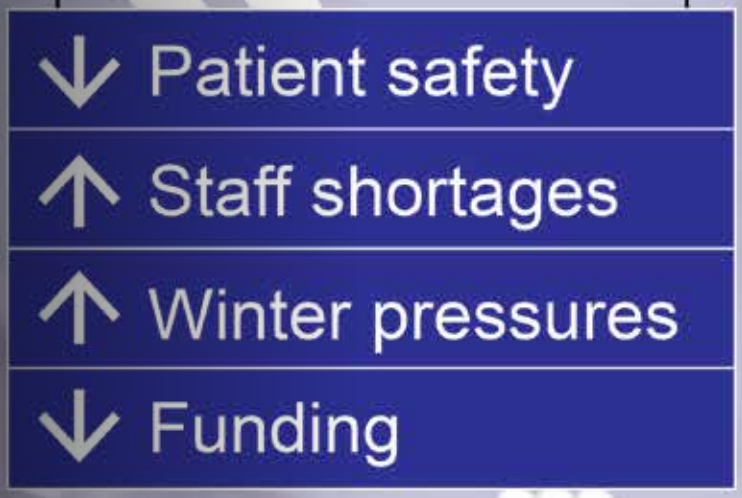
€5.75 Vol 30 No 1 February 2023

WIN

Journal of the
Irish Nurses and
Midwives Organisation

World of Irish Nursing & Midwifery

Latest INMO CPD education programme
See page 29



Hospital staff firefighting dire overcrowding
page 8

Tackling violence against women
page 20

Chronic migraine overview
page 49

Nothing left to give

Nurses and midwives are burned out

A direct way to treat MAC-PD[1,2]

ARIKAYCE® liposomal delivers amikacin to the site of infection within the lung macrophages

ARIKAYCE liposomal is indicated for the treatment of non-tuberculous mycobacterial (NTM) lung infections caused by Mycobacterium avium Complex (MAC) in adults with limited treatment options who do not have cystic fibrosis. ARIKAYCE liposomal treatment should be initiated and managed by physicians experienced in the treatment of non-tuberculous lung disease due to MAC. ARIKAYCE liposomal should be used in conjunction with other antibacterial agents active against MAC lung infections.

Recommended by Guidelines

In patients who have failed to achieve culture conversion after ≥6 months of oral GBT, it is a strong recommendation to add ARIKAYCE liposomal to the regimen[3†,*]. 3x more patients culture converted with ARIKAYCE liposomal + oral GBT than with oral GBT alone[4–6]

Durable Culture Conversion

Durable culture conversion in CONVERT at 3 months off treatment was achieved by 16.1% [36/224] vs. 0% [0/112]; p-value <0.0001 in Arikayce plus GBT arm vs GBT alone arm[5,6]

CONVERT Study: Safety Profile

Evaluated in >400 patients,[4,7] AEs were mostly respiratory in nature, 87.4% and 50.0% of patients in the ALIS plus GBT and GBT alone arms respectively[4]

ARIKAYCE LIPOSOMAL 590 MG NEBULISER DISPERSION (AMIKACIN SULFATE) - ABBREVIATED PRESCRIBING INFORMATION (API)

Prescribers are recommended to consult the summary of product characteristics before prescribing.

Presentations
Each vial contains amikacin sulfate equivalent to 590 mg amikacin in a liposomal formulation. The mean delivered dose per vial is approximately 312 mg of amikacin.

Indication
Arikayce liposomal is indicated for the treatment of non-tuberculous mycobacterial (NTM) lung infections caused by *Mycobacterium avium* complex (MAC) in adults with limited treatment options who do not have cystic fibrosis.
Consideration should be given to official guidance on the appropriate use of antibacterial agents.

Posology and method of administration
Arikayce liposomal treatment should be initiated and managed by physicians experienced in the treatment of non-tuberculous lung disease due to Mycobacterium avium complex.
Arikayce liposomal should be used in conjunction with other antibacterial agents active against *Mycobacterium avium complex* lung infections.
Arikayce liposomal recommended dosage: one vial (590 mg) administered once daily, by oral inhalation.
Duration of treatment: Treatment with Arikayce liposomal, as part of a combination antibacterial regimen, should be continued for 12 months after sputum culture conversion. Treatment should not continue beyond a maximum of 6 months if sputum culture conversion (SCC) has not been confirmed by then. The maximum duration of treatment should not exceed 18 months.
Hepatic/renal impairment: Arikayce liposomal has not been studied in patients with hepatic or renal impairment. No dose adjustments based on hepatic impairment are required since amikacin is not hepatically metabolised. Use is contraindicated in severe renal impairment.
Paediatrics: The safety and efficacy of Arikayce liposomal in paediatric patients below 18 years of age have not been established. No data are available.
Missed doses: If a daily dose of Arikayce liposomal is missed, the next dose should be administered the next day. A double dose should not be given to make up for the missed dose.
Method of administration: Arikayce lipsomal is for inhalation use only. Arikayce liposomal must only be used with the Lamira Nebuliser System (nebuliser handset, aerosol head and controller). It must not be administered by any other route or using any other type of inhalation delivery system.
Refer to full SmPC for full information on posology and administration.

Contraindications
- Hypersensitivity to active substance, to any aminoglycoside antibacterial agent, or any excipient.
- Hypersensitivity to soya.
- Co-administration with any aminoglycoside administered via any route of administration.
- Severe renal impairment.

Special warnings and precautions for use
Anaphylaxis and hypersensitivity reactions: Serious and potentially life-threatening hypersensitivity reactions, including anaphylaxis, have been reported in patients taking inhaled liposomal amikacin.
Allergic alveolitis: Allergic alveolitis and pneumonitis have been reported with the use of inhaled liposomal amikacin.
Bronchospasm: Bronchospasm has been reported with the use of inhaled liposomal amikacin.
Exacerbation of underlying pulmonary disease: In clinical trials, exacerbation of underlying pulmonary disease (chronic obstructive pulmonary disease, infective exacerbation of chronic obstructive pulmonary disease, infective exacerbation of bronchiectasis) was reported with a higher frequency in patients treated with inhaled liposomal amikacin.
Ototoxicity: In clinical trials, ototoxicity, (including deafness, dizziness, presyncope, tinnitus, and vertigo) was reported with a higher frequency in patients treated with inhaled liposomal amikacin.
Nephrotoxicity: Nephrotoxicity was reported in clinical trials in patients treated with inhaled liposomal amikacin. Renal function should be monitored periodically during treatment in all patients and frequent monitoring is advised in patients with pre-existing renal dysfunction.
Neuromuscular blockade: In clinical trials, neuromuscular disorders (reported as muscle weakness, neuropathy peripheral and balance disorder) have been reported with inhaled liposomal amikacin. Use of inhaled liposomal amikacin in patients with myasthenia gravis is not recommended.
Refer to full SmPC for further information on warnings and precautions.

Interaction with other medicinal products and other forms of interaction
No clinical drug interaction studies have been conducted with inhaled liposomal amikacin.
Co-administration of inhaled liposomal amikacin with any aminoglycoside administered by any route is contraindicated.
Co-administration with any other medicinal product affecting auditory function, vestibular function or renal function (including diuretics) is not recommended.
Concurrent and/or sequential use of inhaled liposomal amikacin is not recommended with other medicinal products with neurotoxic, nephrotoxic or ototoxic potential that can enhance aminoglycoside toxicity (e.g. diuretic compounds such as ethacrynic acid, furosemide or intravenous mannitol).
Refer to full SmPC for further information on interactions.

Fertility, pregnancy and lactation
Human data on use during pregnancy or lactation are not available. No fertility studies were conducted with inhaled liposomal amikacin.

Effects on ability to drive and use machines
Amikacin has minor influence on the ability to drive and use machines. The administration of inhaled liposomal amikacin can cause dizziness and other vestibular disturbances.

Undesirable effects
Very common adverse events: dysphonia, dyspnoea, cough, haemoptysis. Common adverse events: infective exacerbation of bronchiectasis, laryngitis, oral candidiasis, headache, dizziness, dysgeusia, aphonia, balance disorder, tinnitus, deafness, oropharyngeal pain, allergic alveolitis, chronic obstructive pulmonary disease, wheezing, productive cough, sputum increased, bronchospasm, pneumonitis, vocal cord inflammation, throat irritation, diarrhoea, nausea, vomiting, dry mouth, decrease of appetite, rash, pruritus, myalgia, arthralgia, renal impairment, fatigue, pyrexia, chest discomfort, weight decreased.
Refer to full SmPC for further information.

Overdose
Adverse reactions specifically associated with overdose of inhaled liposomal amikacin have not been identified in clinical trials. Overdose in subjects with pre-existing impaired renal function, deafness or vestibular disturbance, or impaired neuromuscular transmission may develop worsening of the pre-existing disorder.
Refer to full SmPC for further information on overdose.

Legal Category
Prescription only medicine.

Pack quantities and costs
Pack-size of 28 vials. The carton also contains the Lamira Nebuliser Handset and 4 aerosol heads. £9,513 per pack.

Marketing Authorisation Holder
Insmed Netherlands B.V.
Stadsplateau 7
3521 AZ Utrecht
Netherlands

Marketing Authorisation Number
PLGB 47434/0001 EU/1/20/1469/001

Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in Google play or Apple App store. Adverse events should also be reported via safety@insmed.com Additonal information is available on request from medicalinformation@insmed.com

Date of last revision of the API text
March 2022 REF-4139

† ARIKAYCE liposomal is an add-on therapy to oral guideline-based therapy (GBT); failure on oral GBT is defined as failure to culture convert despite ≥6 months GBT with three oral antibiotics.

* In the CONVERT study in patients who failed to convert after ≥6 months oral GBT, 29.0% (65/224) patients on ARIKAYCE liposomal + oral GBT vs 8.9% (10/112) patients treated with oral GBT alone achieved culture conversion (P<0.0001).[5,6] Sustained culture conversion for those on ARIKAYCE liposomal + oral GBT was seen 18.3% (41/224) patients vs 2.7% (3/112) on oral GBT alone.[8] Durable conversion when all therapy was discontinued was observed after 3 months in 16.1% (36/224) ARIKAYCE liposomal + oral GBT patients vs 0% oral GBT alone.[5,6]

References: 1. Malinin V *et al. Antimicrob Agents Chemother* 2016;60:6540-49; **2.** Zhang J et al. Front Microbiol 2018;9:915; **3.** Daley CL et al. Eur Respir J 2020;56:2000535; **4.** Griffith DE et al. Am J Respir Crit Care Med 2018;198:1559-69; **5.** ARIKAYCE liposomal. EU Summary of Product Characteristics; October 2020; **6.** ARIKAYCE liposomal. GB Summary of Product Characteristics; January 2021. **7.** Olivier KN et al. Am J Respir Crit Care Med 2017; 195:814-23; **8.** Griffith DE et al. Chest 2021;160:831–842.

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WIN – World of Irish Nursing & Midwifery is distributed by controlled circulation to **more than 40,000** members of the INMO. It is published monthly (10 issues a year) and is registered at the GPO as a periodical. Annual Subscription: €155 incl. postage paid. Editorial Statement: *WIN* is produced by professional medical journalists working closely with individual nurses, midwives and officers on behalf of the INMO. Acceptance of an advertisement or article does not imply endorsement by the publishers or the Organisation.

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Breastfeeding: The best start

Health benefits for infants

Breast milk is the ideal food for newborns and infants. It gives them all the nutrients they need for healthy development. It is safe and contains antibodies that help protect infants from common childhood illnesses such as diarrhoea and pneumonia, the two primary causes of child mortality worldwide. Breast milk is readily available and affordable, which helps to ensure that infants get adequate nutrition.

Long-term benefits for children

Beyond the immediate benefits for children, breastfeeding contributes to a lifetime of good health. Adolescents and adults who were breastfed as babies are less likely to be overweight or obese. They are less likely to develop type 2 diabetes and perform better in intelligence tests.

Benefits for mothers

Breastfeeding also benefits mothers. It reduces risks of breast and ovarian cancer later in life, helps women return to their pre-pregnancy weight faster, and lowers rates of obesity.

Support for mothers is essential

Breastfeeding has to be learned and many women encounter difficulties at the beginning. Nipple pain, and fear that there is not enough milk to sustain the baby are common. Health facilities that support breastfeeding – by making trained breastfeeding counsellors available to new mothers – encourage higher rates of breastfeeding. To provide this support and improve care for mothers and newborns, there are 'baby-friendly' facilities in about 152 countries thanks to the WHO-UNICEF Baby-friendly Hospital initiative.

Work and breastfeeding

Many mothers who return to work abandon breastfeeding partially or completely because they do not have sufficient time, or a place to breastfeed, express and store their milk. Mothers need a safe, clean and private place in or near their workplace to continue breastfeeding. Enabling conditions at work, such as paid maternity leave, part-time work arrangements, on-site crèches, facilities for expressing and storing breast milk, and breastfeeding breaks, can help.

INMO
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Cumann Altraí agus Ban Cabhrach na hÉireann
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The Irish Nurses and Midwives Organisation supports breastfeeding
For more information log onto www.breastfeeding.ie

WIN INMO Irish Nurses and Midwives Organisation
World of Irish Nursing & Midwifery

(ISSN: 2009-4264)
Volume 31 Number 1
February 2023

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Co Dublin.
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WIN – World of Irish Nursing & Midwifery is published in conjunction with the Irish Nurses and Midwives Organisation by **MedMedia Group**, Specialists in Healthcare Publishing & Design.

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Groundhog day for our hospital staff

IT IS not too a big stretch to describe the December/January period as Groundhog Day if you work in an overcrowded public hospital in Ireland. The entire country is aware that the current wave of respiratory infections sweeping the country has meant hospitals are at breaking point yet again, with the story dominating the newspapers and the airwaves locally and nationally.

This issue is not new and does not come as a surprise to anyone. For more than 16 years of tracking trolleys, the INMO has been seeking early intervention to lessen predictable winter overcrowding.

Over this period, successive governments have swept the problem under the carpet and pretended that the brief reprieve in overcrowding seen in the milder months meant an end to the problem, only for the issue to re-emerge worse than ever in the winter.

We have now reached a point where that summer reprieve doesn't come anymore. Hospitals are at bursting point all year round, and nurses and midwives across the health service are asking themselves not just why nothing is being done, but why are they, once again, not being listened to.

This year, following the brutal peaks of the Covid-19 pandemic, exhausted, burned-out nurses began raising the alarm about health service capacity as early as mid-summer, knowing that the rate of hospital overcrowding during the supposedly quieter months indicated we were headed for a disastrous winter.

In July, via the INMO, nurses made it clear that both they and the health system were stretched beyond capacity and that if action was not taken we would see hospitals in chaos and patients dying on trolleys by winter. Despite this, HSE alerts to the hospital system only took place in late December.

Nurses called for increased staffing, for measures to help relieve the psychological stress driving their colleagues out of their jobs and for increased community capacity to relieve pressure on our hospitals. Sadly, despite our warnings, the health service has been allowed to career towards its current state with no action taken to prevent it.

We are now asking ourselves exactly how bad must things get before something is done and what will it take for nurses to be listened to? If frontline patient-facing staff must threaten their employers to gain minor improvements in safety to enhance their ability to provide care, then how can they consider themselves valued or respected? And what is it about the nursing and midwifery professions that makes it impossible to take our concerns seriously?

We know that the changes needed will take time and money, but investment and change have to begin somewhere and it is beyond time the first steps were taken. In the meantime, while we wait for the health service reform that we so desperately need, there are measures that can be taken now to ease pressure on staff and patients in the current crisis.

It is important to stop playing politics around public health. Taking a bold position on mask mandates that will reduce infection is the simplest, most effective measure that the government can take, and it will have a significant effect on the numbers of hospitalisations, reducing the numbers of beds needed and ultimately saving lives.

The current situation and the attitudes that have allowed it to develop are irresponsible and negligent, and it is time for sensible action to be taken. Listening to those on the frontline is vital to restoring safety to this system and creating hospitals that are minimally functional.

We are currently consulting with members throughout the country on this issue and discussing the proposal to ensure the position of the INMO Executive Council – which is that we must not keep putting up with this situation every year – is considered by members . Please attend these meetings and have your opinion heard.

Phil Ní Sheaghdha
General Secretary, INMO

INMO Professional

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Working Together

2023

INMO Professional Events 2023

ONLINE AND IN-PERSON EVENTS

All conferences and webinars are Category 1 approved by NMBI

For further details go to **www.inmoprofessional.ie/conference** or contact jean.carroll@inmo.ie

The following dates are confirmed and more will be added in the coming weeks.

MARCH 7

National Care of the Older Person Section Conference
Midlands Park Hotel, Portlaoise

MARCH 30

RNID Section
The Richmond Education and Event Centre, Dublin

NOVEMBER 16

All Ireland Midwifery Conference

SCAN for more information

A positive focus with the president

Karen McGowan, INMO president

Making a change

THIS month I wanted to share a personal update. Having spent 14 years working in the emergency department (ED), I started a new role as an advanced nurse practitioner (ANP) in gynaecology September of last year. I thought I would never leave emergency medicine but things really do change.

Within my role as an ED ANP, I saw gaps in the service and one area that was lacking was gynaecology. This is a very specialised area and when these patients would present to ED it was my pleasure to see them and that is how it should be. Ensuring that these women are cared for by the correct people is what encouraged me to make the change. Now I get to care for them exclusively and this gives me a great boost. My background in ED gave me a fantastic skillset to transfer to gynaecology.

The principal area I'm working on is the pathway for patients referred with post-menopausal bleeding (PMB). Some 5-10% of women who present with PMB will have an endometrial cancer – the most common cancer in gynaecology – and nine out of 10 times endometrial cancer is found through PMB. With the growing demand for gynaecology services at Beaumont Hospital, a new procedure room was opened in St Joseph's to manage this cohort of patients in a timely manner. The pathway has increased access to outpatient hysteroscopy, which I am learning to do. We are facilitating early access ensuring the patient is being cared for in the right place at the right time. This quality improvement is progressing well and meeting national key performance indicators.

Vicky Phelan at the picket line in January 2019, standing with nurses and midwives at University Hospital Limerick and around the country for patient safety and better conditions

I love working in women's health as it is an area I feel very strongly about and one that we need to talk more freely about. Those who know me will know I have no fear talking about menopause and its many symptoms. It is an absolute honour to be caring for women as they place so much trust in us as nurses. My biggest inspiration to transfer to this role was Vicky Phelan. She is my hero and I want her legacy to live on through all of us gynaecology nurses. Vicky Phelan was a force to be reckoned with and saved many lives as she campaigned for all the women of Ireland. I think of her when I feel overwhelmed and this drives me forward.

I am one of a few ANPs who are making the leap of faith and changing to a different specialty. I think those of us who have changed roles, in our own way, will encourage others to do the same and follow their passion.

Every day is an opportunity to make a difference and I relish that opportunity. Advanced practice is a rewarding role and one that makes me strive for the best standards of care.

2022 was a year like no other in many ways and one that took some very special people with it, Vicky Phelan was one of them. She will not be forgotten by the nurses and midwives of Ireland.

Executive Council update

THE Executive Council met in emergency session in early January. We have sanctioned the consultation process for industrial action and I have been attending meetings nationally. It has been fantastic to meet with members. It is through these meetings that we can draw support and strength from each other.

The Executive Council has once again raised the issues of unsafe staffing and horrendous working environments. Nurses and midwives want to provide safe care and that simply is not possible. Our environments are no longer our own and this consultation process with members will shape the way we progress. I hope to meet as many of you as I can in the coming weeks.

Covid-19 has changed so much for the professions and isolated us more than we care to acknowledge, so let us use this time to reaffirm ourselves as trade union activists and support each other through this process.

Alongside the consultation meetings, AGMs are also taking place so please attend your local meeting. The annual delegate conference is just around the corner and is a prime opportunity to bring any motions you would like to hear discussed for debate. All the plans are going well and again it will be another opportunity to connect with each other.

The INMO has released its online survey so please check out the webpage and complete it. The INMO is actively pursuing implementation of safe staffing within the health service and this survey has a specific focus on the problem of short staffing that faces our members daily.

The survey is anonymous and only takes six minutes to complete. The information gathered will help the union to better support our members in workplaces across Ireland. You can complete the survey at: **www.surveymonkey.com/r/CVVWMFN**

Get in touch

You can contact me at INMO HQ at Tel: 01 6640 600 or by email to: president@inmo.ie

Staff left firefighting dire overcrowding

The chronic overcrowding seen in Irish hospitals as the new year opened was entirely predictable, with the INMO having called for serious action months ahead of the crisis levels. Here *WIN* documents some of the calls made in December and January

December 14

INMO seeks urgent meeting with Minister following stark HIQA ED report

WELCOMING the publication of HIQA's Overview Report of its monitoring programme in emergency departments, the INMO called for an urgent meeting with the Minister for Health to discuss how a more proactive approach could be taken to tackle the serious challenges in EDs.

INMO general secretary Phil Ní Sheaghdha said: "The report published by HIQA compounds what the INMO has been consistently highlighting – our hospitals are under enormous pressure due to capacity issues and unsafe staffing.

