expertise with us on Care, Compassion and Commitment and also Ms Deirdre Mulligan, Area Director Nursing and Midwifery Planning and Development who had the foresight to establish the Nursing North East Nursing and Midwifery Research Group in 2014.

I wish you all an enjoyable day and my hope is that you will feel inspired and enthused at the end of the symposium to identify quality improvement and research initiatives which will assist in the development of both yourself and your service.

Joan Donegan
Interim Director
Nursing & Midwifery Planning & Development
Ardee
Co Louth
# Programme

**North East Nursing and Midwifery Research Symposium**

**Nursing and Midwifery Values: Compassion, Care and Commitment**

**Wednesday 21st February 2018**

*Nuremore Hotel, Carrickmacross, Co Monaghan.*

<table>
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<tr>
<th>Time</th>
<th>Item</th>
<th>Speaker</th>
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<tbody>
<tr>
<td>08.15 –</td>
<td><strong>Coffee and Registration</strong></td>
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<tr>
<td>08.45</td>
<td><strong>Welcome Address</strong></td>
<td><strong>Ms Deirdre Mulligan</strong></td>
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<td>The importance of developing nursing and midwifery research capacity</td>
<td><strong>Interim Area Director</strong></td>
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<td><strong>NMPD HSE Dublin North.</strong></td>
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<td>09.00</td>
<td><strong>Nursing and Midwifery Values: Compassion Care and Commitment</strong></td>
<td><strong>Dr Anne-Marie Ryan</strong></td>
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<td><strong>Department of Health.</strong></td>
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<td><strong>Session One</strong></td>
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<td>09.30</td>
<td><strong>Oral care quality improvement initiative</strong></td>
<td><strong>Mr Raymond Boyle</strong></td>
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<td><strong>Cavan and Monaghan Hospitals</strong></td>
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<td>09.40</td>
<td><strong>Standardising the management of hypoglycaemia.</strong></td>
<td><strong>Ms Olivia McCabe</strong></td>
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<td>A quality improvement initiative.</td>
<td><strong>CNS Diabetes</strong></td>
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<td><strong>Our Lady’s Hospital, Navan, Co Meath.</strong></td>
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<td>09.50</td>
<td><strong>How little acorns may grow big oak trees.</strong></td>
<td><strong>Mr Luis Prieto</strong></td>
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<td>A pressure ulcer (PU) management quality improvement in our Emergency Department (ED).</td>
<td><strong>CNM2 Emergency Department</strong></td>
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<td><strong>Our Lady of Lourdes Hospital</strong></td>
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<td><strong>Drogheda, Co Louth.</strong></td>
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<td>10.00</td>
<td><strong>Professional Management of Aggression and Violence (PMAV) in care of the Older Person Services Louth.</strong></td>
<td><strong>Ms Marie McBennett</strong></td>
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<td><strong>Louth Older Persons Services</strong></td>
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<td>10.10</td>
<td><strong>The nurses’ experiences in managing behaviours that are challenging in older adults with dementia in Ireland.</strong></td>
<td><strong>Ms Indu Thomas</strong></td>
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<td><strong>Cavan Monaghan Older Persons Services</strong></td>
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<td><strong>Supports available from the Nursing and Midwifery Research Group (NMRG).</strong></td>
<td><strong>Ms Vanessa Clarke</strong></td>
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<td>10.35</td>
<td><strong>Questions and Answers</strong></td>
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<td>10.45</td>
<td><strong>Coffee</strong></td>
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<td>11.15</td>
<td>N.E.W.S REVIEW—READ ALL ABOUT IT! Review of a neonatal early warning scoring</td>
<td>Ms Siobhan Hackett RANP</td>
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<td>scoring observations chart.</td>
<td>Neonatology Our Lady of</td>
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<td>Lourdes Hospital Drogheda</td>
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<td>11.25</td>
<td>Pain management after caesarean section: A quality improvement plan to</td>
<td>Ms Kate Vallely Midwifery</td>
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<td>ensure safe medication practice.</td>
<td>Practice Development Cavan</td>
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<td>and Monaghan Hospitals</td>
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<td>11.35</td>
<td>Delayed cord clamping in term neonates: Attitudes and practices of midwives</td>
<td>Ms Joan Devin, Student</td>
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<td>in Irish hospitals.</td>
<td>Midwife Dundalk Institute of</td>
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<td>11.45</td>
<td>Does the past inform the present? Exploring preparation of public health</td>
<td>Ms Adrienne Holland Public</td>
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<td>nurses in child protection work.</td>
<td>Health Nursing Louth</td>
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<td>11.55</td>
<td>The experience of public health nurses caring solely for children.</td>
<td>Ms Angela McElroy ADON,</td>
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<td>12.05</td>
<td>Literature Review: Using physical activity to promote cardiovascular health</td>
<td>Ms Esther Ajetunmobi Staff</td>
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<td>in adults with severe and profound intellectual and motor disability.</td>
<td>Nurse Intellectual Disability</td>
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<td>Services Louth Meath</td>
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<td>12.15</td>
<td>Is Group Cognitive Behavioural Therapy (CBT) an effective treatment for</td>
<td>Ms Nuala Miles CNM3 Cavan</td>
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<td>Generalised Anxiety Disorder (excessive worry) in a secondary care service?</td>
<td>Monaghan Mental Health</td>
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<td>12.25</td>
<td>Literature Review: What is the impact of completing the Wellness Recovery</td>
<td>Ms Deirdre Lynch Staff Nurse</td>
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<td>Action Plan (WRAP) programme on service users’ (SU) recovery?</td>
<td>Louth Meath Mental Health</td>
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<td>12.35</td>
<td>Report of analysis of palliative &amp; end of life care development needs of staff</td>
<td>Ms Joanne McElhinney Specialist</td>
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<td>working in Irish nursing homes within the North East (NE).</td>
<td>Palliative Care Services</td>
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<td>12.45</td>
<td>Questions and Answers</td>
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<td>12.55</td>
<td>The importance of nursing and midwifery values in the research and quality</td>
<td>Ms Joan Donegan, Interim</td>
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<td>improvement process</td>
<td>Director, NMPD HSE North</td>
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<td>13.10</td>
<td>Lunch</td>
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**Session Two**
**Speaker Biographies**