"The report is particularly stark when it comes to safe staffing in our hospitals. According to HIQA, of the seven EDs it inspected, only one was properly staffed. This is unacceptable. We know that many nurses are leaving EDs because of the conditions they are faced with. This phenomenon cannot continue into 2023.

"Over 70% of the hospitals that HIQA inspected were over capacity. This is borne out in the INMO TrolleyWatch figures. We know that excess time spent on a trolley or an inadequate bed has negative health implications for patients."

Ms Ní Sheaghdha said that unions had raised the issue of hospital overcrowding at the Labour Employer Economic Forum (LEEF) and called for emergency measures "to prevent the unnecessary continuation of these inhumane and undignified conditions for patients and really unhealthy working conditions for nurses and midwives and other healthcare workers."

December 22

HSE announces establishment of National Crisis Management Team

The HSE announced the establishment of a National Crisis Management Team (NCMT) to oversee the health service response to the surge of winter virus infections, which is expected to bring the highest pressure on the State's health service that has ever been seen.

The HSE said the NCMT was intended to augment the ongoing Winter Plan work, and confirmed it met twice in the week before Christmas and operated throughout the Christmas period.

Commenting on the establishment of the NCMT, the INMO general secretary said: "We are disappointed that the HSE has once again waited until the crisis, which was predicted in July, was in full flow to establish a crisis management team. We firmly believe that this group should be meeting daily, not three times a week.

The INMO sought confirmation that managers would be available to frontline staff at all times over the holiday period to deal with the non-clinical issues that are associated with a crisis of this nature.

"Nurses, midwives and other essential healthcare workers should be supported in every possible way over what is going to be an incredibly difficult few weeks. The HSE must be prepared to provide them with whatever essential resources they need including additional staff until the end of February at the very least."

December 23

Call for ED taskforce to meet immediately to inform work of new 'crisis' team

The INMO called for the HSE's ED Taskforce to be convened immediately, with ministerial attendance. This call came as 360 patients, including 19 children, were without a bed in Irish hospitals two days before Christmas.

Ms Ní Sheaghdha said: "The members we represent, and their clinical colleagues are very angry where they have been left to try to provide care in really unsafe environments. Nurses, doctors and all patient-facing staff have been placed in an impossible position because of poor planning on behalf of their employer and the government. Our members and the patients in their care are dealing with the consequences of a minimalistic, hands-off approach.

"The NCMT's work must be informed by the experiences of those who directly interact with our creaking health service every day, that is why the ED Taskforce must meet urgently."

December 29

Healthcare staff holding fragile health system together

On a day with 631 patients without a bed in Irish hospitals, the INMO called on the HSE to do everything necessary to protect the physical and mental wellbeing of nurses and midwives.

Ms Ní Sheaghdha said: "Our hospitals have never seen this level of activity at this time of year with high levels of overcrowding impacting care in hospitals large and small. Our fragile health service is being held together by an exhausted and burnt-out workforce. We know anecdotally that many rosters are depleted due to illness.

The 631 people on trolleys in EDs and on wards was coupled with 690 Covid-positive patients in hospitals.

"Our public health system is not equipped to deal with providing emergency care, Covid care and elective care at the same time. The HSE must outline both locally and nationally what resources it is utilising from the private sector from now until the end of February. The health service, both public and private, must work as one. Our members are working in situations that are extraordinarily dangerous. There is now a real concern that nurses cannot provide safe care when conditions are so difficult, and rosters so stretched."

December 30

End of year trolley numbers a cause for real concern

Releasing the end-of-year trolley numbers, the INMO confirmed that 2022 was the worst year for hospital overcrowding ever recorded. Over 121,318 patients, including 2,777 children, went without a bed in Irish hospitals in 2022.

During the month of December, 11,842 patients were

levels, coupled with RSV and Covid

admitted to hospital when there was no bed to offer them.

Ms Ní Sheaghdha said: "Our members have spent this year working in a constant state of crisis. Nurses are unfortunately ending this year how they started it – firefighting intolerable overcrowding coupled with highly transmissible viruses and infections."

She warned that there were 570 patients without a bed on December 30 and that "we know from experience that in the first weeks of January trolley figures have the potential to nearly double." She stressed that "the State cannot walk into the first week of January unprepared for what could be a severe overcrowding crisis. We have had silent acceptance from government and the HSE on this type of overcrowding for far too long. The HSE has acknowledged that things are going to get worse in our hospitals before they get better but has not outlined what precise supports will be made available to our members in the coming days and weeks ahead.

"The HSE has a duty as an employer and as a service provider to take the necessary steps to scale up capacity. The current state of our health system is extremely concerning. The INMO has called for the HSE to have a realistic plan. We cannot allow a drift into this dangerous situation emerging across the country."

January 3

Plan needed until end of February as 931 people without a hospital bed

As predicted by the INMO, the new year opened with the highest ever number of admitted patients without beds, recording a massive 931 on trolleys/chairs (767 in EDs and 164 elsewhere in hospitals, including 26 children).

Ms Ní Sheaghdha said: "These numbers require immediate and serious intervention from the government. We do not need those at the top to describe how we got here; we need to know what exactly the plan is from now until the end of February. Just telling people to avoid hospitals is not a plan or indeed safe."

"We are not seeing unsustainable overcrowding confined to a handful of hospitals; each hospital is facing significant overcrowding challenges – a trend which has continued to escalate since late summer.

"We need to see real tangible plans and decisions at a national level about the ensured safety in our acute public hospitals."

January 4

Time for government to call hospital overcrowding what it is – a crisis

With a total of 838 patients on trolleys in Irish hospitals, no hospital was unaffected by overcrowding on January 4.

Ms Ní Sheaghdha said: "We again repeat our call for the current approach of telling people just to avoid hospitals to cease. The focus should be on providing supplemented emergency supports until the end of February.

"It is time for the government to call this what it clearly is – an out and out crisis. A crisis warrants an extraordinary response from government and the HSE.

"Our members are treating patients in the most undignified conditions. This is not the type of care they should be providing in a country that has the resources to provide additional capacity and support.

"Nurses and other healthcare staff cannot continue to weather this storm without adequate support and protection from their employer; it will add to the increasing intention to leave of staff which is exactly what this health service does not need."

January 6

INMO to begin consultation with members on industrial action

Following an emergency meeting, the INMO Executive Council sanctioned consultation with nurses on a campaign of industrial action, in pursuance of safe staffing levels that are underpinned with legislation and clinical facilitation in all hospitals to ensure a safe skills mix

Ms Ní Sheaghdha said: "For too long nurses and midwives have been warning that we were going to see an overcrowding blackspot in January unless serious and meaningful action was taken. While many will try to laud the fact that we have seen a decrease of patients on trolleys from 931 to 535, we won't be part of attempts to justify this as an improvement.

"Nurses and midwives expect and deserve to work in a safe practice environment in which they can deliver the safe and excellent care they are trained to provide."

INMO president Karen McGowan said: "Nurses and midwives are being asked to crisis manage a situation that is of our employers' own making. We know that levels of burnout are at an all-time high. We must now take whatever action is deemed necessary to ensure that we do not endure this level of danger in our workplaces in the coming months and years ahead on a continuous replay mode."

January 10

Stronger health advice needed in light of RSV surge

The INMO called for stronger public health advice around mandated mask-wearing amid a surge in RSV and other respiratory illnesses.

Ms Ní Sheaghdha said: "We are once again calling on the chief medical officer to issue stronger public health advice in relation to mandated mask-wearing. It is our view that it is the responsible thing for policymakers and government to do at this vital juncture when hospitals are not coping and people's lives are at a higher risk.

"We know that there is a surge in the spread of RSV. Our hospitals, especially those in the Midwest and on the Western seaboard, cannot sustain additional pressure from avoidable illnesses. It is time for stronger advice on simple and inexpensive measures such as mask-wearing and handwashing. It shouldn't be this difficult to issue strong advice in this regard when we are being warned about rising cases of flu, RSV and new Covid variants. Recent evidence from the US has confirmed that new Covid variants are leading to increased hospitalisations.

"We will be seeing continued pressure on our acute hospital system until the end of February at the very least. While we have seen decreases in those on trolleys in some of our larger hospitals, we are seeing high numbers of patients on trolleys in some of our smaller hospitals which is having a devastating impact. There must be no relaxation of the curtailment of non-elective care at this point.

"National agreements have been brokered since 2016 to maintain patient and staff safety in our EDs. It is clear that this is not being honoured in many hospital sites at this time. The HSE must insist that hospitals follow the lead of sites like Waterford University Hospital in ensuring that all measures that can be taken to drastically reduce overcrowding are implemented."

Impossible to ensure basic safety amid chronic overcrowding – INMO

NOT only is University Hospital Limerick (UHL) still the most overcrowded hospital in the country – for the eighth year running – the problem has increased by almost 50% in the past year, according to INMO TrolleyWatch figures issued as 2022 came to a close.

The total number of admitted patients left waiting for a bed in UHL in 2022 was 18,028 – which is 49% higher than the 2021 total for the hospital.

The country as a whole saw a shocking 121,318 patients, including 2,777 children, admitted in 2022 without a bed in which to care for them – resulting in 2022 being the worst year for hospital overcrowding on record.

The top five most overcrowded hospitals in 2022 were:

- University Hospital Limerick, 18,028
- Cork University Hospital, 12,439
- University Hospital Galway, 10,150
- Sligo University Hospital, 8,136
- St Vincent's University Hospital, 7,513.

In the month of December 2022, TrolleyWatch recorded that 11,842 patients were admitted to hospital without a bed, with the top five most overcrowded hospitals in December being:

- University Hospital Limerick, 1,528
- Cork University Hospital, 1,355
- Letterkenny University Hospital, 834
- University Hospital Galway, 767
- Sligo University Hospital, 685.

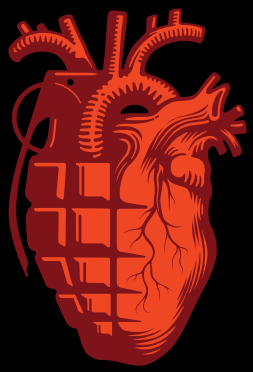
As predicted by the INMO, January began with the highest ever number of admitted patients without beds, with a massive 931 on trolleys on January 3. INMO general secretary Phil Ní Sheaghdha said: "We have not seen numbers like this since the INMO began counting trolleys in 2006. Nurses and midwives are working in impossible conditions to provide the safest care they can but it is clear that their workplaces are dangerous. Hospitals are not just places of care, they are workplaces. Basic safety is not guaranteed in understaffed and overcrowded wards and emergency departments. The Health and Safety Authority and HIQA must intervene through increased planned and unplanned inspections."

Table 1. INMO trolley and ward watch (full year analysis 2006 – 2022)

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Beaumont Hospital	4,304	6,164	8,065	8,748	8,195	7,410	6,327	7,062	6,565	8,243	6,130	3,609	2,968	3,321	924	n/a	927
Connolly Hospital, Blanchardstown	2,418	2,709	2,706	2,667	3,562	4,207	3,937	5,852	5,062	5,165	2,698	2,499	3,569	2,937	602	n/a	378
Mater Hospital	4,248	5,083	5,984	4,910	5,425	3,936	4,213	2,854	3,576	4,704	4,473	5,238	4,967	6,031	2,368	2,680	5,113
Naas General Hospital	3,025	1,323	2,268	3,797	3,282	4,409	2,116	1,836	2,951	3,210	3,054	3,361	3,754	4,206	1,042	2,304	3,345
St Colmcille's Hospital	1,267	751	1,104	2,589	2,231	2,208	2,201	1,130	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
St James's Hospital	2,008	1,022	2,471	2,441	1,366	1,590	1,288	1,706	2,220	2,654	1,851	2,178	2,025	2,381	1,405	1,605	3,992
St Vincent's University Hospital	4,190	6,093	5,694	5,427	6,063	6,403	4,735	2,872	2,478	5,150	4,836	2,497	3,773	4,242	1,720	2,139	7,513
Tallaght Hospital	4,941	3,962	5,782	6,044	7,011	4,784	1,906	3,943	3,717	4,718	4,166	4,847	5,432	5,444	2,078	2,474	4774
Children's Health Ireland, Tallaght	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	85	102	8	84	308
Children's Health Ireland, Crumlin	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	579	607	406	580	1,081
Children's Health Ireland, Temple St	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	749	618	224	604	1,313
Eastern total	**26,401**	**27,107**	**34,074**	**36,623**	**37,135**	**34,947**	**26,723**	**27,255**	**26,569**	**33,844**	**27,208**	**24,229**	**27,901**	**29,889**	**10,777**	**12,470**	**28,744**
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	147	233	627	779	731	1,060	332	126	539
Cavan General Hospital	2,816	2,779	2,189	1,975	3,291	4,572	2,569	1,954	460	1,000	771	482	619	2,137	915	792	1,395
Cork University Hospital	3,867	3,615	4,516	4,539	7,021	6,649	4,230	4,102	3,574	4,670	6,032	6,815	9,135	11,066	6,503	7,411	12,439
Letterkenny General Hospital	3,059	1,253	388	378	474	592	539	1,277	2,755	2,814	2,047	4,889	5,174	5,727	1,504	5,778	7,008
Louth County Hospital	200	88	152	146	25	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Mayo University Hospital	2,285	1,391	1,207	1,454	1,760	599	1,525	1,145	1,908	1,868	2,241	1,663	1,998	2,519	2,156	2,776	4,407
Mercy University Hospital, Cork	1,431	1,270	1,534	1,270	1,910	1,943	1,922	2,491	2,196	2,227	2,859	3,145	2,681	3,173	2,013	2,742	5,043
Midland Regional Hospital, Mullingar	169	91	183	528	1,921	3,204	2,398	2,845	3,908	4,366	4,849	4,844	4,344	2,619	2,768	2,598	3,016
Midland Regional Hospital, Portlaoise	469	283	425	297	426	1,926	539	824	1,589	2,162	3,364	3,203	2,815	1,845	502	549	1,054
Midland Regional Hospital, Tullamore	64	34	95	77	766	1,857	1,303	1,156	3,746	2,758	4,748	4,774	5,831	3,344	1,254	2,323	1,447
Mid Western Regional Hospital, Ennis	867	961	252	368	431	411	324	333	7	125	330	175	214	195	102	152	343
Monaghan General Hospital	106	287	293	119	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Nenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	59	103	93	81	457	52	25	137
Our Lady of Lourdes Hosp, Drogheda	3,444	2,811	2,927	3,415	3,484	7,449	6,761	3,349	6,249	7,783	5,608	2,791	2,233	1,941	670	614	1,367
Our Lady's Hospital, Navan	520	847	851	1,084	453	1,469	745	1,029	1,059	1,000	595	2,435	1,265	946	655	554	717
Portiuncula Hospital	403	281	306	605	840	941	821	813	912	1,100	892	1,569	1,302	1,503	888	1,838	2,581
Roscommon County Hospital	589	764	725	755	1,036	719	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Sligo University Hospital	784	732	667	955	1,754	1,505	2,086	963	2,017	2,478	2,308	2,406	4,183	4,967	2,530	4,284	8,136
South Tipperary General Hospital	727	784	881	500	666	768	2,138	2,762	1,959	2,028	5,399	5,249	5,201	4,075	1,914	3,195	6,087
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	140	1,034	695	1,817	1,921	3,514	3,144	4,505	4,052	6,942	1,649	766	2,277
University Hospital Galway	1,654	2,414	3,470	3,444	4,103	6,544	4,193	3,907	5,312	6,514	5,807	6,563	7,452	7,993	2,334	5,027	10,150
University Hospital Kerry	1,144	507	763	337	623	672	606	694	1,005	1,389	1,664	2,215	3,396	3,610	2,350	2,409	3,474
University Hospital Limerick	1,814	1,367	1,735	2,422	3,715	3,658	3,626	5,504	6,150	7,288	8,090	8,869	11,437	13,941	9,843	12,108	18,028
University Hospital Waterford	n/a	n/a	496	589	1,349	1,165	1,590	2,269	2,249	2,445	3,835	5,525	4,319	6,313	910	460	772
Wexford General Hospital	2,907	736	1,306	1,833	2,536	3,857	975	1,374	1,399	1,333	1,100	1,763	1,863	2,105	704	1,278	2,157
Country total	**29,319**	**23,295**	**25,361**	**27,090**	**38,724**	**51,534**	**39,585**	**40,608**	**50,522**	**59,154**	**66,413**	**74,752**	**80,326**	**88,478**	**42,548**	**57,805**	**92,574**
NATIONAL TOTAL	**55,720**	**50,402**	**59,435**	**63,713**	**75,859**	**86,481**	**66,308**	**67,863**	**77,091**	**92,998**	**93,621**	**98,981**	**108,227**	**118,367**	**53,325**	**70,275**	**12,1318**

ATTR-CM
SUSPECT & DETECT
UNCOVER THE CLUES FOR DIAGNOSIS

SUSPECT ATTR-CM
(TRANSTHYRETIN AMYLOID CARDIOMYOPATHY)



A LIFE-THREATENING DISEASE THAT CAN GO UNDETECTED

Life-threatening, underrecognized, and underdiagnosed, ATTR-CM is a rare condition found in mostly older patients in which misfolded transthyretin proteins deposit in the heart.[1-7] It is vital to recognize the diagnostic clues so you can identify this disease.

CONSIDER THE FOLLOWING CLINICAL CLUES, ESPECIALLY IN COMBINATION, TO RAISE SUSPICION FOR ATTR-CM AND THE NEED FOR FURTHER TESTING

HFpEF — heart failure with preserved ejection fraction in patients typically over 60 years old[5-7]

INTOLERANCE — to standard heart failure therapies (ACEi, ARBs, and beta blockers)[8-10]

DISCORDANCE — between QRS voltage and left ventricular (LV) wall thickness[11-13]

DIAGNOSIS — of carpal tunnel syndrome or lumbar spinal stenosis[3,8,14-20]

ECHO — showing increased LV wall thickness[6,13,16,21,22]

NERVOUS SYSTEM — —autonomic nervous system dysfunction-including gastrointestinal complaints or unexplained weight loss[6,16,23,24]

LEARN HOW TO RECOGNIZE THE CLUES OF ATTR-CM AT:
SUSPECTANDDETECT.IE

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Date of Preparation: February 2021 GCMA code: PP-RDP-IRL-0105

Pfizer Rare Disease

INMO director of industrial relations **Albert Murphy** updates members

ED Forum addresses overcrowding

THE INMO/HSE Emergency Department Forum met at the Workplace Relations Commission on three days last month.

At the January 6, 2023 meeting, employers agreed to meet again on January 18 and 19 to progress the matter of admitted patients in EDs and wards, and the finalisation of the Safe Staffing Framework Phase II numbers for EDs.

It was also agreed that there would be a direct meeting between the HSE and the INMO in relation to the terms of reference for a review of the 2015 and 2016 ED agreement.

The INMO is seeking the inclusion of paediatrics in the terms of the ED agreement and for the safe staffing framework to be applied in Children's Health Ireland hospitals and other paediatric units. It was agreed that this will be considered as part of the review.

The INMO also made a claim at the WRC on January 6 seeking additional health and safety leave for staff working in EDs and wards, and it was agreed that this would be revised as part of the review, and that the education bursary would also be reviewed.

In addition, the INMO sought enhanced overtime in EDs and wards in acute hospitals to assist with the supply of staff arising from the overcrowding crisis. A response on this was deferred pending a decision by the Department of Health.

The employer released a circular on the evening of January 7 authorising enhanced overtime for Saturday and Sunday working for January. The INMO expressed its dismay that this was the only response from the employer in relation to enhanced measures for staff working in overcrowded conditions.

Call for full security audit of all hospitals

FOLLOWING the fatal attack on an 89-year-old patient at Mercy University Hospital, Cork, the INMO has called for a full security audit of all hospitals.

INMO general secretary Phil Ní Sheaghdha said: "Our thoughts and sympathies are with the families at the centre of this tragic incident in Mercy University Hospital. We have been offering our union's full support to members in the Mercy and will continue to do so.

"In light of this awful incident, the INMO is once again repeating our call for a full review and audit of security systems and protocols in Irish hospitals. We haven't had a security audit of our hospitals since 2016, it is time now for the HSE to complete a full audit of what measures are in place in each hospital."

The patient at Mercy University Hospital was attacked by another patient on a ward in the early hours of January 22. The man was pronounced dead at the scene.

INMO prepares for industrial action in fight for safe staffing levels

WITH overcrowding hitting an all-time high crisis level, the INMO Executive Council held an emergency session on January 6, 2023.

It sanctioned the immediate commencement of consultation with members on a campaign of industrial action, in pursuance of safe staffing levels.

These safe staff levels are underpinned by legislation and clinical facilitation in all hospitals to ensure a safe skill mix.

A series of information and consultation meetings with members has been running throughout January. It is important that members know they are not responsible for the environments in which they are forced to deliver care.

The INMO Statement of Concern has been designed to enable members to inform management that in their professional clinical opinion the safety of patients in their care and their own ability to practise to the required standard is being compromised. The Statement of Concern is available to be downloaded from at **www.inmo.ie/Statement_of_Concern**

The INMO has received written confirmation from the HSE that nurses/midwives will not and cannot be held accountable for system risks over which they have no control.

New legislation on co-decision making has implications for HCPs

THE INMO, along with other unions, attended a presentation last month on the new legislation on co-decision making and enduring power of attorney and assessment of capacity under the Assisted Decision-Making (Capacity) Act 2015.

Nurses and midwives are among several classes of healthcare professionals (HCPs) who are entitled under this legislation to assist in relation to the issue of capacity of HSE service users and patients.

The INMO's assessment of this legislation is that it will require a detailed negotiation with the employers. There were several issues raised over the course of the meeting that will require considerable discussion and agreement before this piece of legislation can be put into operation in the workforce.

There are numerous concerns in relation to the grading, education provided and resources required to give effect to this legislation in various healthcare settings. This matter will be ongoing for some time and the INMO will update members in due course.

For ongoing updates on industrial relations issues see **www.inmo.ie**

on recent national issues

Update on payment arrears under Building Momentum

CONSIDERABLE progress was made in December 2022 in relation to the payment of outstanding arrears in respect of the revised terms of the Building Momentum Agreement.

Based on the current information the HSE and the other voluntary hospitals paid outstanding amounts in the month of December 2022, except for the 1% which is due from October 2022, and which will be paid in February 2023.

This matter, along with delays in the payment of pensions and the adjustments due under Building Momentum, was placed on the agenda for the January 17 meeting of the National Joint Council. At that meeting the management side stated that the 1% due from October 2022 will be paid in April 2023 and that the March 2023 adjustment will be paid in June 2023. In relation to pensioners management stated that pensioners will get all 2022 pay increases at the end of Quarter 1 in March 2023.

The unions are not satisfied with this response and requested an urgent meeting with the employers on this matter. If we are not satisfied with the outcome of this meeting we will further escalate the matter.

Health Sector Oversight Body (HSOB)

A meeting of the HSOB took place on January 10, 2023. Matters referred to the HSOB by the INMO include updates on payments due for staff and pensioners under Building Momentum.

HSE briefs unions on rollout of regional health areas

Union officials were given a presentation by Liam Woods, HSE national director of the Acute Hospitals Division, on the planned move of the HSE to six Regional Health Areas (RHAs). Meetings were held on this on November 29 and December 30, 2022.

The plan is to move to the six RHAs on a phased basis throughout 2023. Under the current proposal, unfortunately the HSE will effectively remain intact and the RHAs will have no legal authority.

When announced by the Department of Health in April 2022, the intention was that "RHAs would plan, fund, manage and deliver integrated care for people in their region as geographically aligned, regional sub-divisions of the HSE."

The INMO will keep members informed of any further updates on this plan.

Questions about exclusions from pandemic payment

THE INMO wrote to Minister for Health Stephen Donnelly on December 15, 2022 regarding the non-inclusion of Tusla and the Irish Blood Transfusion Service and other agencies in the pandemic recognition payment.

A reminder has since been issued to the Minister for Health in relation to this matter and the INMO is awaiting a response.

Claim for long Covid injury scheme

THE disputed claim for a long Covid injury scheme has been referred to the Workplace Relations Commission and a date for a hearing is expected to be confirmed shortly.

For ongoing updates on industrial relations issues see **www.inmo.ie**

Long-awaited supports for student nurses and midwives achieved

A €9 MILLION package to fund the long-awaited additional supports for student nurses and midwives recommended in the McHugh report in 2021 was announced in December.

Welcoming this, the INMO sought an immediate meeting with the Department of Health to look at the details and implementation measures for the McHugh recommendations.

The union pointed out that a support package is not only important in the context of supporting student nurses and midwives, but also in building measures to retain them in the Irish health service following qualification.

The measures, which will provide supports to students with regard to travel, subsistence, accommodation and uniforms represent the implementation of recommendations made in the McHugh report originally published in August 2021, were due to be implemented by the beginning of the 2022 academic year.

INMO student and new graduate officer Róisín O'Connell said: "Students are affected by the same cost-of-living challenges as their qualified colleagues, with many of them struggling to meet the costs of transportation, fuel, heating, accommodation, and other necessities for completing their training. This includes the cost of accommodation away from home during placements, which is simply unaffordable for students.

"The McHugh report was aimed at bringing allowances for student nurses and midwives in line with the expenses they always incur as part of their training. But it was also important to recognise the additional challenges placed on students during the pandemic and the huge contribution they made to the frontline workforce. Travel is a big part of student placements, but some students will have to pay for accommodation in two places. Supports for these really significant expenses and for uniforms will mean a lot to our student members.

"The INMO has lobbied and pursued these claims for student nurses since 2010 so it is very welcome that as the fourth years commence their internship this is one less issue for them to deal with."

Additional supports for student nurses and midwives

- **Travel and subsistence scheme:** €500 per year for each student nurse/midwife in years one to three of their studies towards the extra costs of meals associated with practice placements outside the student's core placement site
- **Overnight accommodation:** A new rate of €80 for overnight accommodation, along with an increased weekly cap of €300, for students who require accommodation away from their normal place of residence while attending practice placements. *(This weekly cap is three times the cap introduced on January 1, 2022, and almost six times the previous cap)*
- **Laundry:** Student nurses and midwives can also avail of, on a vouched basis, the reasonable cost of uniform laundry services during periods of overnight accommodation
- **Pay for interns:** Pay will be re-instated at 80% of first-year staff nurse/midwife pay scale, for internship students
- **Uniforms:** Two additional uniforms for student nurses and midwives at the start of their internship

Experiencing difficulties paying?

For cyber security reasons, in the interests of protecting the integrity of individual banking credentials, new restrictions have been imposed on payment systems. The INMO will no longer be able to accept payments over the phone. Payments can be made by:

- Monthly salary deduction, using the deduction at source form available from INMO (not all work locations offer this facility so an alternative would be by monthly standing bankers order through your bank)
- Monthly standing bankers order, using form available from the INMO
- Cheque payable to INMO
- Postal order payable to INMO
- Bank draft payable to INMO
- Online via our website (using your unique quick payment code available from the INMO).

If paying online, your bank security will require that the billing details on the card you are using are the same as those used to register membership with INMO.

We apologise for any inconvenience, but heightened awareness of cyber security is in all of our interests. We must implement the highest standard of protection for our members.

UHL continued non-urgent cases despite overcrowding

IN THE run-up to Christmas, the INMO called on management in University Hospital Limerick to abide by public statements and cancel all non-urgent elective care in the hospital and to prioritise the clinical needs of the emergency department patients.

This call came on a day that 94 admitted patients were on trolleys and chairs awaiting a bed in the hospital.

INMO assistant director of industrial relations Mary Fogarty said: "Despite public assurances from management at the hospital yesterday that 'all but most urgent elective surgery' would be curtailed in Ireland's most-overcrowded hospital, most elective care continued at the hospital yesterday and today (December 19 and 20)."

Ms Fogarty said it was clear that University Hospital Limerick could not cope with providing emergency and elective care at the same time, and that hospital management must abide by their public statements and actually curtail non-urgent elective care immediately.

She continued that INMO members were reporting serious delays in triage and assessment of patients by doctors in the ED.

"Further delays on top of high numbers of patients without a bed is compromising care and outcomes for patients. Management must take the extraordinary steps they have publicly promised," said Ms Fogarty.

INMO survey aims to assess short staffing faced by members at work

THE INMO has launched its annual online survey and members are urged to take the time to complete this important questionnaire.

The survey is designed to explore the experiences of nurses and midwives working in various healthcare settings across Ireland, and the information will be used to inform the INMO strategy for supporting and representing members.

The INMO is actively pursuing implementation of safe staffing within the health service and this survey has a specific focus on the problem of short staffing that faces our members daily.

The survey results will be published to highlight key issues facing your professions. In addition, the results will contribute to the professions' understanding of workplace conditions, stress, exhaustion, and its impact on nurses and midwives.

The survey is anonymous and is designed so information cannot be attributed to any individual. It takes approximately six minutes to complete and members can find a link to the survey on the INMO website **www.inmo.ie** or in the latest INMO email updates.

– Tony Fitzpatrick, INMO deputy general secretary

ED safe staffing framework heralds increases in nursing hours in Kerry

AS THE safe staffing framework for emergency departments is rolled out nationally from the pilot sites, which was rigorously pursued by the INMO over 2022, the Local Implementation Group met in University Hospital Kerry in January.

While it is early days in terms of the review, work has commenced in the department and it is already projected to deliver a significant increase in wholetime equivalent (WTE) nursing posts in the ED which is based in Tralee. This will provide additional nurses per shift in the ED for adult presentations.

In addition, the INMO is pursuing the matter of staffing to care for admitted patients housed in the ED and other areas of the hospital and early calculations as part of this ongoing process will also increase WTE nursing posts.

Following engagement in 2022 to the local ED forums, the INMO has secured a significant increase in resources in conjunction with ongoing engagement and maintenance of good industrial relations between the union and local hospital and nursing management.

– Liam Conway, INMO IRO

Subsistence agreed for redeployed

INMO members who were redeployed during 2021 to the Swords vaccination centre in North Dublin were represented by the INMO in a claim for subsistence payments during the period. Following intensive negotiations an agreement was reached with the HSE to pay subsistence rates to the redeployed staff. This was well received by our members as recognition for their trojan work during the pandemic.

– Noelle Hamilton, INMO IRO

Staff needed for extra palliative beds

AS PART of the HSE Winter Plan, four temporary extra palliative care beds were secured in the HSE Mid-West region. These are now open for admission however the service has been unsuccessful in recruiting temporary staff for the extra patients. Agency staff are currently being secured and the service is doing a scoping exercise with staff to ascertain interest in committing to overtime shifts to staff the beds. The INMO has advised members about raising risk concerns if beds are occupied without safe staffing levels.

Errors with unsocial pay

FOLLOWING reports from newly employed nurses of errors in their pay for 'unsocial hours', the INMO engaged with HR at their place of work in the mid-west. This is being followed up by HR, which has requested a review from the salaries and payroll department (SAP). The INMO will continue to pursue this case.

– Karen Liston, INMO IRE

World news

Nurses and midwives in action around the world

Global
- Global Nurses United condemns anti-democratic attacks in Brazil's capital

Australia
- 10-year wage cap leaves $120k of lost earnings for nurses, report finds

Brazil
- Nurses negotiate with government to avoid strike over basic salary

Canada
- Nurses report patient safety concerns daily
- Canada's response to nursing shortage lacks urgency and co-ordination
- Health workers warned of nursing shortage years before death of young mother: 'It's definitely getting scarier'

India
- Demanding better working conditions and wages, private hospital nurses observe token strike

Spain
- Nurses alert: lack of hospital beds generates "unacceptable delays" in surgeries
- Nurses critical that their sick leave due to Covid-19 in 2020 and 2021 not considered workplace accidents

UK
- Relying on agency nurses carries patient safety risks – study
- Nursing strikes to continue after 'bitterly disappointing' government talks
- Nurses' union suggests government meet it halfway on 19% pay rise demand

US
- New York City nurses return to work after three-day strike
- Hospitals explore virtual nursing to cover staffing shortages and fight burnout

INMO deputy general secretary Edward Mathews rounds

ICN chief outlines global challenges facing nursing

CHALLENGES facing the nursing profession in 2023 include global warming, ongoing conflicts between and within countries, chronic underfunding and the worldwide shortage of nurses.

Reflecting on these global challenges, International Council of Nurses chief executive officer Howard Catton said these issues are blighting healthcare services and making it difficult for patients to access the care they need.

In addition, he said, they are fuelling industrial strife in many countries as nurses express their disaffection with the way they are being treated, which is in stark contrast to the accolades and applause they received at the height of the pandemic.

The ICN's **#nursesforpeace** campaign has shown the generosity of nurses in wanting to help their beleaguered colleagues and has demonstrated the solidarity that nurses share globally.

With the global shortage of nurses estimated to reach 30 million by 2030, the cumulative effects of decades of politicians' unwillingness to fund health services properly is evident, Mr Catton said.

In many countries, the public understands this situation better than their politicians, and their ongoing support for nurses is crucial at a time when the profession is growing in confidence and increasingly standing up for its rights by taking industrial action.

The ICN has reiterated its commitment to bringing people together, and to remain engaged and influential in the development of global health policies through its work with the World Health Organization and others.

The road to a better future for everyone will be paved in part by more investment in the nursing profession, Mr Catton concluded.

International Nurses Day 2023 theme focuses on the future

THE ICN recently announced the theme for International Nurses Day (IND) 2023: *Our Nurses – Our Future* and launched its new IND logo.

ICN president Dr Pamela Cipriano explained the theme sets out what the ICN wants for nursing in the future in order to address the global health challenges and improve global health for all. This includes the need to learn from the lessons of the pandemic and translate these into actions for the future that ensure nurses are protected, respected and valued.

With the release of important reports including the *State of the World's Nursing* report, *The WHO Global Strategic Directions for Nursing and Midwifery (2021-2025)*, the *Sustain and Retain in 2022 and Beyond*, the ICN and other organisations have shown the evidence for change and called for action and investments in nursing.

It is time to look to the future and demonstrate what these investments will mean for nursing and healthcare. The *Our Nurses – Our Future* campaign will shine the light on nurses and on a brighter future, moving nurses from invisible to invaluable in the eyes of policy makers, the public and all those who make decisions affecting the delivery and financing of healthcare. The campaign will also look at how we must strengthen our health systems to address growing global health demands. It will capture key actions that the ICN believes are essential to address both the profession and health systems, which are, of course, mutually beneficial and reinforcing.

"Together our future depends on every nurse, every voice, to not only be on the frontlines of care, but also be on the frontlines of change," Dr Cipriano said.

International Nurses Day (IND) is celebrated around the world on May 12 each year, the anniversary of Florence Nightingale's birth. The ICN commemorates this important day each year with the production and distribution of IND resources and evidence. The ICN and the INMO, as the Irish national nursing association member of the ICN, look forward to celebrating nurses and working together to chart the future direction of nursing in order to meet the needs of the new normal, as well as the Sustainable Development Goals, Universal Health Coverage, and Health for All.

up global nursing and midwifery news

WHO appoints new chief nurse

THE ICN has welcomed the swift appointment by the World Health Organization (WHO) of Dr Amelia Latu Afuhaamango Tuipulotu as its chief nursing officer, following on from Elizabeth Iro stepping down from the role.

Dr Tuipulotu was formerly the Kingdom of Tonga's chief nursing officer (CNO) between 2014 and 2019, and served as its first female Minister for Health between 2019 and 2021. Since 2019 she has been an honorary adjunct associate professor at the University of Sydney, Australia, and in 2022 she was appointed as a member of the WHO Executive Board.

ICN president Dr Pamela Cipriano congratulated Dr Tuipulotu on her appointment and offered the ICN's support in furthering the cause of nurses in the WHO and around the world.

Dr Cipriano reflected that for many years, the WHO did not have a CNO and the appointment of Ms Iro in 2017 came after a long campaign by ICN to re-establish such a role. The ICN is consequently pleased that Dr Tuipulotu has been appointed, and that the role has been firmly embedded in the WHO hierarchy of senior staff.

Dr Tuipulotu is due to take up the post in the first quarter of 2023.

Midwives together again – from evidence to reality

THE theme chosen for this year's International Day of the Midwife (IDM) is 'Together again: from evidence to reality'. This is a nod to the upcoming 33rd ICM Triennial Congress, where the global midwife community will come together for the first time in more than five years.

It is also honours the efforts of midwives and their associations to put into action critical evidence such as the *State of the World's Midwifery (SoWMy) 2021* report towards meaningful change for the profession and the women and families that midwives care for.

The annual IDM toolkit will be published early in February, with details about the digital IDM event. IDM 2023 on May 5 will focus on providing midwives belonging to the International Confederation of Midwives (ICM) with a platform to share stories and key learnings from their impactful advocacy initiatives.

In addition, the ICM is planning to announce its first-ever IDM contest which will bring together two major moments in the upcoming year, IDM and the 2023 Congress.

The INMO, as the Irish national midwifery association member of the ICM, will represent Ireland's midwives at the ICM Triennial Congress in June and as always will promote the celebration of IDM on May 5, 2023.

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RESEARCH AND INNOVATION AWARD 2023

A bursary of €1000 will be awarded for a recently completed research project promoting and improving quality of patient-care and / or staff working conditions in an innovative way.

HOW TO APPLY:

Entrants must be fully paid up members of the INMO and in membership for a minimum period of one year from January 2022.

Entrants can apply online at www.inmo.ie
The closing date for applications is Monday, 3 April 2023.

For more information visit:
www.inmo.ie and www.inmoprofessional.ie

Introducing Executive Council members

Aoife Kelly

Senior staff nurse, Bruach na Mara Intellectual Disability Services, Galway

AOIFE KELLY qualified as a registered nurse in London in 2004, having started her training aged just 17. She worked for 12 years on surgical wards before moving into theatre nursing in 2016 and into ID nursing in 2021.

Ms Kelly joined the INMO in 2016 and began attending Galway Branch meetings. She recently joined the RNID Section and finds the peer support and learning opportunities hugely beneficial.

"It's much easier to get issues over the line as a collective that as an individual. The union provides advice and points us in the right direction when it comes to workplace issues. It is a great source of information for us day to day in our workplaces," she told *WIN*.

Ms Kelly strives for equality across the health service and within nursing and midwifery. She feels that staff wellbeing and health and safety in the workplace must be a priority.

"We've been appealing to government for safe staffing levels for what feels like an eternity. Better use needs to be made of our community facilities and more care moved to the community. There needs to be more joined-up thinking and interventions before people end up presenting in ED."

She feels management and government are out of touch and would like to hear more nursing and midwifery voices at policy and decision-making level.

"There is very little accountability when it comes to how funding is allocated and spent. We need to look at the big picture, not individual hospitals as if they are isolated incidents. It's like a pressure cooker at the moment. Staff are totally overworked. We can't keep doing overtime forever. It's just not sustainable. Better cohesion between community and acute health services is desperately needed."

Sarah Meagher

CNM2, emergency department, Letterkenny University Hospital

SARAH MEAGHER completed her training on the diploma programme in Letterkenny and qualified in 2001. She has worked in the ED as a staff nurse, CMN1 and now as a CNM2 and is an active member of the Letterkenny Hospital Branch, where she has served as education officer and now as the health and safety liaison officer, having been a health and safety rep for 15 years. During the 2019 strike she served as secretary on the local strike committee.

"We advocate for patients but we don't have anybody to advocate for us unless we are in a union," she told *WIN*.

"I see nurses who are stressed at home due to stress at work. It's so important to have somebody there to support you through that and get you to the point where you know your rights and entitlements. Being able to speak with one voice and share knowledge across various disciplines is great."

Letterkenny ED has seen some of the worst overcrowding in the country in recent months, in part due to decreased bed capacity in many regional community hospitals.

Ms Meagher said if Sláintecare was fully funded and implemented, this would ease the pressure on acute hospitals. "It would have a huge impact on the numbers of patients we see, the acuity of those patients and the length of time they stay here. The negative health impacts caused by prolonged trolley stays are well documented and can result in increased morbidity and mortality rates. This never seems to get through to the people in power who need to hear it though."

Ms Meagher would like to see more options for career progression, as promotion often means having to leave the clinical setting and being deprived of mentoring or learning opportunities.

Michael O'Dwyer

Staff nurse, Cashel Residential Older Persons' Services, Tipperary

HAVING worked as a social worker for many years, Michael O'Dwyer identified his suitability to care-centred professions and returned to university as a mature student to study nursing at Queen's University, Belfast, qualifying in 2007.

"While off duty one weekend I was the victim of a homophobic gang assault. While recuperating in hospital, I took greater notice of the nursing going on around me and felt I might have something to both contribute toward and gain from the profession," he told *WIN*.

On returning to his native Tipperary, Mr O'Dwyer joined the INMO for industrial protection, advice, support and legal cover, but also as a way of supporting his colleagues.

"There is power in a union. IRO Liz Curran positively enthused me towards a deeper understanding of how representation at local level works and the collective bargaining process."

Mr O'Dwyer was elected as a local INMO rep in 2016 and has assisted colleagues with many issues.

"I will endeavour to honestly further the concerns of our members in all legitimate matters and particularly in relation to gender and minority rights, parity of esteem and in regard to workplace advocacy and equity. I hope to gain support for HSE educational and training programmes specifically dedicated to encouraging a broader understanding of social and cultural minority experience in the workforce."

Mr O'Dwyer would like to see a final end to autocratic management styles in the HSE in favour of management through discussion, agreement and consent, which he said would engender more positive workplace relations.

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Breaking the silence

A recent conference on gender-based violence heard that providing safe, stable housing and amplifying survivor voices are key to ensuring women can safely exit prostitution and sex trafficking

SAFE, stable housing is key to ensuring women can safely exit prostitution, a recent conference on gender-based violence was told, and that notwithstanding the inability to access housing, the current practice of housing survivors of trafficking in direct provision centres is an obstacle to both their psychological recovery and their permanent and safe exit from trafficking.