**Ms Deirdre Mulligan, Interim Area Director NMPD HSE Dublin North East**
RGN, RCN, RM, BSc (Hons), Pg Cert, Executive MBA

Deirdre has more than 30 years experience as a nurse, having worked in clinical, research and management positions. Deirdre’s clinical experience is predominantly in acute services working in adult and children’s emergency departments. Deirdre worked as a research nurse in the Department of Public Health Navan, contributing to the EUROCAT study of congenital anomalies in Ireland. Having joined the Nursing and Midwifery Planning and Development Unit in 2004 as a Workforce Planning Officer she has been involved in a variety of local and national strategic workforce planning projects. These projects were commissioned by the Nursing and Midwifery Services Director (ONMSD); the Directors of Nursing and Midwifery, and Regional Director of Operations (HSE DNE) including; Transition from Acute to Intermediate Care; Emergency Medicine; Review of skill mix and patient dependency in Acute General Medical and Surgical Wards; Review of Skill Mix, Patient Dependency and Bed Numbers in Older Persons Services; strategic workforce plan for the ACS Clinical Programme; and development of a national Patient Dependency Measurement Tool for Haemodialysis Units. Building on her workforce planning experience and having a strong interest in skill mix in patient care teams, Deirdre is currently undertaking her Doctorate in Nursing Practice with a focus on delegation of tasks between staff grades (registered and non-registered). Her other key interest is leadership and management, especially professional leadership. In her role as Interim Area Director NMPD HSE Dublin North East she has developed strong professional relationships with nursing and midwifery colleagues and service managers within the North East. Nationally, Deirdre works within the Office of Nursing and Midwifery Services Directorate, and with external professional stakeholders, including the Office of the Chief Nurse Department of Health, Nursing and Midwifery Board of Ireland, and academic partners, identifying and supporting priority areas for professional, practice and service development.

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

PhD, RGN, RNT, BNS, MSc, FFNMRCSI.

Anne-Marie Ryan is the Deputy Chief Nursing Officer with a responsibility for education, policy and legislation in the Department of Health. She is currently leading on the development of a policy for graduate, specialist and advanced nursing and midwifery practice having led on a position paper to identify the values that underpin nursing and midwifery practice in Ireland in 2016. Prior to her secondment she was the Chief Education Officer with Bord Altranais agus Cnaimseachais na hEireann (NMBI), overseeing the development, setting, approval and maintenance of 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 and x-ray. Anne-Marie’s previous experience as a nurse educator was in Trinity College Dublin, and University College Dublin and she was also the Principal Nurse Tutor in Beaumont Hospital School of Nursing. As a clinical nurse Anne-Marie has extensive experience in surgical and medical nursing and specialised in oncological nursing.
Ms. Nuala Miles, Clinical Nurse Manager 3, Cavan Community Mental Health Services.

Nuala Miles has been working in the above services for the past 5 years. Previous to this she had been working in the UK and held various positions including Community mental health Nurse, CBT Therapist and Senior Counsellor. She was involved in the restructuring of mental health day Hospital in Cavan into a Recovery orientated based program, which provides a comprehensive range of short and long term evidence based treatments. Over the past 2 years she has been the lead investigator on the Pilot Research study which she is presenting on today. Nuala has worked in the area of Mental health for most of her nursing career. She is an Accredited Cognitive Behavioural Therapist, RMHN, RGN, Dip in Counselling and has an MSc in Cognitive behavioural therapy. She is a visiting lecturer and Clinical supervisor on the Diploma in CBT at Trinity College Dublin.

Ms. Deirdre Lynch, Staff Nurse, St Brigid’s Day Hospital, Drogheda, Co. Louth

Deirdre is a native of Co. Meath who has recently moved to Co. Louth. She has been working a staff nurse in the Louth/Meath mental health services for the past 5 years. In these 5 years she has worked in a variety of settings – nursing homes, acute admissions, St. Ita’s ward in St. Brigid’s Ardee, Psychiatry of Old Age Louth/Meath and most recently the day hospital in Ashbourne with a recent move to St. Brigid’s Day Hospital/Centre in Drogheda. Having completed a pre-nursing course and working as a care assistant she pursued her dream of becoming a nurse. A past student of DKIT, she trained as a psychiatric nurse. She has since completed a postgraduate diploma in Psycho-social Interventions for Mental Health in University of Limerick and has recently commenced Year 2 Masters in Nursing in The Royal College of Surgeons. In the past 2 years Deirdre received level 2 training in the Wellness recovery Action Plan (WRAP) which was developed by the Copeland Centre. Since 2015 she has been facilitating the Wellness recovery Action Plan group in the louth/meath mental health services, delivering the level 1 course to service users, staff and student nurses. This is a programme that is being delivered worldwide.

Ms. Angela McElroy, Assistant Director of Public Health Nursing, Cavan Monaghan Public Health Nursing Service.

Angela McElroy qualified as a Registered General Nurse and Registered Midwife in Our lady of Lourdes Hospital, Drogheda. She subsequently worked in all departments in Monaghan General Hospital for 10 years, spending 3 years in Theatre and 4 years as Clinical Nurse Manager 2 on Male Medical. She left to pursue a career in Public Health nursing and gained a Higher Diploma in Public Health Nursing in 2006. Angela has studied continuously throughout her nursing career, holding a number of modules / diplomas from RCSI, a Diploma in Nursing Management from Dundalk Institute and a Bachelor of Nursing studies from Dublin City University. Angela completed a MSC in Nursing - Child Health and wellbeing in Trinity College Dublin in 2004. Angela is working as an Assistant Director of Public Health Nursing in Cavan Monaghan Public Health nursing service.
Ms Marie McBennett, CNM11 St. Oliver Plunkett Community Unit Dundalk Older Persons Services.

Marie McBennett is a Registered General Nurse and Registered Children’s Nurse, having trained as a nurse in Connolly Hospital Blanchardstown and Our Lady’s Hospital, Crumlin. She has worked in both Acute Services and Community Care Services. Marie has a National Diploma in Primary Ear Care and has recently completed a BSc in Professional Management of Aggression and Violence (PMAV). She has over twenty years’ experience in Care of the Older Person Service working in respite, rehabilitation, extended care and is currently CNM11 in the Dementia Specific Unit St Oliver Plunkett Community Unit Louth Older Person’s Services. Marie provides training to healthcare staff in the professional management of aggression violence in Care of the Older Person Service. She has a special interest in Dementia Care, End of Life Care, Infection Control, Aural Care, Continence Promotion, Restraint Free Environment and Dignity and Rights of Older People in Residential Care.