The 'Breaking the Silence' event was held on December 1 in the Royal College of Physicians in Dublin, hosted by Ruhama and UCD's Sexual Exploitation Research Programme (SERP). The conference was held at the start of the international 16 days of Action Against Gender-Based Violence and its aim was to centre survivor voices in considering the harmful impacts of prostitution in Ireland and globally. Attendees heard from a wide range of researchers, survivors, state representatives and civil society stakeholders.

The conference was addressed by Ruhama chief executive Barbara Condon and Minister of State at the Department of Justice James Browne. Noting welcome policy developments such as the Third National Strategy on Domestic, Sexual and Gender Based Violence, Ms Condon acknowledged the importance of the state's recognition of prostitution as a form of gender-based violence in facilitating effective support for survivors of prostitution and sexual exploitation. She also noted the increased demand for prostitution in Ireland and its prevalence across rural and urban areas, citing a 30% increase in recorded numbers of trafficking victims in the first nine months of 2021 compared to 2022.

The harms of prostitution and sex trafficking were covered in the first session, with a keynote address by Cherry Smiley of Women's Studies Online, Quebec, who discussed the effects of prostitution on indigenous women in Canada. This was followed by an address by a survivor and a panel discussion featuring ICTU's David Joyce, and the Immigrant Council of Ireland's Jennifer Okeke and AkiDwa's Salome Mbugua, in which it was noted that in Ireland and across Europe there is a significant over-representation of migrant women among those in prostitution.

The second set of speakers focused on trauma, specialist supports and emerging findings from research on exiting prostitution, chaired by Dublin Rape Crisis Centre's Noeline Charlton. Attendees heard from Ruhama's trauma psychotherapist Sheila Crowley and education and development officer Trish O'Brien on trauma and the challenges of trauma on women who have experienced sexual exploitation. Ms Crowley provided an impactful account of the prevalence of PTSD among survivors of prostitution and the long-term effects and daily triggers that women can experience following their exit from exploitation.

Noting the widespread cognitive, behavioural and psychological effects of the trauma of sexual exploitation, Ms Crowley highlighted the importance of providing adequate specialist supports and trauma-informed frontline services to ensure the safety of women exiting prostitution. Attendees also heard from SERP researcher Ruth Breslin on the emerging themes from the narratives of women experiencing a complex exit from prostitution and exploitation, captured in Ireland's first study of these experiences.

Voice of survivors

The conference also heard from survivors of prostitution, who provided moving and powerful accounts of their experiences and how their exit from prostitution was supported. The morning concluded with a reading by survivor Mia Doring from her memoir *Any Girl*. She told attendees, through her own experience of exploitation, how change across society required a cultural shift and a focus on prevention as well as supports for survivors.

The conference also heard from Meagan Tyler from LaTrobe University Melbourne, who gave a keynote speech on the role of contemporary pornography as a form of prostitution and a new route into prostitution. Attendees also watched a brief video by Valiant Richey of the Organisation for Security and Co-operation in Europe (OSCE) on the global prevalence of sexual exploitation, with a particular focus on the impact of the war in Ukraine on shifts in human and sex trafficking.

Ruth Breslin, speaker

Sheila Crowley, speaker

The conference finished with an in-depth look at the challenges of prostitution and human trafficking in an international and Irish context, with a panel including chief commissioner of equality and human rights Sinéad Gibney, assistant Garda commissioner Angela Willis, Deaglan O'Briain of the Department of Justice, Noelle Collins of Belfast and Lisburn's Women's Aid and SERP's Dr Marie Keenan. Panellists agreed on the importance of action and the implementation of policies in order to effectively change trends in sexual exploitation and the importance of synchronising supports across the various organisations and state bodies involved.

Throughout the conference, speakers commented on the courage of survivors who related their personal experiences to attendees and the importance of centring survivor voices to combat sexual exploitation.

– Beibhinn Dunne

Irish Nurses and Midwives Organisation
Cumann Altraí agus Ban Cabhrach na hÉireann

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Graduation day

Tara Conway, Janet Flood and Leah Keeny, Trinity College Dublin

Erin Walsh, ID nursing, University College Cork

Caoimhe Guilfoyle, University College Dublin

"THE INMO would like to congratulate all the newly qualified nurses and midwives as they transition into their new roles. The past four years have been filled with different challenges, whether it be assignments or a global pandemic. You have all pushed through and come out the other side. Congratulations on this immense achievement".

– Róisín O'Connell, INMO student and new graduate officer

Rachel Campbell and Katie Coleman, UCC

Danny Bell and Janet Flood, TCD

Midwifery students from TCD enjoying their final day of lectures

‘Pat Tobin and her nurses’

With strong roots in the old Richmond Hospital and a long and fascinating career in nursing behind her, Pat Tobin was honoured recently by her colleagues at Beaumont Hospital. Interview by **Freda Hughes**

IN DECEMBER 2022 Beaumont Hospital named its new 12-bed neurosurgical unit after senior ward sister Pat Tobin, who dedicated 25 years of her working life to caring for neurosurgical patients.

Ms Tobin has had a long and fascinating career as a qualified nurse and midwife. Recalling the beginning of her training in the Richmond Hospital in Dublin in 1969, she remembers the exact layout of the three hospitals and their surrounds at that time. Speaking to her was like stepping back in time and being taken on a tour of the facilities.

For the first year Ms Tobin lived on site in the nurses' home situated near the emergency department – then called ‘casualty’. At that time, staff could walk from the Richmond Hospital on Brunswick Street to the Whitworth Hospital on Morning Star Avenue without going outside, as there were corridors and departments connecting both hospitals. The Hardwicke Hospital, along with the pharmacy and consultants' rooms on Morning Star Avenue could only be accessed from the street but there was great co-ordination between the three hospitals.

Both of Ms Tobin's sisters had trained as nurses in the UK so she was glad to be able to train in Ireland, taking up her training post just three months after completing her secondary school education. After the first year living on site, she got a flat in Phibsborough from where she could walk to work, often with colleagues.

Ms Tobin qualified in 1972 and worked on the general medicine and endocrinology wards in the Hardwicke Hospital. In 1974 she was made permanent as a staff nurse. She took a year out in 1975 and trained as a midwife in the National Maternity Hospital on Holles Street, Dublin. On her return she was offered the position of ward sister aged just 26, making her possibly the youngest ward sister in the country at that time.

“I received fabulous training and I still keep in touch with many of the nurses I worked with. Of course everything was much more hierarchical in approach back then. Consultants really were placed on a pedestal and we were supposed to know our place,” Ms Tobin told *WIN* while recalling her training days.

Further afield

During her career she twice travelled to war-torn countries to administer nursing care and help develop new medical facilities. In the 1970s she followed news reports of the atrocities taking place in Cambodia under the leadership of notorious dictator Pol Pot. After a long day in work she saw a Red Cross recruitment ad on TV seeking medical professionals to form an Irish delegation to Cambodia. She contacted the Red Cross immediately and was selected to join the team after an extensive interview process. She spent three months working non-stop in Cambodia with only one day off per month.

“We lived on a camp site and often there was little or no water for us to wash so we had to have communal showers. We got up every morning at 4.30. We were in a war-torn country and working in completely different circumstances psychologically too. It was a formative experience,” Ms Tobin said.

Pat Tobin during her time in Beaumont Hospital

In the 1980s she again joined a medical delegation, this time to Iraq to open up a new hospital in Baghdad. At least three senior sisters formed part of the medical team along with nurses, doctors, consultants and other medical professionals from various specialist areas. She spent a year in Baghdad training Iraqi staff and getting the hospital up and running. On her return to Ireland in 1985 she was appointed to the neurosurgery ward known as Richmond 3. Initially she was concerned about this move.

"I nearly passed out with the shock but the matron assured me that I would be well suited to it and it turned out she was right. At the end of the day, it was the best thing I ever did. I never looked back. I loved it," she said.

A time of change

In 1987 the move from the north city centre hospital campuses to Beaumont Hospital was well underway. The Richmond, the Hardwicke, the Whitworth and Jervis Street hospitals were all to be amalgamated on the new suburban hospital campus a few kilometres to the north of Dublin city centre. When her department moved, Ms Tobin stayed in neurosurgery and kept her senior ward sister role, which would later become the CNM2 role.

"It was a time of huge change. The ICU was created and we no longer had ventilators on the wards. We started to move away from the old Florence Nightingale-style wards to a more modern approach. It took time to adjust, but we adapted. Staff had come from various hospitals where practices often differed slightly so it took us a while to find our feet. We did hit the ground running though and settled in in no time," she said.

Ms Tobin spent the next 23 years working in neurosurgery in Beaumont Hospital, until her retirement in 2010. She was always a perfectionist and would stress to the nurses working with her that they should treat their patients as though they were their own family members. She explained that she always endeavoured to be an advocate for her patients and that good communication and the ability to listen are essential to good nursing practice.

Ms Tobin (left) pictured with Marie Murphy, director of nursing, Beaumont Hospital, at the recent unveiling of the Pat Tobin unit

A team effort

Ms Tobin told *WIN* that if she could change one thing about nursing in Ireland it would be to give greater recognition to the work of nurses and midwives and the responsibility that they take on every day.

"Day to day we're looking after patients, we're looking after students, we're looking after our staff and the ward. We have all these people and responsibilities under one umbrella.

"Even though there is a lot of pressure in it, I absolutely loved my job. I loved learning new things and I loved teaching students and helping them on their way. However, nursing can be challenging when trying to deliver care in difficult circumstances. Nurses need acknowledgement for the phenomenal work they do and that should be reflected in their pay and conditions," she continued.

Ms Tobin said she was shocked when she received a call from Prof Donnacha O'Brien, neurosurgeon, and Marie Murray, director of nursing, informing her that Beaumont Hospital had decided to name a ward after her. While she has always wanted greater acknowledgement of the work nurses do, she has always shied away from personal notoriety.

At the launch of the new Pat Tobin Ward, the chief executive and director of nursing attended along with numerous neurosurgeons, but what pleased Ms Tobin most was to see her former nursing colleagues there, many of whom had travelled quite far to attend. The plaque at the ward entrance reads: "Pat Tobin and her nurses". She was delighted with this message as she has always emphasised that it was a team effort. Addressing attendees of the launch, Ms Tobin spoke of her pride in her colleagues.

"It is such an honour to have a ward named after a nurse, not just for me but for all the nurses past and present who have dedicated their lives to their patients. This department has saved the lives of so many people. I have been so privileged to work with an amazing team and I'd like to share this honour with them. This was not a one-man journey; it is because of the amazing staff I had working with me that we were able to achieve our goals."

Ms Tobin (centre, in pink) with colleagues past and present at the unveiling of the new neurosurgical unit at Beaumont Hospital, Dublin

Irish Nurses and Midwives Organisation
Working Together

Nurse and Midwife Representative Training 2023

The aim of this training course is to provide members in the workplace with the knowledge, skills and confidence to represent and support members in the workplace. The representative also acts as a liaison between the INMO members, INMO officials and INMO head office.

The course takes place over two days and there are agreements within the public health service for paid released time off to attend INMO rep training courses.

The INMO also provides an Advanced Representative Training Course. This training is at advanced level, the requirement for attending the advanced representative training is to have completed the basic representative training and have been an active INMO representative in the workplace for at least one year.

If you are interested in attending a representative training course in 2023, please make contact with your INMO official and they will issue you with an "Expression of Interest Form" to complete and return.

2023 DATES*		
01 & 02	MARCH	DUBLIN
28 & 29	MARCH	GALWAY
24 & 25	MAY	WATERFORD
13 & 14	JUNE	DUBLIN
20 & 21	JUNE	MIDLANDS/CAVAN
27 & 28	JUNE	LIMERICK
20 & 21	SEPTEMBER	DUBLIN
27 & 28	SEPTEMBER	SLIGO
03 & 04	OCTOBER	CORK
12 & 13	OCTOBER	DUBLIN

Please note that the Dates and Locations are subject to change

Contact your INMO Official

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NEW

INMO Section
Advanced Nurse/Midwife Practitioner
Clinical Nurse/Midwife Specialist

Following the recent International ANP Conference, and the subsequent heightened interest amongst our members, we are seeking to establish a national nursing and midwifery networking group for ANP/CNS members.

This forum will facilitate colleagues from across the country to link with each other for specialised networking, information sharing and above all else support for each other in these roles.

Please send an expression of interest to jean.carroll@inmo.ie, including your INMO membership number.

Q and A Bulletin Board

With INMO director of industrial relations Albert Murphy

Salary scales – know your point

Q. I qualified in September 2022 as a registered nurse and immediately began working in the HSE. I am currently on the second point of the salary scale. I'm just wondering is this correct or should I be on the next point of the salary scale?

This is not correct. When you commenced employment in September 2022 as an RGN, you should have been placed on point one of the nursing/midwifery salary scale. After you completed 16 weeks of work (including time worked as a pre-reg) in approximately January 2022, you should have progressed to point 3 of salary scale – this will be your 'new increment date'. This is in line with HSE HR Circular 032/2019 which states: "Nurses/midwives currently on point 1 will benefit from the revised new entrant measure and, at their next increment post March 1, 2019, skip point 2 and go to point 3." One year from this date, you should progress to point 4 and will then be eligible to apply for the enhanced practice contract. I would generally recommend applying a few weeks before moving to point 4. I would advise that you bring the circular to the attention of your HR department and seek to be placed on the third point of the salary scale with retrospection to your increment date. If you encounter any difficulties with this, do not hesitate to get in touch with your local INMO official.

New public holiday

Q. Last year there was a new public holiday in March 2022. Am I right in thinking that this year it will be in February instead?

You are correct. A Statutory Instrument was signed into law on February 7, 2022 and provided for a once-off public holiday entitlement on Friday, March 18, 2022. This was a government decision in recognition of the efforts of the general public, volunteers and all workers during the Covid-19 pandemic and in remembrance of people who lost their lives due to the Covid-19 pandemic.

From this year there will be a new permanent public holiday established in celebration of Imbolc/St Brigid's Day. This will be the first Monday in every February, except where St Brigid's Day (February 1) happens to fall on a Friday, in which case that Friday, February 1 will be a public holiday. This year, the public holiday falls on Monday, February 6, 2023.

Annual leave and sick leave

Q. I have an enquiry regarding annual leave. I was due to go on annual leave and had booked a week off work. However, on the weekend before the leave was due to start, I became ill and was on sick leave for that week. My question is will I be able to avail of this annual leave at a later date?

Where a nurse/midwife falls ill during a period of annual leave and submits a medical certificate from a registered medical practitioner, the period covered by the certificate is regarded as sick leave, and annual leave entitlement is restored. Therefore, annual leave can be taken at a later date.

Illness on maternity leave

Q. I am a staff nurse working in the public health service and am currently on unpaid maternity leave. I have 10 weeks of maternity leave taken so far. I have now fallen ill. Can I postpone my maternity leave and take it later? Would I be able to transfer to sick leave as I feel I am using up my maternity leave while sick?

If you get ill during a period of maternity leave, there is a provision for transferring to sick leave, subject to meeting conditions. You must be in your last four weeks of maternity leave and have already notified your employer about taking additional unpaid maternity leave or you are already on additional unpaid maternity leave. Subject to the agreement of your employer you may terminate your additional maternity leave and transfer to a period of sick leave. However, the employee will not be entitled to resume their additional maternity leave after this period of sick leave.

Know your rights and entitlements

The INMO Information Office offers same-day responses to all questions

Contact Information Officers Catherine Hopkins and Catherine O'Connor at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie, catherine.oconnor@inmo.ie
Mon to Thur 8.30am-5pm; Fri 8.30am-4.30pm

- Annual leave
- Sick leave
- Maternity leave
- Parental leave
- Pregnancy-related sick leave
- Pay and allowances
- Flexible working
- Public holidays
- Career breaks
- Injury at work
- Agency workers
- Incremental credit

Section focus

INMO Professional

Jean Carroll, Section Development Officer

Broad range of speakers lined up for Care of the Older Person Section conference in Portlaoise next month

THE National Care of the Older Person Section conference on March 7 in Portlaoise will hear from Deirdre Lang, national lead in older person services, on the topic of gerontology.

Also speaking at the conference – the section's first in-person event since the pandemic – will be advanced nurse practitioner Claire Nelson, who will present on the Integrated Care Programme for Older Persons and the care journey within Sláintecare.

Eithne Ní Dhomhnaill, director of Nursing Matters & Associates, a training and consultancy service, will speak about the legal aspects of documentation, while advanced nurse practitioner Daragh Rogers will address the conference on falls.

Joe Hoolan, INMO professional services officer, will update the conference on all matters pertaining to the fitness-to-practise process.

Attendees will also hear about a clinical trial, the Re-Mind Study, which has shown that a supplement with carotenoids, omega-3 fatty acids and vitamin E has a positive effect on the symptoms and progression of Alzheimer's disease.

The conference, which is sponsored by Cara Pharmacies, will also cover the use, management and recording of psychotropic drugs.

The section is looking forward to seeing everyone in person on the day.

See *page 47* for details on the programme and booking information.

Two social outings planned for Retired Section

THE INMO Retired Nurses and Midwives Section has planned two social outings for the first half of 2023.

The first will be a Dublin Bay cruise tour on Wednesday, March 22. Book online at **www.dublinbaycruises.com** The tour will depart from Sir John Rogerson's Quay/Samuel Beckett Bridge at 11am and end in Dún Laoghaire.

Section members will return to in Dún Laoghaire on Wednesday, April 19 for a tour of the National Maritime Museum at 12pm. To book, contact Tel: 01 280 0969.

For more information, contact Ger at Tel: 087 2794701.

CPC Section subgroup set up to review nursing programme

A SUBGROUP of the Clinical Placement Co-ordinators (CPC) Section has been established to work on a review of the undergraduate nursing programme and in particular the role of the clinical placement co-ordinator.

On completion, the findings of the review will be presented as feedback to the Nursing and Midwifery Board of Ireland (NMBI).

The first meeting of the CPC subgroup took place in January, when an overview of the work to be carried out was discussed and timelines to complete the document were put in place.

International Section raises €1,000 for children's charity

The International Section raised €1,000 for the Children's Health Foundation (CHF) in December 2022 to support sick children and their families over the festive season. Every Christmas the section raises funds to support the most vulnerable in our society and in 2022 it was decided that the CHF was a worthy recipient given the many uncertainties throughout the year, especially the ongoing war in Ukraine. Christmas is the most magical time of the year for children, and the section was aware that some children would be spending the festive season in a children's hospital

Pictured at the cheque presentation at the CHF office in Drimnagh, Dublin on December 15 were (l-r): Toyosi Atoyebi, section secretary; Kemi Williams, section member; Laura Hill, CHF officer; Mosun Olaosebikan, section member; and Ibukun Oyedele, section member

INMO Professional

Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

In the pull-out this month…

Introduction to Positive Behaviour Support

Feb 15

This programme explores compassion and its application in the care setting. It is an internationally recognised evidence-based approach to supporting individuals with behaviours that challenge. It introduces participants to the model of positive behaviour support and the benefits of its use. It is designed for management and frontline staff to support and improve the quality of care of individuals with behaviours that challenge the services that support them.

Fee: €90 INMO members; €145 non-members

Change Management – Valuable Tools for Nurses and Midwives

Feb 16

The aim of this course is to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives in helping them lead, develop and manage change in their workplace. Participants will gain valuable tools in how to understand the nature and process of change within the healthcare setting; appreciate the importance of managing stakeholders as part of the change process; apply change concepts with their clinical and managerial practice and reflect on their previous experience of change. They will leave with knowledge of how to best support their work colleagues on how to approach change positively.

Infection Control Risk Register: Regulation 27 – Development and Review

Feb 22

This course will outline and provide support in the development of an infection control risk register for your facility. This is a requirement in meeting regulation 27 infection control in residential facilities in Ireland. The session will identify risk description, existing controls, additional controls required and complete a calculated risk-rating score based on a national framework. The sessions will assist the staff in achieving and maintaining governance compliance in this area for their facility and staff and resident/service user safety.

INMO Professional looks to the year ahead

Steve Pitman
Head of Education and Professional Development

THIS year has started as 2022 ended, with the health service under immense pressure with continuing overcrowding and record numbers of patients on trolleys. The INMO TrolleyWatch figures from the past decade present a shocking increase from 2,422 in 2009 to more than 18,028 in 2022. This has had a significant impact on patient safety and the quality of services provided. This unrelenting demand severely affects nurses and midwives, causing high levels of exhaustion and burnout. The INMO will carry out its annual survey of nurses and midwives, which will be open over the coming months. The survey is important as it allows the INMO to produce research-based evidence on the recent experience of nurses and midwives and the impact of the current crisis.

Education and training courses

INMO Professional will be offering QQI level 6 education courses in 2023. In addition to the popular five-day Training Delivery and Evaluation course, we will introduce a leadership and management course for nurses and midwives. It is anticipated that this course will be available in the autumn. Information about the courses will be published in *WIN* and on **www.inmo.ie**

NMBI

NMBI Fundamental Review of the Undergraduate Programmes will continue throughout 2023. The initial research stage, led by Dr Mary Ryder, UCD, is expected to conclude by the summer. The INMO will participate in the initial research process and make submissions to future consultations. The voice of nurses and midwives must be heard and must contribute to the future development of undergraduate education.