Ms Indu Thomas, Clinical Nurse Manager, Services for Older Persons, Cavan.

Indu qualified as Registered General Nurse and Midwife in 1997 after successful completion of B.Sc (Hons) Nursing degree from All India Institute of Medical Sciences, in India. She then worked as a staff nurse in acute medical and surgical units in two different multi speciality hospitals in India for 8 years. In November 2006, she was recruited by the HSE and commenced her role as staff nurse within older person services, Cavan – Monaghan. In 2009, Indu took up the role of Clinical Nurse Manager 2 in Lisdaran unit for Older Persons and then moved to Sullivan Centre (Dementia specific unit) in August 2012. This relocation evoked a special interest in, and a passion for, dementia care, culminating in Indu obtaining her Masters Degree in Dementia from Trinity College, Dublin in 2016. In her role as CNM2 Indu has always kept herself abreast with the latest developments in Nursing research and has contributed to the development of several local polices and guidelines to ensure best standards and safe practice in her clinical area. Her research on Behaviours that are challenging in Dementia has empowered her to support her team in Sullivan Centre and in also sharing the learning with other services. Indu is a member of the Dementia Awareness Project team lead by the Practice development Facilitator for Cavan- Monaghan.

Ms Vanessa Clarke, Project Officer, NMPD HSE North East.

Vanessa qualified as a general nurse in St James’s Hospital Dublin and then as a midwife in Guy’s Hospital in London. Vanessa has had a varied career working in clinical practice, clinical audit, healthcare management, nursing home inspection and in research. While in post as a business manager in the cardiothoracic unit in St James’s Hospital, Dublin, Vanessa completed her Diploma in Management with the Open University. Subsequently she undertook a Post Graduate Diploma in Quality and Safety in Healthcare and has been awarded an MPhil for her work examining smoking prevalence and adverse birth outcomes in a Dublin Maternity Hospital. As a researcher in the TobaccoFree Research Institute, Vanessa participated in national and international research collaborations in the areas of smoking cessation and tobacco control. As a project officer in the NMPDU HSE North East Vanessa’s role includes acting as project lead for the development of research capacity for nurses and midwives. Vanessa is currently undertaking a Doctorate in Nursing Practice in University College Cork and has a special interest in evidence based practice and implementation science.
Ms Esther Ajetunmobi, Staff Nurse Intellectual Disability Services Louth/Meath

Esther is a Registered Nurse (Intellectual Disability), currently working with the Health Service Executive, Meath Disability Services. She recently completed a Postgraduate degree on Health Promotion (Cardiovascular Health and Diabetes Prevention) from the National University of Ireland, Galway; and is currently doing a Masters’ Programme in Mental Health Nursing Practice in Dublin City University. Esther has developed interests in employing health promotion to provide therapeutic nursing interventions that is person-centred to improve the quality of life of people with mental health concerns and intellectual and motor disabilities.

Ms Siobhan Hackett, Registered Advanced Nurse Practitioner (Neonatology), Our Lady of Lourdes Hospital, Drogheda.

Siobhan Hackett is a registered nurse, midwife, nurse tutor and nurse prescriber. She has practiced as a nurse and midwife in Ireland and the United Kingdom. She completed her Masters in Midwifery (Healthcare Management) in UCD in 2003. With over 20 years’ experience in neonatal nursing she registered as an Advanced Nurse Practitioner (Neonatology) in 2014. In 2015 she set up Ireland’s first ANP led neonatal clinic at Our Lady of Lourdes Hospital, Drogheda. She is particularly interested in improving neonatal resuscitation team performance and reducing rates of neonatal infection.

Ms Kate Vallely, Clinical Midwife Manager II, Practice Development, Cavan & Monaghan Hospital.

Kate completed her nursing and midwifery studies in the Royal Victoria Hospital Belfast in conjunction with Queens University. Having practiced as a midwife there for a number of years she moved to London and worked in Queen Charlotte’s Maternity Hospital for two years. On her return, Kate joined the maternity unit in Cavan General Hospital in 1999. There she worked in both the Consultant-led services and the Midwifery-led unit. During this time she completed an Honours Degree in Trinity College Dublin in 2007. She then moved to Our Lady of Lourdes Hospital, Drogheda to take up the position of Clinical Midwifery Skills Facilitator for three years before taking up the position of Midwifery Tutor in Dundalk Institute of Technology. In 2015, she returned to Cavan General Hospital in the role of CMM2 in Practice Development, where she currently works. She is actively involved in audit, guideline development and staff training and recent projects include Care Bundles, Clinical Handover and Safe Medication Practice. She has recently been invited to sit on the newly established Cavan & Monaghan Hospital Medication Safety Committee which a sub-group of the Drugs and Therapeutics Committee. In 2016 she successfully completed a module in Queen Margaret’s University, Edinburgh in Person-centred Care and is eager to develop this further within the department.
Ms Olivia McCabe, CNSp Diabetes, Our Lady’s Hospital, Navan.

Olivia is a Clinical Nurse Specialist in Diabetes at Our Lady’s Hospital Navan. Having qualified as a Registered Nurse in 1999 in the Royal Free Hospital in London, she went on to complete a Certificate in Diabetes at the Mater Hospital, Dublin, a Diploma in Diabetes at Bradford University, United Kingdom and a Higher Diploma in Diabetes Nursing at UCD. She is currently a Committee Member of the Irish Diabetes Nurses and Midwives Association.

Olivia’s role in the diabetes day centre at Our Lady’s Hospital involves the delivery of nurse led clinics, which incorporate the provision of education, assessment and monitoring of diabetes patients, enabling patients to become self-sufficient in the management of their condition. Olivia liaises closely with GP’s, PHN’s, and staff in the Intellectual Disability Services. The role entails delivery of education sessions to patients and their family members as well as to staff. Olivia is very aware of the importance of compliance with current best practice standards, and is driven to enhance outcomes for patients. She recently introduced a hypoglycaemia policy and a ‘hypo box’ for all areas in the hospital. Another important recent development which Olivia has led on is the introduction of Carbohydrate Counting for Type 1 Diabetics.

Mr Raymond Boyle, Clinical Placement Coordinator, Cavan Monaghan Hospital

Raymond is a member of the Nurse Practice Development Team in Cavan and Monaghan Hospital and is Clinical Placement Co-ordinator for the past 12 years. In the UK, he completed his general Nurse training in 1988 in Wexham Park Hospital, Berkshire England and post graduate ENB 124 Coronary Care Nursing Course. He staffed on the Medical department there and was Senior Staff Nurse in the Battle Hospital Reading. On returning to Ireland in 1995, he staffed in Merlin Park Hospital and St. James Hospital Coronary Care Unit. In 1996, he returned to Cavan General Hospital as a Staff Nurse in the Coronary Care Unit and also held Acting positions as CNS CCU and CNS Cardiac Rehabilitation. He has completed a BSc, Diploma in Nursing, Certificate in the Management of the Acutely Ill Adult and most recently the IHI open School for Health Professions e learning programme on Quality improvement, patient safety, leadership, patient and Family Centred Care and Managing Health Care Operations. As a member of the NPD team he has been involved in numerous training programmes and projects e.g. Productive Ward Facilitator for Inpatient Medical Services, supporting CNMS with modules and their implementation; Facilitator for the Hospice Friendly Hospitals Initiative, Communications Training Programme. Development of PPG as part of the NPD department include the most recent: Chest Drain Policy and Education programme (NMBI approved) for Cavan Monaghan Hospital 2017and Oral Care Policy and training programme for the hospital’s Oral Care project. Winner of Quality Initiative Award Cavan Monaghan Hospital 2016.

As Chairperson and founder of the hospital Clinical Learning Environment Group Raymond has instigated the Cavan and Monaghan Preceptor Award in 2017and Preceptor Matters Newsletter. Both recognise and value and the role of Preceptors and the Clinical Learning Environment.
Mr Luis Prieto, CNM2 Admitted patients in Emergency Department (ED), Our Lady of Lourdes Hospital, Drogheda.

Luis M. Prieto, Our Lady of Lourdes-Drogheda Hospital Clinical Nurse Manager 2 Luis qualified General Nursing in Madrid (Spain) in 1994. Higher Diploma Emergency Nursing in 1996. More than 20 year experience in Nursing, majority of the time on Acute critically ill patient settings (ICU, ED, HDU, Burn Unit, etc.) both in Ireland and Spain. Luis became Clinical Nurse Manager 2 in November 2016 after developing this HSE new role: CNM2 for Admitted Patients in ED. He ensures boarded patients receive high nursing quality care since ED, and also expedites patient safe discharges, reducing their length of stay in ED. At present he is involved in the hospital ED Quality Group.

Ms. Joanne McElhinney, Clinical Nurse Specialist (Meitheal Programme), Louth Specialist Palliative Care Services

I qualified as a Registered General Nurse in 1993 in Dublin and worked across a range of acute surgical and medical units within the acute hospital. In 1999, I began work as a Clinical Nurse Specialist in Palliative Care in a 750 bedded acute care setting in Dublin, which specialised in Medical Oncology and Haematology. Over the last 14 year, my experience has extended across other acute care and community care settings within Louth, working as part of a multidisciplinary team. In May 2016, I commenced my role with the Meitheal programme, working as a Clinical Nurse Specialist in long term care settings in Co. Louth. This role aims to support staff providing palliative and end of life care to residents with life limiting conditions, within the North-east. I have completed a Higher Diploma in Nursing Studies (Palliative Care) and a Bachelor in Nursing Studies in University College Dublin (U.C.D.) . I have further supported the development of clinical practice my completing a Professional certificate in Advanced Health Assessment in U.C.D. as well as a Dementia Champions Module in Dublin City University. Alongside clinical development, I have been involved in research and deliver education locally and regionally. I am a member of the Irish Association of Palliative Care and am active in the regional education working group within Specialist Palliative Care Services North-east.

Ms Joan Donegan, Interim Director, NMPD HSE North East.

Prior to taking up the role of NMPD Interim Director in September 2016, Joan was Director of the Centre for Nursing & Midwifery Education Ardee since 2012. Following her General Nurse Training at Sr Dora School of Nursing Walsall, England, Joan returned to Ireland to Jervis St Hospital where she completed a Renal Dialysis and Nephrology Certificate. Her clinical nursing career was spent mainly in Our Lady’s Hospital Navan where she worked predominately in Surgical and Intensive Care. As well as general nursing, Joan is a registered midwife and nurse tutor. She was awarded a Post Graduate Diploma in Clinical Practice and MSc in Nursing from Trinity College looking at person centred care and shared decision making. Her current role involves supporting Directors of Nursing and Midwifery in the North East with Nursing and Midwifery developments and supporting the work of the Office of the Nursing and Midwifery Service Director where she also has the role of education lead.
Ms Joan Devin, Student Midwife, Dundalk Institute of Technology

Joan Devin is a fourth-year direct entry midwifery student of Dundalk Institute of Technology, and is currently an intern in Our Lady of Lourdes Hospital, Drogheda. She has also completed placements in Louth County Hospital, Cavan General Hospital, and Letterkenny University Hospital. As an undergraduate, she has had work published in the British Journal of Midwifery and the World of Irish Nursing and Midwifery journal.

In 2017, Joan successfully secured funding from DkIT under the Summer Undergraduate Research Programme, and undertook a study on midwives’ attitudes and practices in relation to delayed cord clamping. A poster of her study was accepted for presentation at the INMO All Ireland Annual Midwifery conference last October, but this is her first time addressing an audience on the subject. A paper on this study has been recently accepted for publication by the International Journal of Childbirth, co-authored with her supervisor Dr. Patricia Larkin.

Joan represented Dundalk Institute of Technology in the 2016 National Midwives Debate, held in Trinity College Dublin, and was also a recipient of the inaugural DkIT-Servisource Nursing and Midwifery Scholarship. Joan has a keen interest in research and hopes to pursue a postgraduate qualification after graduation.

Ms Adrienne Holland, Practice Development Co-Ordinator for Public Health Nursing in Co. Louth, MSc, PHN, Acupuncturist, RM, RN.