If you are a recent graduate, we will encourage you to participate in examining the experiences of undergraduate nursing and midwifery education programmes in Ireland. Information and a link to the survey can be found at **https://healthandagriscience.fra1.qualtrics.com/jfe/form/SV_9pn863hlOgudIZU**

The work on the Maintenance and Monitoring of Professional Competence continues, and the INMO will continue to engage with the NMBI as the process develops throughout 2023.

The NMBI is currently reviewing the PHN Post Registration Standards and Requirements. This process is expected to be completed in the first quarter of 2023.

HSE ONMSD

The INMO has been participating in the review of the HSE ONMSD 2020 HSE Pronouncement of Death policy. We expect that a revised policy will be available in the coming months.

The work on the review of the HSE Professional Development Planning Framework is also expected to be completed. It is expected that the PDP Framework will operate in place of the 2020 HSE Performance Appraisal process for nurses and midwives.

Nursing and midwifery festivals

The INMO is delighted to support the Nursing and Midwifery Festival again this year. The Sláintecare Nursing Festival will take place in March 2023 and the All-Ireland Maternity and Midwifery Festival will be held on April 18, 2023 in DCU.

CJ Coleman Award

INMO Professional is delighted to offer the CJ Coleman Research and Innovation Award again for 2023. The award is sponsored by insurance broker CJ Coleman, who have generously sponsored the INMO members' research award for more than a decade. A bursary of €1,000 will be awarded for a completed research/change project, promoting and improving the quality of patient care and/or staff working conditions in an innovative way. The award is open to all INMO members and will be announced at the ADC in May. The closing date for completed applications is April 3, 2023. Further details and a link to the application form are available on the INMO and INMO Professional websites.

Call for posters

The INMO recognises the significant contribution nurses and midwives make to enhancing and developing the quality of care delivered to patients and service users. This is an opportunity to showcase the innovations in practice. Members are invited to submit a poster for presentation at the ADC in the first week in May in Killarney, Co Kerry. A prize of €300 will be awarded for the best poster. Further information and a link to the application form can be found on the INMO website.

On-site Education

INMO Professional offers extensive on-site programmes facilitated by expert practitioners. If you are interested in booking CPD courses for your organisation, please contact education@inmo.ie or 01 6640642.

Delivering courses for INMO Professional and writing for *WIN*

We are eager to offer members the opportunity to work with us in developing and delivering education courses. If you are an AN/MP, CN/MS, or a nurse/midwife with expertise in clinical or management practice, we would be interested in hearing from you. Please contact education@inmo.ie or 01 6640642. We are also interested in hearing from you if you would like to write professional and clinical articles for *WIN*. Please email steve.pitman@inmo.ie

INMO Professional

Education Programmes

Tel: 01 6640618/41
Email: education@inmo.ie

All of the following programmes are category 1 approved by the NMBI and allocated continuous education units
Online course fee: €30 members; €65 non-members
Time: 10am-1pm

Book three education programmes and get the fourth free
www.inmoprofessional.ie

Keep your CPD up to date • Extensive range of programmes • NMBI category 1 approved • Digital certification provided

Feb 9 **Falls Reduction, Assessment and Review**

The purpose of this short online programme is to promote a consistent approach to falls reduction for older people through assessment, individualised care planning and post-falls review. It promotes excellence amongst nurses who provide care to the patients at risk of falls, informed by current evidence. The main aim is to assist nurses to identify those patients or residents who are at risk of falls and to reduce that risk by providing knowledge on falls reduction techniques, ultimately improving patient safety and minimising injuries in the older population.

Feb 10 **End of Life care in residential care settings for older persons**

This online programme outlines information specific to the care and support of residents and their families in end of life care. The course aims to recognise signs and symptoms of deterioration, and will assess, monitor and review, physical, psychological, social and spiritual areas of care at end of life for the person. Participants will be able to Identify and apply effective interpersonal communication with families of a loved one at end of life during this difficult period. Furthermore the outline of debriefing of staff and bereavement care for residents and relatives is addressed.

Feb 15 **Introduction to Positive Behaviour Support**

This programme explores the key components of compassion and their application in the care setting. It is an internationally recognised evidence-based approach to supporting individuals with behaviours that challenge. It introduces participants to the model of positive behaviour support and outlines the benefits of its use.

Feb 15 **Best practice for Clinical Audit for Nurses and Midwives**

This programme equips nurses and midwives with the necessary skills to plan and implement a clinical audit, enabling them to deliver evidence of improved performance for safer and better care for patients. Participants will be provided with an overview of clinical audit and be informed about each stage in the clinical audit cycle: topic selection, standards development, data collection, data analysis, reporting, implementing changes and re-audit. There will be an emphasis on continuous quality and safety improvement in healthcare.

Feb 16 **Change Management – Valuable tools for nurses and midwives**

The aim of this course is to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives in helping them lead, develop and manage change in their workplace. Participants will gain valuable tools in how to understand the nature and process of change within the healthcare setting; appreciate the importance of managing stakeholders as part of the change process; apply change concepts with their clinical and managerial practice and reflect on their previous experience of change. They will leave with knowledge of how to best support their work colleagues on how to approach change positively.

Feb 17 **The Know How of Inhaler Technique**

This programme will address issues around inhaler technique. The programme will introduce nurses and midwives to current best practice in relation to inhaler technique and assist in the understanding of the role of inhaled medication with the correct use of inhalation devices.

Feb 21 **Introduction to Management and Leadership Skills**

The aim of this short online programme is to identify key managerial and leadership competencies for front line nursing/midwifery managers and to explore how these are applied in practice. The programme will include management theory, effective leadership and team working as well as delegation and clinical supervision. Topics include: Management Theory, Effective Leadership and Team Working, Delegation and Clinical Supervision, Understanding the nature and approaches to leadership, Leading nursing and midwifery in 'your' workplace, Understanding 'Yourself', Leading others, Professionalism, regulation and fitness to practice.

Cancellation policy: For cancellations five days before the course due date, a full credit to transfer onto a course at a future date will be offered. For non-attendance, there is no refund or transfer. If a course is cancelled due to insufficient numbers, a full online refund will be issued.

Feb 22 **Leg Ulcer Assessment and Management**

This short online course will advise participants on leg ulcer management. Topics covered on the day include: pathophysiology, assessment and management of leg ulcers. Learning outcomes: have an understanding of the theory and concepts of the different causes of leg ulcerations; have gained a deeper understanding of the pathophysiology of leg ulceration; be aware of different non-invasive assessment for leg ulcerations; understand the importance of compression for venous leg ulcerations.

Feb 22 **Infection Control Risk Register: Regulation 27: Development and Review**

This three-hour session will outline and provide support in the development of an infection control risk register for your facility. This is a requirement in meeting regulation 27 infection control in residential facilities in Ireland. The session will identify risk description, existing controls, additional controls required and a calculated risk rating score based a national framework. The sessions will assist the staff in achieving and maintaining governance compliance in this area for their facility and staff and resident/service user safety.

Feb 28 **Restrictive practices in residential care settings for older people**

Restrictive Practice in the Residential Care is a half day webinar programme that encourages participants to reflect on interventions that could be seen as restraining residents if viewed from a resident's perspective. Many interventions within healthcare environments can restrict movement of older people. They are unintentional and can be argued as in the best interest or for the protection of residents, for example, a nursing home locked at night to protect residents and staff from intruders.

Mar 1 **Phlebotomy**

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining consent.

Mar 1 **Management Skills**

This programme outlines the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. The programme will explore both management and leadership functions and how these are applied in practice.

Mar 2 **Tools for Safe Practice**

This course provides safe practice tools to protect the nurse and midwife. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment and communication practices in a complex multifaceted healthcare arena.

Mar 8 **Healthcare Provider CPR and AED** *(in person)*

This course will equip participants with the necessary theory and skills for the provision of adult/child and infant CPR and AED use in emergency situations, in line with the latest guidelines recommended by the AHA. The online theory section will be sent on to participants prior to course date and must be completed before attending the practical session. The certificate awarded on completion of the course has a life span of two years. Times: 11am-12.30pm or 1pm-2.30pm. Fee: €135 INMO members; €175 non-members.

Mar 8 **Introduction to Treating and Preventing Pressure Ulcers**

This short online course will advise participants on pressure ulcer prevention. Topics covered on the day include; causes of pressure ulcers, risk assessment, and prevention of pressure ulcers. On completion of this course, participants will be able to: discuss the causes of pressure ulcers; identify the factors that place a person at risk of developing pressure ulcers; have an understanding of the key principles of preventing ulcers and be able to take action to prevent pressure ulcers in the clinical environment; have an understanding of pressure ulcer classifications and grading; have an understanding of the key principles of the SSKIN Bundle and how to implement it in the clinical environment.

Mar 9 **Diabetes CBT and General Wellbeing**

This online course is for nurses and midwives who have an interest in the management of a patient with diabetes. The literature would suggest that diabetes, chronic disease management and the self-care that is associated with it brings high incidence rates of depression, anxiety, and negative thoughts. The use of different strategies, Cognitive behavioural therapy (CBT) and clinical trials look at the area of wellbeing and theories and models to help clients and healthcare providers try and formulate plans to look at these issues.

When booking online courses please note:
Places must be booked in advance. You will need a reliable computer and internet access. Please ensure a correct email is provided when registering. Certificates for participation will be issued in digital form and sent by email. Do not hesitate to contact us at Tel: 01 6640641/18 or email: education@inmo.ie

Mar 10 **PEG Feeding – Caring for Adults and Paediatrics who have a PEG Tube in the Hospital/Community Setting**

This introductory programme is aimed at all nurses working within the hospital and community setting caring for adults and paediatrics who have a percutaneous endoscopic gastrostomy (PEG) tube. It will address the clinical indications and requirements for PEG feeding in the home and hospital setting. It will provide guidance on medication administration and nutrition with a focus on hospital policies and government guidance. It will also discuss the complications of PEG feeding that can occur and how these can be clinically managed.

Mar 10 **Competency-based Interview Skills for Nurses and Midwives**

This short online programme will assist participants for a competency-based interview that enables candidates to show how they would demonstrate certain behaviours and skills in the workplace by answering questions about how they have reacted to and dealt with and previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

Mar 15 **Become More Assertive**

This short online programme is designed to help nurses and midwives develop their skills to be more assertive to help them make decisions with conviction; to deal with difficult situations and people and to influence others positively. Learning outcomes: Learn how to distinguish between assertive, passive and aggressive behaviours, learn how to assertively handle difficult situations, learn how to change your thinking and ultimately your behaviours and how to respond assertively to the associated behaviours in others and learn how to influence others positively.

Mar 16 **Risk management and incident reporting**

This new online programme outlines the core principles of best practice in managing risk, underpinned by philosophy and care needs. At the end of the session participants will be enabled to: understand key terms and definitions related to risk management in healthcare; outline the stages of the risk management process based on the international standard and framework for risk management; outline the five steps of risk assessment; understand the purpose and maintenance of a risk register and complete accurate records of incidents for incident reporting. Ultimately, this programme promotes best practice with risk management and patient safety.

Mar 20 **Introduction to Effective Library Search Skills**

This course is aimed at nurses and midwives who would like to develop valuable lifelong information seeking skills to get the most up-to date information. This course will assist participants who are undertaking academic programmes.

Mar 22 **Medication Management Best Practice 2020 Guidance for Nurses and Midwives**

This programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover key topics such as: the key principles of medication management, the medication management cycle, management of controlled drugs and medication safety. Participants will have the opportunity to update their knowledge in line with the most up-to-date NMBI Guidance for Registered Nurses and Midwives Administration (2020) and HIQA requirements for medication management.

Mar 22 **The Importance of Documentation for Nurses and Midwives – Getting it Right**

This short programme will assist nurses and midwives in understanding their duty of care and responsibility in the area of best practice in documentation, keeping good records and their ethical and legal responsibility of getting it right. Introduction to legal and professional requirements: NMBI Code and Guidance for Recording Clinical Practice, relevant HIQA regulations and standards, adhering to consent and data protection legislation in record keeping, purpose of healthcare records and documentation, including questions and answers.

Mar 28 **Peripheral Intravenous Cannulation**

This programme provides guidance to participants in the skill of peripheral intravenous cannulation. Instruction will be provided on the sites used for peripheral intravenous cannulation, identifying criteria for evaluating a vein and the principles of an aseptic technique. The aim is for participants to be able to carry out the procedure in a competent and safe manner. While this course will provide the necessary knowledge and skills to undertake peripheral intravenous cannulation, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work.

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

FREE ONLINE COURSE

TOOLS FOR SAFE PRACTICE

FOR NURSES AND MIDWIVES

Tuesday, 2 March 2023

Online from 10.00am - 1.00pm

Practical advice on:

- **Clinical Risk**
- **Report and Statement Writing**
- **Incident Reporting**
- **Documentation**
- **Fitness to Practise Complaints**

3 NMBI CEUS

HOW TO BOOK

Email: deborah.winters@inmo.ie or Tel: 01 6640618 with the following information;

☑ INMO Number | ☑ Email | ☑ Mobile Number

Mar 29 **Tracheostomy Care Study Day**

This programme introduces a holistic and inter-disciplinary approach to the management of the adult patient with a tracheostomy. Participants will be given the necessary knowledge, skills and confidence to assess, manage and evaluate the nursing care of a patient with tracheostomy.

Mar 29 **Wound Management For Nurses and Midwives**

This short online course will advise participants on wound care management. Topics covered on the day include; wound healing, wound bed preparation and treatment options, and dressing selections. Participants will be able to: understand the anatomy and physiology of wound management; understand and identify the factors influencing wound healing; understand and identify the differences between acute and chronic wounds; understand and implement a holistic assessment of individuals with wounds; understand the current modalities of different types of dressing and their application.

Mar 30 **Infection Control Risk Register: Regulation 27: Guide to Thematic/Focused Inspections in your Facility**

This course is for staff who are interested in infection prevention and control standards. It will identify key areas relevant to the new focused HIQA infection control guidelines/inspections (October 2021). This programme will provide information and outline the actions required by registered providers to ensure that procedures, consistent with the National Standards for infection prevention and control in community services, published by HIQA, are implemented by staff.

Apr 13 **Phlebotomy**

This programme provides participants with the skill and theory to perform phlebotomy in a competent and safe manner. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique as well as complications that may arise during and after the procedure. Guidance will be given on how to reassure the individual in relation to the procedure and on gaining consent.

Apr 14 **Adult Asthma – Getting the Basics Right**

This short online programme is aimed at nurses and midwives working in clinical practice who require basic knowledge and skills to care for people with asthma on a day-today basis. The programme will assist participants in gaining an understanding of the clinical evidence underpinning the diagnosis and ongoing care and management of the person with asthma utilising current best practice.

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

TRAINING, DELIVERY & EVALUATION

May / June 2023

FULLY CLASSROOM BASED PROGRAMME

This five-day course "Training Delivery and Evaluation" 6N3326 award will equip the nurse/midwife with the knowledge, skills and confidence to plan, deliver and assess learning and evaluate training provision. This course would suit every nurse/midwife working with student nurses in a clinical learning environment and also in centres of nurse education.

A wide range of training methods, including role-play, small group work, case studies, action learning, online training and forums will be used to enhance the learning process. The course aims to foster and share the rich and diverse knowledge and skills of participants whilst providing them with the expertise and confidence to impart their knowledge effectively.

The course is delivered over five days from 9.30am to 5.00pm each day.

This training will lead to QQI level 6 component certificate in Training, Delivery and Evaluation (formally Train the Trainer FETAC 6) and it carries 15 ECTs (European Credit Transfer and Accumulation System). Throughout the programme, trainer support is also available for each nurse/midwife attending the course.

This programme is also category 1 approved by the Nursing and Midwifery Board of Ireland (NMBI) and awarded 34 continuing education units (CEUs).

34 NMBI CEUs Module 6N3326 - QQI Level 6
Category 1 Approved by NMBI

5 Day PROGRAMME

23/05 DAY 1

24/05 DAY 2

25/05 DAY 3

27/06 DAY 4

28/06 DAY 5

Time: 9.30am - 5.00pm

Venue: The Richmond Education and Event Centre, North Brunswick Street, Dublin 7.

HOW TO BOOK

A non-refundable deposit of €200* must be made to reserve a place.

EARLY BIRD FEE

€550 INMO members

Available until Friday, 28 April 2023. After this date the fee is €625 for INMO members.

*Payment in full must be made prior to **Friday, 12 May 2023.**

Fee for non members is €875

SCAN to view our website

FOR MORE INFORMATION

Email: **education@inmo.ie** or call **01 6640641/18**

Searching the literature

Literature searching is a lifelong skill. Niamh Adams guides members on developing their information literacy

DEVELOPING or enhancing your ability to search, locate and manage quality and credible information – otherwise known as information literacy – is a key skill for nurses and midwives. This skill is not just for studying, it is a lifelong skill and ultimately can assist in providing safe and effective patient care.

Principle 3 of the Nursing and Midwifery Board of Ireland's Code of Professional Conduct and Ethics states the importance of research and evidence-based knowledge to the nursing and midwifery professions. The basics of information literacy, once learned, are valuable skills that can be transferred to any research question or subject area.

"Information literacy incorporates a set of skills and abilities which everyone needs to undertake information-related tasks; for instance, how to discover, access, interpret, analyse, manage, create, communicate, store and share information."[1] Literature searching is a core part of information literacy and one which has become increasingly relevant with the importance of evidence-based practice. Although emerging technologies have simplified searching techniques – Google being the best example – they should be used with a degree of caution and it is essential that they are used in conjunction with key nursing and medical databases. By doing so, a more systematic approach can be achieved, and this reduces the challenge of missing key papers or research.

Information literacy skills are also increasingly important with emerging technology and the sheer volume of information released. Coping with information overload has become almost a daily occurrence for nurses and midwives through the many multimedia forms. This has led to the questioning of validity and reliability of information which is found. Time is another constraint which requires nurses and midwives to be able to recognise quality information fast.

The library staff value the importance of information literacy and want to equip nurses and midwives with the tools and knowledge required to effectively locate and manage information required. Therefore, the library offers an online short programme which provides you with the skills needed to understand searching and specifically advanced searching techniques, including the use of Boolean operators, limiting searches and managing results. The online programme entitled 'Introduction to Effective Library Search Skills' holds category 1 approval from NMBI and holds three continuing education units (CEUs). This programme is practical in nature, with plenty of hands-on work throughout programme using the database CINAHL. To ensure optimal learning for participants, places are limited and book up fast.

Library news

We are currently rolling out Open Athens as a method for our members to access the online library. Although only in the early stages of implementation, if you are interested in registering for Open Athens access, please visit **https://inmo.ie/Library** or contact niamh.adams@inmo.ie

Literature Searching Service

Let us assist you with your searching. The library offers a literature searching service which is available to members for a small fee and can be useful if you are having difficulty finding relevant articles or if you do not have enough time to complete your search yourself.

Other library services

For further information on this or any of the library services, please call: 01 6640614/25 or email: library@inmo.ie If you wish to visit the library, please make an appointment in advance so we can ensure that there will be a staff member available to assist you. The library opening hours are Monday to Thursday: 8.30am-5.00pm, Friday: 8.30am-4.30pm.

While it is a practical course with restricted class numbers, participants with all levels of computer skills are welcome and there is plenty of time for participants to practice their new skills. The next course will take place on Monday, March 20 2023.

The objectives of the course are:

- To identify information resources for nursing and midwifery
- To evaluate the quality of information online
- To understand the key principles in carrying out a search and to identify appropriate keywords
- To provide participants with the ability to use keywords and thesaurus subjects
- To understand how to limit and broaden results as necessary
- To understand how to modify and save searches
- To understand how to create bibliographies using reference management software.

Reference

CILIP Information Literacy Group. CILIP Definition of Information Literacy 2018. Available from https://www.cilip.org.uk/resource/resmgr/cilip/information_professional_and_news/press_releases/2018_03_information_lit_definition/cilip_definition_doc_final_f.pdf

Online – Introduction to Effective Library Search Skills

Next course date: Monday, March 20

Fee: €30 INMO members; €65 non-members

This course is aimed at nurses and midwives who would like to develop their searching skills to effectively find the most relevant information for clinical practice, reflection and policy development. This course will also be of benefit to those who are undertaking, or about to commence, post-registration academic programmes.

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Communication during labour

Learning how to communicate effectively with birthing mothers during their labour is a vital skill for midwives

THIS module 'Communicating in Labour: A Personal Perspective' brings together the art and science of midwifery. Through a series of video clips, the author, Tanja Staehler, takes some very personal reflections from her birth experiences and applies philosophical doctrines to explain aspects of communication in labour.

While the reflection on Tanja's birth experience is very personal to her, what she shares is transferable to women in labour wherever they give birth. Many of the issues raised are applicable in all the communications with women and the importance of sensitive communication whether verbal or non-verbal is addressed. In the video clips Tanja describes some of her experiences and aligns them with the philosophical elements to explore communication on a more academic level.

This module will take approximately one and a half hours to complete.

Communication matters

Effective and compassionate communication skills are crucial for midwives as they provide support and reassurance to women and their partners during some of the most emotionally intense periods in their lives. Understanding the importance of communication is a key element of midwives' education. However, improving communication skills remains an ongoing challenge.

Much of communication depends on the establishment of an effective and therapeutic relationship. Informative communication is particularly important during birth because women are heavily dependent on the midwives giving information on what is happening. Continuity of care can enable a relationship to evolve through pregnancy and birth – yet the reality of practice is that most women meet the midwife for the first time in labour and this relationship needs to develop quickly

Role of the midwife

Responsivity is an important concept. It means to respond to the woman – including what she communicates without words by way of signs – and to respond to the situation. Midwives can help to reassure women though it is important to be responsive to what the expectant mother is conveying with and without words. Responsivity can also mean to realise that somebody does not want to speak and does not want to respond.

Childbirth causes anxiety because there is so much that is unknown about it. Because childbirth causes anxiety on so many different levels, expectant women require a large amount of reassurance. Expectant women might get upset and fearful about small things because the anxiety about birth and the unknown situation makes everything 'normal' appear much less so. If midwives can keep this in mind and not judge women (as childish, squeamish, irrational), that helps tremendously.

It can feel challenging for midwives to 'persuade' women to do something when the usual approach is to enable the woman to make a free choice. However, as the woman's guide, the midwife is in a position to advise but may need to encourage, for example in changing the position in labour.

Before the birth of their baby, midwives can encourage both the woman and her partner to enable them to share in the

wonder of the birth and not to become too focused on the process.

Learning outcome

Having completed this module, you will:

- Appreciate the importance of communication in the childbirth experience
- Understand the idea of 'responsivity' in responding to the woman/couple and their situation
- Understand that responsivity involves asking as well as observing
- Appreciate the value of reflection to develop practice and improve care
- Understand how to communicate in an informative, persuasive, and authentic fashion
- Become more effective with non-verbal communication.

RCM i-learn access for INMO midwife members

Free access is available to all midwife members of the INMO. If you are interested in learning more about the modules outlined or in completing a learning module, visit **www.inmoprofessional.ie/RCMAccess** or email the INMO library at library@inmo.ie for further information

Fear and risk of attack in the workplace

Across Ireland on a daily basis, nurses and midwives are facing violence and aggression in the workplace and it is long past time for employers to take action to protect them, writes **Karen Eccles**

THERE is growing concern globally over increased workplace violence and aggression and the resulting impact and adverse health consequences experienced by healthcare workers. Such concerns were clearly articulated by members in an article in the November 2022 issue of *WIN* written by Freda Hughes.[1]

Work-related violence and aggression are defined by the European Commission as any incident where staff are abused, threatened or assaulted in circumstances related to their work, involving an explicit or implicit challenge to their safety, wellbeing, or health.[2]

Work-related violence and aggression are the third highest reported injuries to the Health and Safety Authority (HSA), and the HSE has identified that there were more than 7,300 physical, verbal or sexual assaults on healthcare staff in the past 18 months.

Formal engagement at national level to both examine and enhance the management of this increasing occupational health and safety issue for nurses and midwives through a zero-tolerance approach, provision of appropriate education, training, and improvements in environmental design and safe systems of work are required.

Violence and aggression threaten the safety and wellbeing of nurses and midwives and can cause both immediate and long-term effects, resulting in physical and psychological harm impacting on service delivery, but also creating additional risk to nurses and midwives due to increased work-related stress, additional sick leave, poor productivity and reduced retention.

Half of all reported violent incidents in healthcare settings occur in the emergency department (ED). Accordingly, ED nurses are recognised as been disproportionately affected by violence and aggression,[3] with the persistent chronic overcrowding and environmental design in these departments contributing to these events.[4]

These incidents however can and do happen everywhere and unfortunately they are frequently under-reported. Nurses and midwives should not accept incidents of violent or aggressive behaviour as a normal part of their job, and all workplaces must have a workplace safety statement, and an emergency response protocol which should be tested regularly.

Legislative protection

The primary legislation governing health and safety in our workplace is the Safety, Health and Welfare at Work Act 2005.[5]

This Act states that every employer shall ensure, as far as is reasonably practicable, the safety, health and welfare at work of their employees.

Section 19 of the Act requires every employer to identify the hazards in the place of work under their control, assess the risk presented by those hazards, and be in possession of a written risk assessment of the risks to the safety, health and welfare at work of their employees, including the safety, health and welfare of any single employee or group or groups of employees who may be exposed to anything unusual or other risks under the relevant statutory provision.

Section 20 of the Act requires all employers to prepare a safety statement, specifying how the safety, health and welfare of employees is to be secured and met, and all employees must both be made aware of this statement by management and have access to it.

The site-specific safety statement should include the hospital or workplace:

- Health and safety policy
- Copies of all risk assessments
- Names of responsible persons
- Employer and employee duties
- Commitment on consultation and participation of employees
- Welfare arrangements and supports
- Emergency procedure protocols
- Protection for young persons, pregnant employees and visitors
- Register for protective equipment policy.

Prevention is crucial and risk assessments should be conducted annually, where regulation or work practices change, and reviewed in the event of an incident.

Current but not exhaustive policies and procedures available to assist nurses and midwives in prevention and management of violence and aggression in the workplace include:[6]

- HSE Management of Violence and Aggression Policy (2018)
- HSE Policy on Lone Working (2017)
- HSE Dignity at Work Policy.

The Management of Violence and Aggression policy 2018 clearly sets out for nurses and midwives what appropriate measures are required to be in place to provide safe systems of work in relation to this risk and to ensure that resources are available for the provision of risk assessment and for appropriate education of employees.

Risk assessments should not be conducted independently as employee engagement is essential as identified in the World Health Organization Healthy Workplace framework, where it states that "Workers and their representatives must not simply be 'consulted' or 'informed' of what is happening, but must be actively involved, their opinions and ideas sought out, listened to, and implemented".[7]

The HSE in its 2018 policy clearly sets out and identifies measures required in the management of emergent risks relating to aggression and violence and the role and responsibilities of managers in relation to prevention within the workplace by the following:

- Ensuring appropriate risk management processes are in place
- Ensuring that staffing levels are adequate to meet the demands of the service being provided
- Ensuring that there is adequate cover for night, weekend and shift changeovers
- Ensuring that employees receive appropriate supervision
- Ensuring that employees receive appropriate training
- Ensuring there is a documented emergency response protocol in place
- Ensuring the response protocol is tested regularly.

Management of incidents

HSE Incident Management Framework 2020[8] guidelines outline the following:

- The first response must be to any person harmed to ensure that the impact of the incident is minimised and any remedial actions are taken
- The incident should be reported and documented as per the HSE Incident Management Framework guidance policy 2020
- A named designated support person should be provided for the person affected
- An assessment must take place to ensure that any immediate actions required to prevent the risk of recurrence are identified and actioned
- Employees involved should be made aware of the Serious Physical Assault Scheme covering leave entitlement to eligible staff after an assault at work by a patient or client
- Employees should be directed to the Employees Assistance Programme, which is a free work-based independent, confidential support service providing formal structured support to employees who have experienced stress reactions because of a critical incident in the workplace.

So how can we improve workplace health and safety? It is acknowledged that where safety representatives are present in the workplace there are fewer accidents and injuries.

The current INMO Health and Safety at Work Strategy is aiming to increase safety representatives in the workplace and will provide a formal representative structure for nurses and midwives' occupational health and safety. This will provide them with a voice through whom to articulate and manage their workplace health and safety concerns.

In its 2022-2024 strategy the Health and Safety Authority, which has overall responsibility for the administration and enforcement of health and safety at work in Ireland, advised that it will also prioritise and promote all aspects of the role of safety representatives and increase the provision of necessary supports and advice.

Your INMO workplace safety representative elected/selected through your branches must – in addition to standard representation legal authority under the Safety, Health and Welfare at Work Act (2005) Section (25) – consult, investigate, inspect, on behalf of the members they represent who have workplace health and safety concerns.

A safety representative does not have any duties, as opposed to functions, under the 2005 Act, other than those that apply to employees generally. Therefore, a safety representative who accepts a management proposal to deal with a safety or health issue could not be held legally accountable for putting the proposal into effect.

If you are interested in this role, please contact your INMO branch or section or contact me directly by email to: karen.eccles@inmo.ie for further information.

Karen Eccles is the INMO's national, safety, health and welfare at work representative

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Irish Nurses and Midwives Organisation

Preceptor of the Year 2023

Sponsored by Cornmarket

The award recognises an INMO member who has inspired and motivated the student to reach their full potential.

Submit using **official nomination form** on **www.inmo.ie**

The winner will receive their award at **INMO ADC in Killarney** along with the student member who nominated them.

NOMINATIONS

The deadline for nominations is **Thursday, 30 March 2023**

INMO
Irish Nurses and Midwives Organisation
Working Together

For more information visit
www.inmo.ie/preceptor_of_the_Year

SCAN ME!

New Grads who received their NMBI Pin in 2022 start on point 1 of the nursing salary scale, which is €32,542.

Once you have completed a further 16 weeks of work post your internship, this can include your pre-reg experience. You then skip point 2 of the salary scale and more to point 3, which is worth €35,405.

However, if you received your NMBI Pin in 2021, you should now be moving to point 4 of the salary scale on your next increment date. This means that you are now eligible to apply for the Enhanced Practice Contract. This would allow you to move onto point 1 of the enhanced nurse salary scale, worth €39,291.

Depending on your work location you may also be entitled to the medical and surgical ward allowance, worth €2,466 per annum.

Many of you will be moved to the new pay scale automatically and will already be receiving the allocation allowance, but it is important to check with your HR/Payroll department.

TOP TIP

Check your payslip, as this should state what point of the scale you are on and when your next increment is due.

If you have any further questions get in touch with INMO Student/New Grad Officer Róisín at **roisin.oconnell@inmo.ie.**

If you're not a new graduate but have questions about your pay, call our **information office on 01 6640600.**

Getting to know your payslip

Róisín O'Connell advises new graduates on everything they need to know about payslips

OVER the past few weeks, I have received queries from internship students across the country about pay, increments and payslips. There are so many different terms about pay that can be incredibly difficult to understand, but it is important to try to fully understand your payslip so that you can ensure you are being paid the correct amount.

Payslips

Under the Payment of Wages Act 1991, all employees have a right to a payslip. A payslip is a written statement outlining your gross wages and details the deductions made by your employer. Payslips in the private and public sectors tend to have a similar format and are now typically sent to you electronically. The main differences between the public and private sector payslips are the pension contributions.

Payslips will generally state your employer details, your employee number and your position, eg. staff nurse/staff midwife. It will also have a section outlining the period for which you are being paid, eg. week of the year if you are being paid weekly/fortnightly, or a number outlining the month if you are paid monthly. Your payslip will also contain your PPS number, which is unique to you. This number is used as a reference number for tax purposes and also allows you access to social welfare benefits and public services in Ireland.

Your payslip is divided into two columns – the payments column and the deductions column.

Payments

The payments column is on the left-hand side of your payslip. This is where you will see your gross pay – this is the total amount paid to you before any deductions are made for that pay period. Net pay is the total amount of money paid once all deductions are made for that pay period. Basic pay is the standard amount paid before any additional premiums or allowances are added.

It is important to monitor your basic pay to ensure that it is increasing in line with your increments. To calculate your salary point from your hourly rate of pay you multiply your hourly rate of pay by 39 to give you your weekly rate. Then if you multiply your weekly rate by 52.18 you should get your yearly salary (or close to it). Graduates from 2021 need to remember that after working 16 weeks after finishing their internship, they will skip point 2 of the salary scale and proceed directly to point 3. It is also important for 2020 graduates to remember that they will not progress to point 4 of the salary scale and are eligible to apply for the enhanced nurse contract and avail of the higher rate of pay under this contract.

Premium pay includes Saturday, Sunday, night duty pay and public holiday pay, and time plus one-sixth for unsociable hours. These are all itemised separately from your basic pay.

Allowances: some nurses and midwives will also be eligible to receive allowances such as the specialist qualification allowance (€3,561 per annum) or the location allowance (€2,371 per annum).

Deductions

On the right-hand side of your payslip, you will see the deductions column. This includes tax, universal social charge (USC) and pay-related social insurance (PRSI). Pay as you earn (PAYE) is a form of income tax that is deducted by your employer on behalf of the government and is calculated as a percentage of your gross income. Everyone is eligible to apply for tax credits that are specific to their personal circumstances. Registering for the correct tax credits reduces the amount of tax you need to pay during the year. To learn more about your tax and tax credits visit **www.revenue.ie**

Remember that your employer applies PAYE based on the information that they receive from Revenue so it is important to update Revenue of any relevant changes that may affect your tax credits, e.g. having dependants or changing marital status. USC is another form of tax deducted from your salary *(see Table)*. These rates/bands may change yearly depending on the Budget.

Current rates of USC

Rate of USC	Year 2022
0.5%	First €12,012
2%	From €12,012.01 to €21,295
4.5%	From €21,295.01 to €70,044
8%	From €70,044.01

Your PRSI is also stated on your payslip and specifies the mandatory PRSI contributions that you are paying. Generally, most employees are class A. These contributions determine future eligibility to access social insurance payments (provided you meet the eligibility criteria). PRSI contributions are calculated as 4% of your total earnings.

Pension deductions: nurses and midwives who entered employment in a pensionable public service post on or after January 1, 2013 are members of the Single Public Service Pension Scheme, also known as the Single Scheme. The rules and regulations of this scheme are outlined in the Public Service Pensions (Single Scheme and Other Provisions) Act 2012.

Union membership: undergraduates have free INMO membership, but once you graduate there is a fee for membership. If you choose to pay your membership by deduction at source, the fee will come directly from your salary and will be listed as a deduction on your payslip.

If you experience any questions, please do not hesitate to get in touch. If your queries relate to your pay, contact your salaries department/payroll first.

Róisín O'Connell is the INMO's student and new graduate officer. If you have a question for her, please email roisin.oconnell@inmo.ie

Irish Nurses and Midwives Organisation
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INMO National Childrens Nurses Section :
ARE YOU A CHILDREN'S NURSE OR WORK WITH CHILDREN?

JOIN OUR NEW National INMO Childrens Nurses Section WHATSAPP GROUP to HAVE YOUR VOICE HEARD & CONNECT WITH A NATIONAL NETWORK

We want to make sure your views and concerns are represented by your National Children Nurses Section.

Join our members WhatsApp group to raise your profile and make sure your voice is heard. Using this platform we will share up to date information on all issues affecting the section, allow you to participate in developing motions for upcoming conferences and share knowledge with colleagues from across the island.

Please scan this QR code which will direct you to join the WhatsApp Group. Alternatively send a whatsapp message to 087 4108011 saying JOIN ME to the NCN WhatsApp Group

INMO Professional

Irish Nurses and Midwives Organisation
Working Together

Registered Nurse Intellectual Disability Section Conference

Thursday, 30 March 2023

Theme:
Re-energising for the future in ID Nursing

Venue: The Richmond Education and Event Centre, Dublin
Fee: €60 INMO members

INMO Members Only In-Person Event

THIS EVENT IS LIMITED TO THE FIRST 80 BOOKINGS

Contact jean.carroll@inmo.ie for further information on this event
To book email **education@inmo.ie** or call **01 6640618/41**

SCAN ME!

A column by Maureen Flynn

Quality & Safety

QPS data for decision-making

GOVERNANCE of quality and safety can be challenging in large complex healthcare organisations such as the HSE. Including a quality agenda item at meetings can support a board, committee or leadership team to improve oversight and accountability of quality and patient safety. In this month's column we introduce approaches to gathering and using quality and patient safety (QPS) data for decision-making.

Toolkit

The National Quality and Patient Safety Directorate has developed the Data for Decision Making toolkit to assist committees, boards and leadership teams interested in developing their own quality agenda items. The toolkit is based on experiences of designing quality agenda items[1] with the boards of the Mater Hospital[2] and Children's Health Ireland at Temple Street,[3] as well as the HSE Directorate[4] and the HSE Board's Safety and Quality Committee. Two complementary quality agenda items were designed during these projects, providing a quantitative and qualitative picture of quality:

- *Quality Profile* where a selected few critical indicators across domains of quality are presented. Statistical process control (SPC) methodologies are used to analyse and display variation over time and across a system, and to differentiate between expected and unexpected variation
- *People's Experience of Quality* where patient, service-user, family and staff experiences are shared at meetings via stories, videos, research findings or people attending meetings to describe their experience face to face.

Benefits of using the toolkit

The Data for Decision Making toolkit provides tools, resources and guidance for those wishing to develop their own quality agenda item. Part one of the toolkit helps you to plan and test your quality agenda item through the use of quality improvement and co-design methodologies. Part two and three contain guidance, tools and resources to support you in developing a 'Quality Profile' and 'People's Experience of Quality'. Part four contains useful resources to gather feedback and evaluate your project. There is an introduction to each tool to assist you in deciding which tools are helpful for you. Links are provided, directing you to further resources on our website *(see Table)*.

Regularly discussing quality and safety through a quality agenda item will help boards, committees or leadership teams:

- To evolve their approach to overseeing and improving quality at organisational or service level
- To understand the lived experiences of those who use and work in their organisation or service
- To establish whether care in their organisation or service is safe or unsafe
- To identify patient safety issues and system failures
- To develop of a culture of assurance in their organisation or service
- Take appropriate actions to reduce the risk to patients and staff.

Get involved

At your next meeting you might like to talk about the nursing and midwifery data you use to consider the quality and safety of care. Episode 4 of our podcast series *Walk and Talk Improvement: Ideas for Safe Quality Care* covers how data can be used for assurance and improvement. You'll hear how combining different types of data can help boards and committees in leading healthcare organisations in quality and patient safety. The series is available on Spotify, Amazon Music Prime, YouTube and Google Podcasts. The toolkit is available via the QR code (*right*) or at: **http://bit.ly/3GLrELq**

The four parts of the Data for Decision Making toolkit

Part one: Planning and testing a quality agenda item	This section contains tools and resources useful when establishing your quality agenda project. The tools facilitate and support a QI approach to your project
Part two: Producing a quality profile	This section contains tools and resources for designing a quality profile and producing and interpreting statistical process control and run charts
Part three: Producing people's experiences of quality	This section contains guidance on developing patient, service user, family and staff 'stories' or experiences to share at committee, board and leadership team meetings
Part four: Evaluation and feedback	This section provides useful tools and resources to help you capture feedback from committee, board and leadership members and to evaluate your project

Maureen Flynn is the director of nursing ONMSD, QPS Connect lead, HSE National Quality and Patient Safety Directorate

Acknowledgements
Thank you to my colleagues in the QPS Intelligence Team for assistance in writing this column, in particular Jennifer Martin, Gráinne Cosgrove and Gemma Moore. Thanks to the Mater Hospital board, Children's Health Ireland at Temple Street board, the HSE Directorate and the HSE Board Safety and Quality Committee who through co-design have helped refine our approach and help identify the key steps to develop a Quality Agenda Item. We would also like to acknowledge our colleagues across NQPSD who developed a number of tools in the toolkit.

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ASACOLON® 1600 mg modified-release tablets: Red-brown, oblong, film-coated tablets each containing 1600 mg mesalazine.

INDICATIONS: Ulcerative colitis. For the treatment of mild to moderate acute disease. For the maintenance of remission.

DOSAGE AND ADMINISTRATION: Oral use. To be swallowed whole (not chewed, crushed, or broken) with water, with or without food.
Acute ulcerative colitis: Adults and elderly: Adjust the dosage to the severity of the disease and tolerance. During exacerbation, the dose may be increased to 4800 mg daily, once daily or in 2-3 divided doses. Once remission is achieved, reduce dose gradually to maintenance dose. Monitor by week 8. **Maintenance of remission:** 1600 mg once daily. **Elderly:** As for adults, provided renal or hepatic function is not severely impaired. No study data. **Children:** Not for use in children or adolescents.
CONTRAINDICATIONS: Hypersensitivity to salicylates, mesalazine or any excipient. Severe hepatic or renal (GFR < 30 mL/min/1.73 m^2) impairment.
SPECIAL WARNINGS AND PRECAUTIONS: Conduct blood count, liver function tests, serum creatinine and urinary status (dip stick) prior to and during treatment. Follow up after 14 days, then 2-3 tests every 4 weeks, 3 monthly thereafter or **immediately** if signs appear. Not for use in patients with renal impairment. Stop treatment immediately if signs of renal impairment develop, or if there is suspicion or evidence of blood dyscrasia. Nephrolithiasis has been reported: ensure adequate fluid intake. Mesalazine may produce red-brown urine discoloration after contact with sodium hypochlorite bleach (in toilets).
Severe cutaneous adverse reactions (SCARs), including Drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), have been reported; stop treatment immediately if signs of severe skin reactions, such as skin rash, mucosal lesions, or any other sign of hypersensitivity.
Caution in patients with hepatic impairment, gastric or duodenal ulcer. Not for use in patients with a history of mesalazine-induced cardiac hypersensitivity. Caution in patients with any previous myo- or pericarditis of allergic background. Monitor closely: Patients with pulmonary disease, particularly asthma; patients sensitive to sulfasalazine. Stop treatment immediately if acute symptoms of intolerance (e.g. abdominal cramps, acute abdominal pain, fever, severe headache and rash). Contains less than 1mmol sodium (23mg) per dosage unit, i.e. is essentially "sodium free.
Caution in elderly; use subject to renal and hepatic function. Limited data in children.
INTERACTIONS: Caution recommended for the concomitant use of mesalazine with known nephrotoxic agents, including NSAIDs and azathioprine, or methothrexate as these may increase the risk of renal adverse reactions.
Mesalazine can increase the myelosuppressive effects of azathioprine, 6 mercaptopurine, or thioguanine. Life threatening infection can occur. Monitor closely for signs of infection and myelosuppression. Haematological parameters, especially the leukocyte, thrombocyte and lymphocyte cell counts should be monitored weekly, especially at initiation of combination therapy. May decrease the anticoagulant effect of warfarin.
USE DURING PREGNANCY AND LACTATION: Limited data on use in pregnancy. One case of neonatal renal failure was reported. Mesalazine crosses the placental barrier; use only if benefit outweighs risk. Limited data on lactation are available. N-acetyl-5-aminosalicylic acid and mesalazine are excreted in breast milk. The clinical significance has not been determined. Hypersensitivity reactions such as diarrhoea in the infant cannot be excluded. Use only if the benefit outweighs the risk. If the infant develops diarrhoea, discontinue breast-feeding.