Adrienne commenced her nursing training in the Northern Area College of Nursing in Antrim qualifying as a General Nurse in 1994. She subsequently moved to the UK where she worked in Medical and Haematology wards before going on to complete her Higher Diploma in Midwifery in the University of Brighton in 1998. She worked as a midwife in the UK and Saudi Arabia before returning to Ireland to take up a post in Our Lady of Lourdes Hospital, Drogheda, County Louth, working in all areas of Midwifery including being part of the initial team in the Midwifery Led Unit.

She completed a four year Diploma in Acupuncture and Chinese Medicine from Landsdowne College in 2005 and then went on to study Public Health Nursing that same year before qualifying as a Public Health Nurse. She has worked in this area for the last 13 years.

Adrienne completed an MSc in Child Protection and Welfare and graduated from Trinity College in 2016. She has worked as a Practice Development Co-Ordinator for the Public Health Nursing Service in County Louth for the past two years and during that time has been involved in policy development and project management as well as completing a Practice Development course in St. Margaret’s University, Edinburgh in December 2016. Abstract to be added after pg 23.
Is Group Cognitive Behavioural Therapy (CBT) an effective treatment for Generalised Anxiety Disorder (excessive worry) in a secondary care service?

**Author:** Nuala Miles. CNM3 Cavan/Monaghan Mental Health Services

**Background**
Over the past 5 years the Cavan Mental Health Day Services have provided Cognitive Behavioural Therapy groups for the treatment of GAD. Feedback from clients and referring clinicians to date has been extremely positive. However, it is desirable to assess and evaluate the effectiveness of this program with a view to clarifying its efficacy.

**Aims/Objectives**
To evaluate whether group CBT is an effective treatment for GAD
To ascertain if the group intervention is acceptable to adults with GAD

How this study demonstrates a commitment to nursing and midwifery values:
- It demonstrates a commitment to the recovery principles.
- It demonstrates a commitment to improve practice.
- It demonstrates care and compassion in that a collaborative approach with the clients was used throughout the research.
- Their feedback was acknowledged and the information gleaned from this was then incorporated into future courses. This has been used to enhance these for other clients attending.

**Methodology**
This is a quantitative study using the 4 different measuring scales which are empirically validated. A total of 30 individuals participated following consent. Analysis was conducted using SPSS.

**Evaluation/Outcomes**
- The CBT for GAD course was strongly associated with positive clinical outcomes.
- The data collated clearly identified a reduction in client's anxiety and an improvement in their mood.

**Conclusion:**
- Traditionally, treatment for anxiety was for the most part addressed by pharmacological interventions. There is increasing recognition of the need and benefit of treating mental health problems with psychosocial interventions, which can complement pharmacological interventions.
- This research suggests that Group CBT for GAD is effective and acceptable to clients.
**Is Group Cognitive Behavioural Therapy (CBT) an effective treatment for Generalised Anxiety Disorder (excessive worry) in a secondary care service?**

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- This research suggests that Group CBT for GAD is effective and acceptable to clients.
Literature Review: What is the impact of completing the Wellness Recovery Action Plan (WRAP) programme on service users’ (SU) recovery?

Author: Ms Deirdre Lynch, Staff Nurse, St Brigid’s Day Hospital, Drogheda, Co. Louth

Aims/Objectives

• To carry out a systematic review of the literature on recovery in mental health (MH), with a focus on the WRAP programme.
• Identify if SU feel there have been any therapeutic benefits from using the WRAP programme.
• Identify if there has been a reduction in distressing symptoms from using WRAP programme.
• Identify if there has been a reduction in admissions from using WRAP programme.
• To identify from the literature the role of nurses in promoting/aiding SU recovery using this programme.

Approach

• Detailed database search carried out: CINAHL, MedLine, PsychInfo and Google Scholar.
• Inclusion criteria:
  • Studies that were carried out with adults 18 years of age with a mental illness.
  • Studies that used the WRAP programme.
  • Studies which reviewed recovery from mental illness.
  • Studies carried out internationally, published in English.
  • Studies which also evaluated healthcare provider’s opinions of recovery and WRAP.
• Exclusion criteria:
  • Studies with participants under 18 years of age.
  • Studies not available in the English language.

Findings

• SU found the WRAP programme empowering leading to positive change.
• Completing the WRAP programme was confidence building/improved levels of self-esteem.
• Although WRAP has been identified as an important part of the recovery process there remains difficulty in incorporating these approaches into MH.
• Little is known of nursing staff’s perceptions of WRAP.

The literature has shown that WRAP is beneficial to our SU but it can also have benefits in developing nursing practise.

Commitment to Nursing and Midwifery Values: The result for this literature review has provided recommendations which will benefit the development of nurse’s practise, therefore a commitment to nursing.

Recommendations Further evaluation and research of the WRAP programme, with a focus on nursing staff’s perspectives. That a study be carried out over a longer period to ascertain the ongoing benefits of WRAP.

Author: Adrienne Holland, Practice Development Coordinator for Public Health Nursing in Co. Louth, MsC, PHN, RM, RN.

Background

While undertaking a smaller piece of research PHNs voiced their lack of confidence and knowledge in dealing with child welfare and protection issues which led the researcher to question if PHNs are prepared, both theoretically and in the community setting for undertaking child protection work.

Aims/Objectives

• How the PHN views her role in Child Protection and Welfare
• Practical and academic preparation and experience in practice
• How present practice is situated with regard to policy.
• How the results of the study might inform preparation for child protection work

How this study/initiative demonstrates a commitment to Nursing and Midwifery Values

The study demonstrates that the student PHNs wanted to provide compassionate and evidence based care for their clients but they could only do this if their practical and academic training ensures that they are competent practitioners.

Methodology

It is a qualitative study using a purposive semi-structured interview methodology.

Results/Outcomes

Lack of clarity in their role and the difficulty in carrying out child protection work while also completing clinical duties.

The theory/practice gap.

Interagency issues.

Conclusion

The study highlights that a review of current educational practice pertaining to PHN training is overdue and a much larger study is required to assess if the findings in this study are reflected nationally. If child protection work is everyone’s business then the potential to develop safe and effective care must commence at national level and filter down to affect local policy.