UNDESIRABLE EFFECTS: Common: Headache, abdominal pain, ulcerative colitis, dyspepsia, rash, haematuria, proteinuria. Uncommon: Eosinophilia (as part of an allergic reaction), paresthesia, urticaria, pruritus, pyrexia and chest pain. **Rare:** Dizziness, myocarditis, pericarditis, diarrhoea, flatulence, nausea and vomiting, photosensitivity. **Very rare:** Altered blood counts (aplastic anemia, agranulocytosis, pancytopenia, neutropenia, leukopenia, thrombocytopenia), blood dyscrasia, hypersensitivity reactions such as allergic exanthema, drug fever, lupus erythematosus syndrome, pancolitis, peripheral neuropathy, allergic and fibrotic lung reactions (including dyspnoea, cough, bronchospasm, alveolitis, pulmonary eosinophilia, lung infiltration, pneumonitis), interstitial pneumonia, eosinophilic pneumonia, lung disorder, acute pancreatitis, changes in liver function parameters (increase in transaminases and cholestasis parameters), hepatitis, cholestatic hepatitis, alopecia, myalgia, arthralgia, impairment of renal function including acute and chronic interstitial nephritis and renal insufficiency, nephrotic syndrome, renal failure which may be reversible on early withdrawal, oligospermia (reversible). **Frequency not known:** pleurisy, nephrolithiasis, SCARs including Drug reaction with eosinophilia and systemic symptoms (DRESS), Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN), lupus-like syndrome, mesalazine intolerance, changes in weight and blood parameters. Refer to Summary of Product Characteristics for details.

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References:

1. https://www.hpra.ie/homepage/medicines/medicines-information/find-a-medicine/results?query=MESALAZINE&field=ACTIVESUBSTANCES downloaded on 18th January 2023.
2. ASACOLON® 1600 mg modified-release tablets, Summary of Product Characteristics available at www.medicines.ie

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Chronic disease nursing
The IBD experience

Kathleen Sugrue explores the role of specialist nurses and their impact on care delivery to patients with inflammatory bowel disease

ADVANCED nursing practice is carried out by autonomous, experienced practitioners who are competent, accountable and responsible for their own practice. In 2019 the Department of Health, following a period of consultation within the profession and with key stakeholders, published *A Policy on the Development of Graduate to Advanced Nursing and Midwifery Practice*[1] which addressed the way we utilise our skilled and knowledgeable nursing and midwifery workforce by changing the way we educate and train nurses and midwives from graduate to advanced level.

The introduction and expansion of advanced nurse practitioners (ANPs) into four service areas as outlined by Sláintecare, responds to a number of the aims of the policy, including the development of a workforce that will provide high quality care to patients, to move care away from acute hospital services and, in particular, expanding the role of ANPs to tackle priority service deficits and delays. The contribution of their introduction has the potential to contribute to key healthcare reform strategies. In relation to chronic disease, ANPs are contributing to the development of new services that are both hospital-based and have an outreach element.[1]

Background

Inflammatory bowel disease (IBD) is an umbrella term for the life-long bowel diseases of ulcerative colitis (UC) and Crohn's disease (CD). IBD is a global disease with a rising prevalence that follows an unpredictable relapsing and remitting course.[2] Common symptoms of active disease in both conditions include diarrhoea, abdominal pain, anaemia and fatigue. Although the causes of IBD are unknown, it is recognised as an immune-mediated disease, possibly precipitated by various genetic and environmental factors.

IBD often presents in adolescence or young adulthood, 10-30% of patients are over 60 years old, either having aged with IBD or developed it in middle adulthood. Illness in older adults is often complicated by the physical changes of ageing, associated co-morbidities and atypical presentation. Paediatric forms of IBD are characterised by a more complicated disease course, with marked inflammatory activity and frequent need for corticosteroids and immunosuppressive therapy compared with adult-onset IBD.[3]

Patients may develop extra-intestinal manifestations (EIMs), with up to 50% of patients with IBD experiencing at least one EIM; these may present before diagnosis and can affect joints, skin, eyes and liver. Patients with IBD are at increased risk of developing colorectal cancer in both UC and CD; the risk varies with the extent and duration of disease, family history of CRC, and presence/absence of primary sclerosing cholangitis.

UC affects only the rectum and colon. Originating in the rectum, it can extend proximally to the sigmoid, descending or entire colon. The inflammation is continuous and limited to the mucosa. Symptoms include rectal bleeding, passing mucus, abdominal pain, diarrhoea and faecal urgency, sometimes with incontinence. Location and severity of disease activity determines therapy options.[4]

CD occurs anywhere between mouth and anus. The inflammation is intermittent, with patches of disease activity (skip lesions) between areas of healthy mucosa. Symptoms vary according to disease location and include abdominal pain, diarrhoea, weight loss, anorexia and fever. Nausea and vomiting can occur if strictures cause intestinal obstruction. Initially an inflammatory process, CD can progress to a stenosing/stricturing or penetrating/fistulising pattern, each adding considerably to disease burden, with a reported occurrence of perianal fistulae of 21-23% in population-based studies.[5]

Diagnosis is confirmed by clinical evaluation and a combination of endoscopic, histological, radiological and/or biochemical investigations.[6] Medical treatments aim to induce and maintain remission, and to improve health-related quality of life (HRQoL). The complex choice of single or combined drug therapy is influenced by location and severity of disease, treatment availability, local experience, and individual patient circumstances – such as tolerance, side effects, drug interactions, pregnancy, and patient and clinician preference.[7] Approximately 30% of patients with UC and up to 70% of patients with CD will require surgery at least once in their lives.[8]

IBD nursing

It is estimated there are more than 40,000 people in Ireland living with IBD. The first clinical nurse specialist (CNS) post in IBD was established in 2006 in Tallaght University Hospital. Since there has been a rapid expansion of posts country wide reflective of the growing IBD population. The first ANP in IBD was appointed in 2016 at the Mercy University Hospital (MUH), Cork. Currently there are 78 CNSs and five ANPs in established posts across the country.

CNSs are a central and integral part of the multidisciplinary team (MDT). The CNS is responsible for patient education, drug information, co-ordination of the IBD MDT, telephone and email triage, nurse-led clinics and nurse prescribing. CNS roles vary in response to each hospital's requirements. The ANP is an autonomous clinical expert in IBD who is responsible for the assessment and provision of evidence-based care planning, prescribing and treatment evaluation. The ANP plays an important role in assessment, diagnosis, treatment planning, evaluation, monitoring, surveillance, education, health promotion, and practical and emotional support for a caseload of patients with IBD, within the scope of their own professional practice and limitations.[7]

The ANP will work within local, national or international guidance or protocols. Although the specifics of the role will vary depending on national and local needs, the international literature suggests commonalities in the expected skills required for advanced practice. These include: competencies in advanced clinical skills, which may include physical assessment, performing and interpreting endoscopy, or prescribing; the development of practice standards and provision of evidence-based care; ability to analyse, critique and evaluate evidence and outcomes; critical thinking; publishing practice innovations or audits; the development of original nursing research; leadership; education; and change management.[8]

Professional organisations

There are a number of national and international programmes and organisations that provide structure, support and guidelines for IBD nursing.

- The National Clinical Programme for Gastroenterology and Hepatology was established in October 2019 as a joint collaboration between the HSE and the Royal College of Physicians of Ireland. Working in partnership with patients, nursing, health and social care professionals and relevant stakeholders, the programme sets out to develop and design a patient-centred model of care, clinical pathways and guidelines for gastroenterology and hepatology services. It acknowledges the positive impact of IBD nurses and is supportive of increasing the number of CNS and ANP posts nationally
- N-ECCO: The European Crohn's and Colitis Organisation (ECCO), founded in 2001 to improve the care of patients with IBD in Europe, is now the largest forum for specialists in IBD in the world. ECCO's mission is to improve the care of patients with IBD in all its aspects through international guidelines for practice, education, research and collaboration in the area of IBD. N-ECCO is the nurses of ECCO. Its aim is to improve access to nurse education in IBD in Europe, set standards of care and connect with national nursing networking organisations
- IBDNAI: In response to the growth in IBD nursing, the Inflammatory Bowel Disease Nurses Association of Ireland was formed in May 2014. It was established by like-minded nurses with the vision of improving national networking links between IBD nurses with the view to better collaboration between services and to improve standards of care for patients. The Association consists of IBD nurses who are interested/work in a variety of IBD-related roles in hospitals in Ireland. These roles include: CNS, ANP, staff nurse, infusion nurse, research nurse and endoscopy nurse.

The aim of the association is to:

- Promote evidenced based practice in the delivery of IBD nursing care
- Provide educational support for nurses in developing their IBD practice
- Provide a forum for the support of research, the sharing of knowledge, and the dissemination of developments in the practice of IBD nursing
- Elevate the national and international status of Irish IBD nurses.

The IBD nurse team at Mercy University Hospital pictured (l-r): Gráinne O'Sullivan, CNS; Laura O'Brien, CNS; Kathleen Sugrue, ANP; Sarah Gleeson, ANP; and Cáitriona O'Sullivan, ANP candidate

IBD nurse education

- Certificate in IBD Care, Munster Technological University: This is a 10 credit, level 9, special purpose award involving a single module delivered over one semester (12 weeks) using an online approach. The aim of the programme is to provide the core knowledge and skills required to safely, professionally and holistically care for patients with IBD
- N-ECCO School: This popular initiative intends to give nurses, who might still be in training and have an interest in IBD, the possibility to attend an IBD-focused course. It takes place as a one-day course and consists of lectures and workshops from nurses, dietitians and physicians.

Rewarding career choice

My career pathway to becoming an ANP in IBD has been a rewarding journey of both professional and personal development. I have been fortunate in having a wealth of support from hospital management and in particular my director of nursing and the gastroenterologists with whom I work. I have reaped the benefits of having wonderful nurse mentors in the area of IBD. Their support, knowledge and guidance has been invaluable.

It is a privilege to work with patients with IBD, they are a source of continuous inspiration in how they live and cope with such a complex and chronic disease. It has been most satisfying to witness the evolution of IBD services and nurse-led initiatives, but most of all I have enjoyed caring for and providing patient-centred services. I would highly recommend a career in this specialty – it provides professional autonomy, career progression and most importantly job satisfaction. If you think you might be interested in a career in IBD nursing you can contact me or any of the IBD nurses nationwide through the IBDNAI website.

Kathleen Sugrue is an advanced nurse practitioner in IBD at Mercy University Hospital in Cork

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Migraine matters

In a two-part series, **Esther Tomkins** gives an overview of the incidence, diagnosis and management of chronic migraine

MIGRAINE is a complicated neurological disorder that affects 15-20% of the general population and is the most common headache disorder seen in both primary care and specialist hospital-based headache clinics. It is the third most prevalent condition or illness in the world and it is estimated that there are currently more than a billion people on earth with migraine.

There are approximately 800,000 people in the Republic of Ireland currently who will suffer with this condition during their lifetime. It is three times more common in women than men and up to 80% of those who experience it have a family history of migraine. The peak prevalence for women is between the ages of 15-49 years, during the busiest time of their lives.

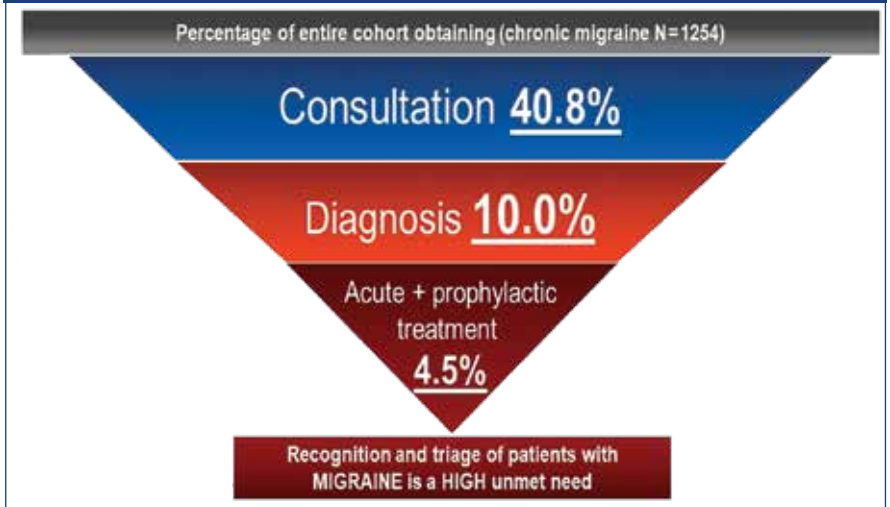
The standard healthcare measurement 'years lost due to disability' or YLD is considered to be the most appropriate gauge of disability in non-fatal medical conditions (such as migraine). The World Health Organization (WHO) Global Burden of Disease (GBD) Studies – updated in 2016 – ranked migraine as the second highest cause worldwide of YLD.[1] In fact, migraine is the leading cause of YLD in the age group 15-49 years in women.

Underdiagnosis and misdiagnosis

More than 90% of patients presenting to their GP with the primary complaint of headache have migraine or probable migraine. Unfortunately, migraine as a condition is often underdiagnosed, misdiagnosed and poorly managed by healthcare professionals. It is estimated that up to one-third of migraine patients are never diagnosed or properly treated, and this is as much a problem in Ireland as it is internationally.

Many patients often spend years without a diagnosis and are therefore mismanaged. When they are finally appropriately diagnosed, they then often spend more years trying to access specialist headache clinics for appropriate management and treatment.

Figure 1: Chronic migraine underdiagnosis[2]



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One striking example of this underdiagnosis is shown by a relatively recent multicentre study where 1,254 chronic migraine patients were questioned on their condition. In this study, roughly one in 10 patients were diagnosed appropriately and only approximately one in 20 were both diagnosed and managed properly (see *Figure 1*). This study highlights a significant deficit in managing patients with chronic migraine.

Migraine is often misdiagnosed as another primary or secondary condition. One would think that the diagnosis of migraine should be straightforward given the volume of patients and the frequency of the condition. However, as noted above, migraine is a complicated neurological disorder and many patients present with multiple symptoms spanning several different clinical domains.

As a result, migraine patients are referred to, and are seen by, multiple medical and surgical specialists because their headaches and associated symptoms are attributed to other conditions, such as tension type headache, stress headache, sinusitis, vertigo/disequilibrium, occipital neuralgia, temporomandibular joint (TMJ) pain, trigeminal neuralgia, cervicogenic headache, cluster headache, headache related to hypertension, and headache related to eye strain or refractive error.

The experts seen by migraine patients include ENT, orthopaedic, gastroenterology, psychiatry, infectious disease, neurology and neurosurgical consultants, in addition to dentists and associated odontogenic specialists.

The European Commission Executive Agency for Health and Consumers recently commissioned a study on the medical care of people with migraine. It found that even in wealthy European countries, too few people with suspected migraine consult doctors. Furthermore, migraine specific medications were used inadequately. It recommended that healthcare providers and the public needed further education in relation to migraine.

Pathophysiology

Migraine is considered primarily to be a disorder of the brain. It is a complicated neurovascular condition that involves activation and sensitisation of nerve pathways

within the peripheral and central nervous systems. It is believed that this involves nerve information passing from the periphery to more central areas such as the trigeminovascular complex. Neuronal activation, cortical spreading depression (CSD) and vascular changes may all be present during a typical migraine attack.

There are several distinct phases of a migraine attack (*see Figure 2*) and there is now a lot known about brain activity during such attacks. The hypothalamus is believed to be involved during the prodrome, with the cortex switched on during the aura phase, and the brainstem (trigeminal nucleus) activated during the headache phase (via CGRP activation in the meninges). The postdrome sees activation of several different domains.

Clinical presentation

The diagnosis of migraine is primarily made on the basis of the history taken in clinic, and not on tests or investigations. History taking is a skill that is learned through training within a specialist headache/migraine service. Investigations such as neuroimaging with an MRI scan of the brain may be requested if a red flag in the history is suspected. However, most patients have normal investigations.

Many migraine patients are initially worried about the severity and variety of symptoms that they experience. They may be concerned that they might have a sinister medical condition, such as a brain tumour. Typical migraine symptoms include: headache, photophobia, phonophobia, osmophobia, nausea, movement sensitivity, neck pain, neuropathic or nerve facial pain, paraesthesia, sinus type symptoms (congestion, rhinorrhoea, etc), ear fullness or pain, dizziness, visual disturbance, brain fog or fatigue.

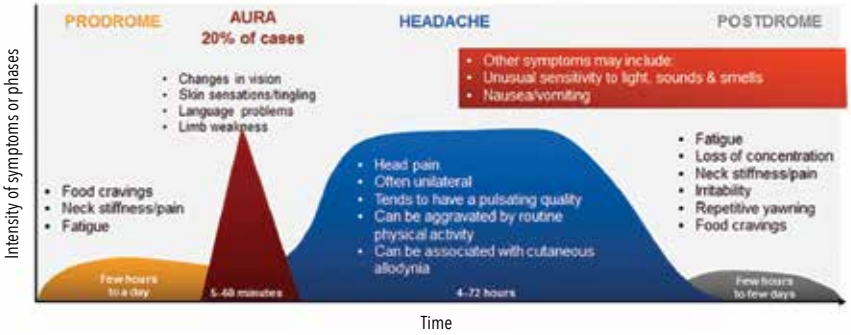
Many of our more chronic and disabled patients do not connect their symptoms to migraine and have spent years looking for a diagnosis. Therefore, a proper diagnosis together with education and reassurance is an important part of the consultation and a key nursing role.

Trigger factors

The identification of migraine trigger factors is an important part of the headache consultation and nursing role. Approximately three-quarters of patients with migraine can recognise individual trigger factors, some of which they may be able to avoid.

The most common patient-reported trigger factors for migraine by patients in order of frequency are:

Figure 2: Stages of a migraine attack[3]



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- Stress (80%)
- Hormones (65%)
- Not eating (57%)
- Weather (53%)
- Sleep disturbance (50%)
- Perfume/odours (44%)
- Neck pain (38%)
- Lights (38%)
- Alcohol (38%)
- Smoke (36%)
- Sleeping late (32%)
- Heat (30%)
- Food (27%)
- Exercise (22%)
- Sexual activity (5%).[1]

Chronic migraine versus episodic migraine

Migraine patients are divided into those who experience episodic or chronic symptoms, with the latter usually associated with the most significant disability. Episodic migraine (EM) is defined as patients experiencing headache and associated migraine symptoms less than 15 days per month on average. This cohort represents slightly more than 90% of all migraine sufferers. Episodic migraine can then be further subdivided into low, moderate and high frequency, depending on the number of days with symptoms each month.

Chronic migraine affects approximately 8% of all migraine patients and is defined as headache and associated migraine symptoms on more than 15 days per month on average. For many patients with chronic migraine there is an increased risk of certain medical comorbidities, including depression, anxiety, fibromyalgia and obesity.

Many migraine sufferers with more chronic symptoms also report functional and emotional burden between migraine attacks (interictal symptoms), describing their most bothersome symptoms including brain fog, fatigue, feeling off-balance (dizziness) and poor concentration.

Chronic migraine represents at least half of all of the patients attending our hospital-based headache service and the clinical complexity of these patients is variable. Some are referred directly from primary care and are straightforward in terms of specialist management. However, a significant proportion of patients are referred because they have treatment resistant chronic migraine. This cohort of patients benefit significantly from the input of a dedicated specialised multidisciplinary headache/migraine service, as their management is often complicated. Many have high levels of disability, are unable to function normally and have significant comorbidities.