Presenting Author: Adrienne Holland Practice Development Co-Ordinator
The views of Public Health Nurses (PHNs) who work with children only.

Author: Angela McElroy RGN, RM, RPHN, Msc, Assistant Director of Public Health Nursing CHO1 Cavan/Monaghan

Background
The PHN has responsibility for all client groups in the community and is expected deliver care to the children and families across the life span. The ability of the PHN as a generalist is now being questioned and this has led to calls for the establishment of specialist posts within the public health nursing team. A small number of PHNs in Ireland have been assigned to work only with children as a client group.

Aims/Objectives
To explore and collate the views of PHNs working solely with children on their changed work practices in order to contribute to future development of the public health nursing service in Ireland.

How the study/Initiative demonstrates a commitment to Nursing or Midwifery Values.
This study explores how care for children in the community can be improved through specialist nursing roles.

Methodology:
A Qualitative descriptive study was utilised. Findings from semi-structured interviews were analysed to elicit common themes.

Results/Outcomes
The following themes emerged
- Improved care for children
- Benefits to PHNs

Recommendations
- The development of additional specialist posts focusing on child health and development and child protection
- Primary Care meetings should include a focus on children
- The role of the school health nurse should be broadened
- Improved clerical support

Conclusion
Specialist PHNS working with children only provide improved care for children and improved job satisfaction for nurses providing care. Additional specialist posts in this area are recommended.
Professional Management of Aggression and Violence (PMAV) in Care of the Older Person Services Louth.

Author: Marie McBennett, BSc PMAV, CNM2 , St Oliver Plunkett Community Unit
Older Person Services Louth

Background

This Quality Improvement Initiative was developed in response to the number of incidences of aggression and violence that occur daily in Louth Residential Services. Evidence was gained from incident report forms. Feedback from staff indicated that there was under-reporting of incidences.

Rationale

Provision of training in PMAV has been reported to reduce distress for residents, to increase confidence and effectiveness in staff performance and to decrease assaults, injuries and absence (Linking Services & Safety 2008). Following discussion with DON a decision was taken to develop a training programme in the PMAV in Care of the Older Person Services.

Aim

To train all healthcare staff working in Louth Care of the Older Person Services in PMAV.

Objective

To provide training for staff working in the Dementia Specific Unit, evaluate the effectiveness of training and roll out training to other departments.

How the study/Initiative demonstrates a commitment to Nursing or Midwifery Values.

Provision of PMAV training has been reported to reduce distress and injuries experienced by residents (Linking Services & Safety 2008). This is consistent with the nursing values of care, compassion and commitment.

Method

• Assessment of training needs carried out using the MOAT (Matrix of Organisational Analysis of Training) (McKenna 2005).
• 75 staff in St Oliver Plunkett Community Unit trained
• Local policy developed to ensure staff received mandatory training

Results

• Training positively evaluated by staff
• Increase in reporting of incidence of aggression and violence.
• Decrease in actual incidences of aggression and violence.

Conclusion

PMAV training has reduced the incidences of aggression and violence for this resident cohort and facilitated health care staff to provide more compassionate care.
Qualitative Descriptive Study of the Nurses’ Experiences in Managing Behaviours that are Challenging in Older Adults with Dementia in Ireland.

Author: Ms. Indu Thomas CNM2, Sullivan Centre, Cavan Monaghan Older Person Services

Background
Dementia is emerging as a global challenge. Due to its progressive nature dementia is commonly associated with behaviours that are challenging which are also known as behavioural psychological symptoms of dementia (BPSD) (Finke et al. 1996). BPSD is considered the most difficult aspect of dementia care in clinical practice and nurses play an important role in caring for older person and in managing BPSD (Smith & Buckwalter 2005, Lawlor 2002).

Aim & Objectives
This research study has been initiated to explore the nurses’ experiences in managing behaviours that are challenging in older adults with dementia in Ireland. The objectives of this study were to determine the knowledge and attitudes of nurses in managing BPSD, enquire into the current nursing practices used in managing these behaviours, identify the challenges experienced by nurses whilst managing BPSD, resources available to overcome these challenges and to identify the potential sources of support for nurses in this care area.

Methodology
Qualitative descriptive methodology was used for this study where data was collected from a purposive sample of eleven nurses through semi-structured face to face interviews. Thematic content analysis of the data collected was carried out using a pragmatic approach (Newell and Burnard 2011).

Results
The main themes identified from the study were - Knowledge of nurses; their understanding; assessments and approaches used in managing BPSD; challenges, support factors and envisaged future. The findings provided a good reflection of theory and knowledge in practice in relation to managing BPSD in older adults and suggestions to empower nurses through education and training.

Conclusion
In general the nurses acknowledged the uniqueness of each person with dementia and the behaviour presented. A person-centred care approach and ongoing research and associated professional up-skilling were recommended for effectively managing BPSD and ensuring dementia-friendly care.
Literature Review: Using physical activity to promote cardiovascular health in Adults with severe and profound intellectual and motor disability.

Author: Esther Ajetunmobi, Staff Nurse, Community Healthcare Organisation Area 8 (HSE, CHO 8) Meath Disability Services.

Objective

The objective of this presentation is to determine whether the implementation of regular physical activities correlates with improved cardiovascular health status of Adults with severe and profound and motor disability.

Method of review

Articles were sourced by searching online databases, manual searching of reference lists for retrospective articles and by performing cited reference searches to source subsequent publications. The online databases of ClinicalKey, Pubmed, CINAHL, Medline, SOCindex, Web of Science and Zetoc were searched using the key terms ‘Physical Activities AND Adults AND Severe and Profound Intellectual Disability’, ‘Learning Disability AND Adults AND Physical Activities’, ‘Mental Retardation AND Physical Inactivity’, ‘Cardiovascular Health AND Adults with Intellectual AND Physical Disability’, ‘Motor Disability AND Adults with Intellectual Disability AND Physical Activities’. A total of 869 articles were generated from which a total of 109 were sorted for relevance to the question, publishing date and the number of times cited in other evidence-based articles. From these, the top 10, written in English matched the criteria for the research question and these received in-depth examination.

Review Findings

The research findings conclude that the implementation of regular exercises in this client cohort demonstrated improved cardiovascular health over a given period of time.
N.E.W.S REVIEW-READ ALL ABOUT IT!
Review of a Neonatal Early Warning Scoring Observations Chart.

Authors: S. Hackett, Ms. L. Crinion, Dr. K. Panna, Dr. I. Farombi.
Louth/Meath Maternity (Neonatal)

Background
A Neonatal Early Warning Score Chart (NEWS) was developed to enable midwives to recognise signs of neonatal illness and to trigger early referral to the paediatric team. Babies admitted to the maternity wards (MW) at an increased risk of infection due to Prolonged Rupture of Membranes (PROM), and/or maternal Group B Streptococcus (GBS) colonisation or receiving Intravenous antibiotics require observation using the NEWS charts. Babies < 37weeks at birth and/or birth weight <2.5Kg also require NEWS chart.

Aims
A retrospective chart audit was performed. The purpose was to:
1. Measure compliance with the NEWS guideline
2. Measure the impact of the NEWS on Neonatal Intensive Care Unit (NICU) admissions
3. Ascertain perceived impact on (MW) staff workload following introduction of NEWS chart

Methodology
A 4 month retrospective chart audit was performed of babies admitted to the maternity wards between September 1st 2016 and December 31st 2016 who required NEWS observations. Babies who received IV antibiotics were not included in the final review. Compliance was measured using a documentation audit template

Results /Outcomes
A search of the Maternity Information System (MIS) identified 162 baby charts for review. 98 charts (60%) of charts were included in the final review.

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>PROM (n=61)</th>
<th>GBS (n=58)</th>
<th>&lt;2.5kg (n=23)</th>
<th>&lt;37weeks (n=20)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charts reviewed</td>
<td>31 (50%)</td>
<td>37 (63%)</td>
<td>16 (70%)</td>
<td>31 (50%)</td>
</tr>
<tr>
<td>Documentation Compliance</td>
<td>100%</td>
<td>87%</td>
<td>84%</td>
<td>83%</td>
</tr>
</tbody>
</table>

Of the 58 babies admitted to the NICU from the MW during the audit period. Only one required a NEWS chart and was admitted with jaundice.
Staff feedback from the MW has been very positive with no perceived negative impact on workload.

Conclusion
The audit identified very good documentation compliance. The impact on the neonatal admission has been minimal. Staff feedback reflects very positive on the use of the NEWS.
Pain Management after Caesarean Section: A Quality Improvement Plan to ensure Safe Medication Practice.

Author: Kate Vallely, Midwifery Practice Development.

Background:
In 2015 the rate of Caesarean Section (CS) in Ireland was 30.9% and rising (HSE, 2016). Pain management is an essential component of care following CS and medication safety is an important priority in healthcare. A clinical incident review highlighted areas for improvement in our medication management processes. Following discussions with the multidisciplinary team (MDT) a Quality Improvement Plan (QIP) was launched.

Aims & objectives:
1. To examine current practice and benchmark it against best practice standards
2. To develop and implement a MDT Medication Management QIP

How the Study demonstrates a commitment to Nursing & Midwifery Values:
Learning from clinical incidents demonstrates our professional responsibility to our mothers to provide safe evidence based care by competent practitioners. Our mother’s survey demonstrates our willingness to listen to mother’s feedback and to deliver person-centred care.

Methodology
1. A midwife survey
2. A retrospective chart review
3. A survey of mother’s experience of pain management following CS.

Outcomes
The midwives survey demonstrated variance of practice and decision-making and a requirement for education. The chart audit identified areas for improvement in relation to prescribing, administration and pain assessment practices. The mother’s survey demonstrated a high level of satisfaction with pain management. The results were disseminated to the MDT with ongoing support for the Pain Management QIP.

Conclusions
A revised evidence based pain management guideline has been developed and an education programme for staff is underway. Monitoring will continue via repeat audits, clinical incident review and monthly metrics.

Author(s): Olivia McCabe, CNS Diabetes, Josephine McManus, CNS Diabetes, Cara Galligan, Diabetes Nurse.

Rationale
Hypoglycaemia is a medical emergency, and treatment should be immediate. Patients having a hypoglycaemic event require quick-acting carbohydrate to return their blood sugar to a normal range. Audit findings indicated that the approach to practice varied, with numerous factors influencing decision making. Standardisation of practice through the implementation of protocols helps to streamline decision-making. Protocol-based care was therefore deemed to be the approach to be taken to deliver best outcomes for these patients.

Aims/Objectives
- Research the documentation to identify evidence of best practice
- Enhance the knowledge of staff
- Provide a clear standard for the delivery of care
- Ensure that all resources required to treat the medical emergency are readily ‘at hand’ in each ward

Outline how this initiative/ study demonstrates commitment to Nursing & Midwifery Values
This initiative demonstrates commitment to ensuring best practice standards are in place. Its success is due to staffs compassion and concern for patients, and their drive to enhance patient care.

Implementation/ Methodology
A multi-pronged approach was taken to address the objectives:-
- Development of evidence-based Protocol -
- Sourcing and Introducing Equipment –
- Provision of Education

Evaluation / Results / Outcomes
Process’s to monitor compliance and measure outcomes were instigated. Treatment and management of hypoglycaemia has notably improved since the introduction of the “Hypo-Box” and associated protocol.

Conclusion
Commitment to achieving best practice standards in care delivery leads to enhanced outcomes for patients.
**Oral Care Quality improvement Initiative Cavan & Monaghan Hospital**

**Authors:** Colette Smith CNM, Jacinta Cassidy R.N, Maeve Young SLT, Mary Rahill, Bernie Daly S.N, ICU, Frances Smith CNS Stroke Care, Raymond Boyle CPC NDP.

**Background**

The Oral Hygiene project was initiated as part of response to a patient complaint in 2012. The project was led by the Inpatient Medical Services Department and supported by Nursing Practice Development, Speech and Language, and Dietetics departments and the Intensive Care Unit. Senior Management approval and support for the project was confirmed early in the project.

**Aim**

The aim of the project was to improve adult patients’ oral hygiene care and well being.

**Objectives**

Our objectives were

1. Introduce an oral cavity trigger assessment tool into our nursing documentation to screen high risk patients’ oral hygiene needs on their admission
2. Introduce an oral hygiene assessment tool to guide staff on oral hygiene care.
3. Developing a guideline and procedures to support practice.
4. To source appropriate equipment for staff to provide oral hygiene care.

**Methodology**

The group completed a literature review of oral hygiene. Oral Care Policies and Procedures were sourced, discussed, which informed and contributed to the development of a policy in Cavan Monaghan Hospital. A baseline survey “staff opinion in relation to oral care survey” was also conducted. The policy was ratified in 2013. In 2014 a documentation audit and observational audit of product use occurred to assess compliance with the policy. In 2016, policy review, an audit of patients documentation highlighted areas for improvements and a further literature review informed and redeveloped the oral hygiene assessment tool and care plan. This was launched in 2017.

**Outcome**

The project overall has resulted in improved guidance on best practice for oral hygiene care, nursing documentation and oral care resources for staff to use in Cavan Monaghan Hospital. A ‘train the trainer’ programme on the use of oral care documenttion and resources was implemented. Each department has identified link persons for oral hygiene care.

The oral care group has become well established, recognised and is considering other areas to improve the oral care of inpatients in Cavan Monaghan Hospital.
How little acorns may grow big oak trees. A Pressure Ulcer (PU) Management Quality Improvement in our Emergency Department (ED)

**Author** Luis M. Prieto- Clinical Nurse Manager 2 - Admitted Patients in ED

**Background**

Following a review of a cluster of hospital acquired pressure ulcers in 2016, the Quality Improvement Plan recommended that there should be widespread implementation of SSKIN Bundle (skin inspection, surface, keep moving, incontinence and nutrition) to all departments in Our Lady of Lourdes Hospital, Drogheda and the Louth County Hospital, Dundalk. As the ED is the first point of patient presentation, it is fundamental that best practice starts at this point and that a comprehensive skin assessment is undertaken and that the SSKIN care bundle is implemented.

**Aims**

- Improve PU prevention strategies in ED.
- Increase compliance with Waterlow PU risk assessment and implementation of SSKIN Bundle through education.

**Methodology**

Audits were conducted in ED as part of the hospital wide initiative. Baseline data was collected concurrently on nursing documentation in ED in February-March 2017 on all patients fulfilling the inclusion criteria (age at least 70y old) and admitted in ED. Informal education to staff was deployed on a daily basis during the following 4 weeks and evaluated through a repeat audit in June-July 2017.

**Results**

First audit showed 87% patients had Waterlow Risk Assessment completed and of that only 54% had a SSKIN Bundle in place.

After our educational intervention, second audit showed improvement in 92% patients with Waterlow score on admission, of which 98% had SSKIN Bundle. This aligns with improvement hospital wide.

**Conclusion**

Pressure ulcer prevention and management lies in the heart of the core values of nursing. Adapting small changes by one-to-one informal education have dramatically improved our PU documentation on patient assessment to encompass care, compassion and commitment.
Report of Analysis of Palliative & End of Life Care Development Needs of staff working in Irish Nursing Homes within the North East (NE).

Authors: Richardson, J., Dunne, P., McElhinney, J. Specialist Palliative Care Services (SPCS) - Louth, Meath & Cavan/Monaghan

Background/Rationale
Engagement with relevant stakeholders is imperative to foster continuous collaboration and sustainability of practice change

Aims / Objectives
- Identify educational & supportive needs of doctors, nurses and health care assistants (HCA)
- Inform the development of an inclusive and collaborative Meitheal Programme (MP)
- Promote maximum involvement and buy-in.

How the initiative demonstrates commitment to nursing and midwifery values
The core values of care, compassion and commitment underpin the development and learning strategies of the MP by: Ensuring authentic engagement of staff and building partnerships; facilitating the voicing of staffs’ needs; creating a culture of learning and development in practice and tailoring the MP in response to the specific identified staff needs.

Methodology
The tool was devised using the Palliative Care Competency Framework (HSE 2014). A convenience sample of 20% of all doctors, nurses and HCA was utilised. 524 questionnaires were distributed in person and by post. Data was analysed using surveymonkey.

Evaluation / Outcomes
68% Response rate. Findings:
- 96% of respondents want to further development their knowledge, skills and practices in palliative care (PC).
- 36% of respondents never participated in PC education.
- 43% of respondents identified communicating with families as the most challenging aspect of palliative and end of life care provision.

Conclusion
The findings support the literature that there is need and yearning for PC education and that communication with families is challenging. These findings will significantly inform the development of the MP.
Delayed cord clamping in term neonates: Attitudes and practices of midwives in Irish hospitals.

**Author:** Joan Devin, Student Midwife, Dundalk Institute of Technology.

**Supervisor:** Dr. Patricia Larkin, Dundalk Institute of Technology.

**Background**

A delay in umbilical cord clamping is physiologically beneficial to the neonate as they receive an increase in blood volume (30-40%), increased iron stores (20-30mg/kg), and an easier transition to extrauterine life. Active management of the third stage of labour may contribute to early cord clamping practices in Ireland.

**Aims and Objectives**

To identify and describe the current practices and attitudes of midwives in Irish hospitals, towards delayed cord clamping in term neonates.

**Commitment to Midwifery Values**

The practice of delayed cord clamping embodies the core midwifery value of supporting, protecting and enhancing the health of the woman and her baby.

**Methodology**

A cross-sectional descriptive survey was distributed to three maternity hospitals and to two Irish online midwifery groups. Descriptive statistics were used to present findings.

**Results**

153 valid responses were received. 111 midwives (72.4%) defined delayed cord clamping as “clamping after the cord ceases to pulsate”. 140 (91.5%) respondents practised delayed cord clamping. 62.7% (98/153) of participants routinely clamp the cord >1 minute when practising active management of the third stage, with 49.1% (48/98) of those waiting until cord pulsations have ceased. Awareness of research, practice guidelines advising delayed cord clamping, and experience of practising physiological third stage are associated with increased delayed cord clamping practices. Early cord clamping is influenced by a deteriorating neonatal or maternal condition, and the cultural context within clinical sites. Delayed cord clamping times differ significantly between clinical sites and maternity care pathways.

**Conclusion**

Recommendations include a synchronised approach to delayed cord clamping in the third stage of labour, and the provision of a national guideline.
Notes
North East Nursing and Midwifery Research Symposium 2018

Symposium Programme and Book of Abstracts

Nursing and Midwifery Values: Compassion Care and Commitment