Medication overuse

Many chronic migraine patients also have the added complication of overuse of painkillers or analgesics (medication overuse/MO). If various acute medications are taken more than 10-15 days each month, then medication overuse is diagnosed. This may result in medication overuse headache (MOH), which is only seen in migraine patients using analgesia more than 10-15 days each month. It is estimated that the global prevalence of MOH is 1-2%, with women being three to four times more likely to have MOH than men. Medication overuse and MOH are commonly seen and managed in specialist headache clinics.

Part two of this article will focus on migraine management.

Esther Tomkins is a headache/migraine nurse specialist and registered prescriber at Beaumont Hospital in Dublin and a board member of the International Forum of Headache Nurses

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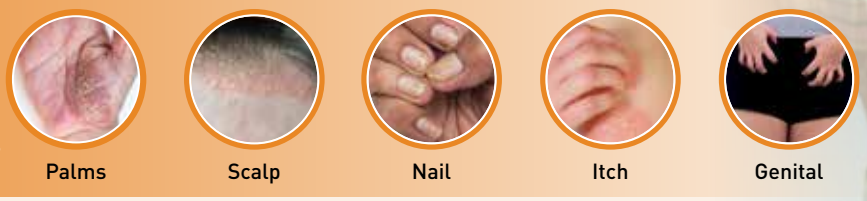

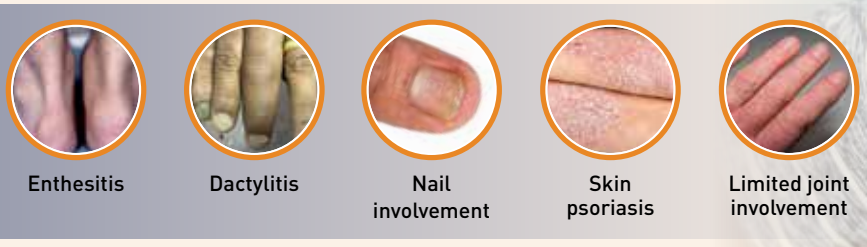

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Patients with severe renal impairment: The dose of OTEZLA should be reduced to 30mg once daily in patients with severe renal impairment (creatinine clearance of less than 30mL per minute estimated by the Cockcroft-Gault equation). For initial dose titration in this group, it is recommended that OTEZLA is titrated using only the AM doses and the PM doses be skipped. Paediatric population: The safety and efficacy of OTEZLA in children aged 0 to 17 years have not been established. No data is available.
Contraindications: Hypersensitivity to the active substance(s) or to any of the excipients. OTEZLA is contraindicated in pregnancy. Pregnancy should be excluded before treatment can be initiated.
Special warnings and precautions: Diarrhoea, nausea and vomiting: Severe diarrhoea, nausea, and vomiting associated with the use of OTEZLA have been reported. Most events occurred within the first few weeks of treatment. In some cases, patients were hospitalized. Patients 65 years of age or older may be at a higher risk of complications. Discontinuation of treatment may be necessary. Psychiatric disorders: OTEZLA is associated with an increased risk of psychiatric disorders such as insomnia and depression. Instances of suicidal ideation and behaviour, including suicide, have been observed in patients with or without history of depression. The risks and benefits of starting or continuing treatment with OTEZLA should be carefully assessed if patients report previous or existing psychiatric symptoms or if concomitant treatment with other medicinal products likely to cause psychiatric events is intended. Patients and caregivers should be instructed to notify the prescriber of any changes in behaviour or mood and of any suicidal ideation. If patients suffered from new or worsening psychiatric symptoms, or suicidal ideation or suicidal attempt is identified, it is recommended to discontinue treatment with OTEZLA. Severe renal impairment: See dosage and administration section. Underweight patients: OTEZLA may cause weight loss. Patients who are underweight at the start of treatment should have their body weight monitored regularly. In the event of unexplained and clinically significant weight loss, these patients should be evaluated by a medical practitioner and discontinuation of treatment should be considered. Lactose content: Patients with rare hereditary problems of galactose intolerance, total lactase deficiency or glucose-galactose malabsorption should not take this medicinal product.
Interactions: Co-administration of strong cytochrome P450 3A4 (CYP3A4) enzyme inducer, rifampicin, resulted in a reduction of systemic exposure of OTEZLA, which may result in a loss of efficacy of OTEZLA. Therefore, the use of strong CYP3A4 enzyme inducers (e.g. rifampicin, phenobarbital, carbamazepine, phenytoin and St. John's Wort) with OTEZLA is not recommended. In clinical studies, OTEZLA has been administered concomitantly with topical therapy (including corticosteroids, coal tar shampoo and salicylic acid scalp preparations) and UVB phototherapy. OTEZLA can be co-administered with a potent CYP3A4 inhibitor such as ketoconazole, as well as with methotrexate in psoriatic arthritis patients and with oral contraceptives.
Pregnancy, lactation and fertility: Women of childbearing potential should use an effective method of contraception to prevent pregnancy during treatment. OTEZLA should not be used during breast-feeding. No fertility data is available in humans.
Undesirable effects: Psychiatric disorders: In clinical studies and post-marketing experience, uncommon cases of suicidal ideation and behaviour, were reported, while completed suicide was reported post-marketing.
The most commonly reported adverse reactions with OTEZLA in these indications are gastrointestinal (GI) disorders including diarrhoea (15.7%) and nausea (13.9%). These GI adverse reactions generally occurred within the first 2 weeks of treatment and usually resolved within 4 weeks.
Adverse reactions reported in the psoriatic arthritis and/or psoriasis clinical trial programme and post marketing experience include: very common (≥1/10) diarrhoea*, nausea*; common (≥1/100 to <1/10) bronchitis, upper respiratory tract infection, nasopharyngitis*, decreased appetite*, insomnia, depression, migraine*, tension headache*, headache*, cough, vomiting*, dyspepsia, frequent bowel movements, upper abdominal pain*, gastroesophageal reflux disease, back pain*, fatigue; uncommon (≥1/1,000 to <1/100) hypersensitivity, suicidal ideation and behaviour, gastrointestinal haemorrhage, rash, urticaria, weight loss; not known (cannot be estimated from the available data) angioedema. *At least one of these adverse reactions was reported as serious. Please consult the SPC for a full description of undesirable events.
Pharmaceutical Precautions: Do not store above 30°C. **Legal category:** POM. **Presentation and Marketing Authorisation Numbers:** Initiation pack containing 27 film coated tablets (4 x 10mg, 4 x 20mg, 19 x 30mg) - EU/1/14/981/001; 30mg film coated tablets in a pack size of 56 tablets - EU/1/14/981/002. **Marketing Authorisation Holder:** Amgen Europe B.V. Minervum 7061, 4817 ZK Breda, The Netherlands. Further information is available from Amgen Ireland Limited, 21 Northwood Court, Santry, Dublin D09 TX31. OTEZLA is a trademark owned or licensed by Amgen Inc., its subsidiaries, or affiliates.
Date of preparation: April 2020 (Ref: IE-OTZ-2000019).

Adverse reactions/events should be reported to the Health Products Regulatory Authority (HPRA) using the available methods via www.hpra.ie. Adverse events should also be reported to Amgen Limited on +44 (0)1223 436441.

Abbreviations: PDE4, phosphodiesterase-4; PsA, psoriatic arthritis; PsO, psoriasis.

References: 1. OTEZLA (apremilast). Summary of Product Characteristics; **2.** Kavanaugh A, et al. *Arthritis Res Ther.* 2019;21:118; **3.** Augustin M, et al. *J Eur Assoc Dermatol Venereol.* 2021;35:123–134; **4.** Wollenhaupt J, et al. Presented at EULAR 2020; 3–6 June 2020; Virtual: Poster FRI0365; **5.** Crowley JA, et al. Presented at the 73rd Annual Meeting of the American Academy of Dermatology; 20–24 March 2015; San Francisco, CA: P894; **6.** Rich P, et al. *J Am Acad Dermatol.* 2016;74(1):134–142; **7.** Reich K, et al. *Dermatol Ther.* 2022;12:203–221.

Amgen Ireland Ltd., 21 Northwood Court, Santry, Dublin 9

IE-OTZ-0622-00004

Date of preparation: August 2022

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Psoriasis focus

WIN takes a look at some new findings in psoriasis research recently published in the journals

Immune surprise: Recently evolved alarm molecule drives inflammation

SCIENTISTS at Trinity College Dublin have discovered that a key immune alarm protein, previously believed to calm the immune response, actually inflames it. When immune responses become too aggressive it can lead to damaging inflammation, such as that which occurs in conditions like rheumatoid arthritis and psoriasis. Understanding how this occurs has led to major breakthroughs in the treatment of many immune conditions.

Researchers from the Smurfit Institute of Genetics at Trinity College Dublin, led by Seamus Martin, Smurfit professor of genetics, have found that Interleukin-37 has an unexpected function as an immune-activating molecule, as previous studies suggested that this interleukin instead served as an 'off switch' for the immune system.

"Interleukins play key roles in regulating our immune systems in response to bacterial and fungal infections. However, Interleukin-37 has long remained an enigma, as it isn't found in mammals such as mice. This has presented a major obstacle to figuring out what it does as much of what we know about the human immune system has first been discovered in model organisms whose biological make-ups are similar to ours," said Prof Martin.

Prior to the new study, Interleukin-37 was thought to have immune-suppressive functions but now the Trinity team report that, when activated in the correct way, Interleukin-37 displays potent pro-inflammatory activity.

"This pro-inflammatory impact was highly unexpected. Our work shows that the protein binds to an interleukin receptor in the skin that is known to play a key role in driving psoriasis. And, to add further intrigue to the story, this brings the total number of immune alarm molecules that signal via this particular interleukin receptor to four.

"Why there are so many interleukins that bind to the same receptor is a mystery, but if we were to speculate it may be because this receptor serves a very important sentinel function in our skin, and that one alarm protein may simply not be enough to respond to the many different infectious agents that our skin encounters. Our skin is the major barrier between our bodies and the outside world that microbes must breach if they are to gain entry to our bodies and, in many respects, represents the first line of defence in our immune systems," added Prof Martin.

DOI: 10.1126/sciimmunol.ade5728

Common fatty acid contributes to temperature and pain sensitivity in psoriasis

A COMMON fatty acid found in the Western diet breaks down into compounds that can contribute to increased temperature and pain – but not itch – sensitivity in psoriatic lesions. This discovery by scientists in North Carolina in the US has potential to lead to better understanding of how lipids communicate with sensory neurons and could help to develop improved pain and sensitivity treatments for psoriasis patients.

Linoleic acid is a polyunsaturated omega-6 fatty acid. It typically occurs in nature as a triglyceride rather than as a free fatty acid. It is found in vegetable oils, nuts and seeds, making it the predominant fatty acid in the Western diet. Metabolites from linoleic acid – a biproduct of digestion – play a role in skin barrier function.

"We noticed high levels of two types of lipids derived from linoleic acid in psoriatic lesions. That led us to wonder whether the lipids might affect how sensory neurons in these lesions communicate. We decided to investigate whether their presence could be related to the temperature or pain hypersensitivity that many psoriasis patients report," said Santosh Mishra, associate professor of neuroscience at North Carolina State University.

The researchers used mass spectrometry to create lipid profiles of skin from psoriatic lesions. Focusing on two types of linoleic acid-derived lipids, or oxylipids, they found that 13-hydroxy-9,10-epoxy octadecenoate can convert into the more stable 9,10,13-trihydroxy-octadecenoate via interaction with certain enzymes.

The researchers found that while both forms bind to receptors on sensory neurons within the skin, the more stable form had a longer lasting effect.

They also found that once the lipids bind to the neuronal receptor, they activate the neurons expressing TRPA1 and TRPV1 receptors that are involved in temperature and pain hypersensitivity, opening communications channels to the central nervous system.

The researchers found that the lipids did not have any effect on itch.

"It was surprising that these lipids could create hypersensitivity but not impact itch sensation, which is usually the most troublesome symptom associated with psoriasis. This most likely has to do with how the neuron is activated – a mechanism we still haven't uncovered," said Prof Mishra.

Having established an association between linoleic acid and hypersensitivity to temperature and pain, the scientists want to next establish the mechanism behind this response and they hope that the answers could lead to solutions that would relieve symptoms in psoriasis patients.

"We know that this lipid moves from one form to another, but don't yet know what causes that. We also know what protein the lipids are binding to, but not where the bond occurs. Answering these questions may hopefully lead to new therapies – or dietary solutions – for some psoriasis sufferers," added Prof Mishra.

DOI: 10.1016/j.xjidi.2022.100177

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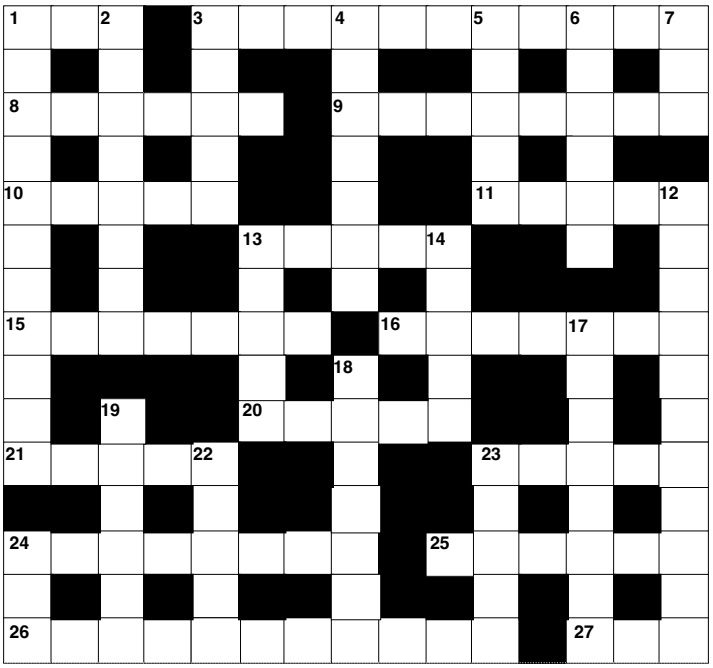
Across

1 Be mistaken (3)
3 Birch bat hut converted to provide accommodation for coneys (6,5)
8 & 5d Some ox he bullied provided genetic structure (6,5)
9 Of least size (8)
10 Character from children's fiction, created by Enid Blyton (5)
11 Woody tissue found in some carboxyl emissions (5)
13 Distinctive design element (5)
15 Insurrections (7)
16 Replace what you took (3,4)
20 & 27a Lake on the Shannon (5,3)
21 Gruesome type disturbing the 20 across (5)
23 Desert plants (5)
24 Unpredictably reactive (8)
25 Classical composer whose forenames were Wolfgang Amadeus (6)
26 Specs he ices over - for kings and queens, perhaps! (5,6)
27 See 20 across

Down

1 Imperilling by remodelling a grand engine (11)
2 Game somewhat like baseball (8)
3 Regain strength for a political meeting (5)
4 Variety of rice (7)
5 See 8 across
6 & 24d How can the child veto this London theatre? (3,3,3)
7 Primitive dwelling (3)
12 Should this herb be the symbol of Scottish dairy farmers? (4,7)
13 Important, powerful person - for example, in Hollywood (5)
14 Depress the handle on a toilet (5)
17 Cosy item of furniture (8)
18 Spilling rum, bees make for a breed of cat (7)
19 This player usually wears the No 1 jersey (6)
22 Old-fashioned stringed instruments (5)
23 Christian symbol (5)
24 See 6 down



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You can email your entry to us at **nursing@medmedia.ie** by taking a photo of the completed crossword with your details included putting *'Crossword Competition'* in the subject line. Closing date: **February 20, 2023.**
If preferred you can post your entry to: WIN Crossword, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Dublin A96E096

December/January crossword solution

Across: Hit the road 6 Idea 10 Reels 11 Carolling 12 Leisure 15 Model train sets 17 Rota 18 Esau 19 Games 21 Welcome 23 Media 24 Anon 25 Love 28 Drummer 33 Triathlon 34 Glide 35 Sumo 36 Briefcases

Down: 1 Hark the Herald Angels Sing 3 Hosts 4 Recur 5 Awry 7 Dried 9 Plumage 13 Urge 14 Erected 16 Dermatitis 20 Mince pies 21 Walnuts 22 Menu 27 Axiom 29 Rinse 30 Magic 31 Slur

The winner of the December/January crossword sponsored by MedMedia is: Marian Coyne, Glencar, Co Leitrim

Concern at rise in rates of Caesarean sections for first-time mothers

MORE than one-third of first-time mothers are giving birth by Caesarean section in Ireland despite evidence suggesting no additional benefits to mothers and babies. There has been a steady rise (over 30% increase), year on year, in Caesarean birth rates, over the past decade.

A new study[1] from the School of Nursing and Midwifery at Trinity College Dublin has found that factors that influence a clinician's decision to perform a section on a first-time mother, are complex and multifactorial. Researchers found that decisions are driven by a clinician's fear of adverse outcomes and subsequent litigation, personal preference, and their threshold to intervene and the culture of practice within the system, and finally by organisational guidelines and policies.

The team conducted one-to-one interviews with 20 obstetricians and 15 midwives who were involved in the decision-making process in three maternity units in Ireland. Three interrelated themes emerged: 'A fear factor', 'clinician driven factors' and 'a system perspective'. Findings suggested that decisions to perform sections are based on clinicians' perceived fear, personal beliefs, and organisational factors. A deep insight into these factors will help clinicians identify and evaluate modifiable factors in practice to avoid excess sections. This may ultimately help develop practical approaches to reduce the number of sections safely and effectively.

Researchers are hopeful these findings will help clinicians reflect on their decision-making practices to look for factors that can be modified to stop the rise of sections. Furthermore, as the study outcomes are derived from the decision-makers' perspective, researchers are optimistic that the findings will help develop practical strategies to reduce any unnecessary sections.

Sunita Panda, assistant professor in midwifery, School of Nursing and Midwifery, and lead author of the study said: "The steady rising rates of Caesarean section has become a growing concern with more than one-third of mothers giving birth to their first babies by Caesarean section. It is crucial and timely to understand the factors that influence the decision-making and take action to stop the rising rates of sections safely and effectively."

Prof Maeve Eogan, obstetrician and gynaecologist, Rotunda Hospital said: "This paper contributes to knowledge around decision-making in obstetrics and midwifery. As other papers have identified, many variables, including important human factors, influence these decisions and it is important to integrate these findings in obstetric, midwifery and service user education, as well as in-service development."

Dr Krysia Lynch, maternity care expert and chair of action group AIMS Ireland, said: "This is an incredibly important piece of research informing both policy makers and service users as to why our Caesarean birth rates are so high and rapidly climbing. The most recent maternity safety statements available for 2022 show five of our units with a first-time mother Caesarean birth rate of over 50% with another three having a rate of over 40%. These rates are perhaps partially informed by our equally high induction of labour rates."

Reference
1. Panda S, Begley C, Daly D. Clinicians' views of factors influencing decision-making for Section for first-time mothers – A qualitative descriptive study. PLOS-ONE2022 (Dec 28); doi: 10.1371/journal.pone.0279403

Daily survey had role in reducing Covid spread

A DAILY questionnaire asking student nurses on clinical placement at a Dublin hospital to declare whether or not they were experiencing signs or symptoms of Covid-19 may have prevented the spread of the virus to between 364 and 455 people, according to figures collated from more than 15,000 survey responses.

Of the 60 students on placement at the Mater Misericordiae University Hospital in Dublin who completed the questionnaire and confirmed Covid-19 symptoms between August 2020 and August 2021, the most common symptoms found were 'changes to sense of taste or smell' (43%), followed by 'cough' (22%), 'gastrointestinal symptoms' (15%), 'fever' (12%) and 'shortness of breath' (8%).

In addition to aiming to reduce the spread of the virus in the hospital, the intention of the initiative was to ensure the safe resumption of clinical placements following their cancellation in March 2020 and to facilitate prompt referral of students with symptoms to the hospital's occupational health department.

To achieve these aims, a process was implemented at the hospital whereby students would declare their symptom status each day before presenting to their placement.

A Survey Monkey questionnaire was developed asking each student attending placement if they were experiencing any of the signs or symptoms of Covid-19. The questionnaire was first introduced in August 2020 and was discontinued in May 2022. In 2021 two additional symptoms were added to the survey. In total 15,000 surveys were carried out.

Of a total of 122 students who completed the questionnaire and confirmed Covid-19 symptoms from August 2021 to May 2022, 'cough' represented the largest percentage at 39%, followed by 'fatigue' (14%). Both 'fever' and 'changes to sense of taste or smell' were 12% each, with 'gastrointestinal symptoms', 'shortness of breath' and 'sore throat' representing 10%, 8% and 5% respectively. These figures represent a total of 182 students who were unable to attend placement at the hospital due to Covid-19 symptoms.

According to the survey authors in an impact analysis of the intervention, this process ensured that these potentially infectious students did not risk passing the virus on to patients, staff and fellow students on placement at the hospital.

The reproduction ratio scale of Covid-19 at that time indicated that one infected person could transmit the virus to a further 2 to 2.5 people. Based on this, the authors estimated that this initiative potentially prevented the spread of Covid-19 to between 364 and 455 people.

This report is based on a paper by Eimear Kearney, Eimear Keogh, Sheena Minogue, clinical placement co-ordinators, at the Mater University Hospital in Dublin

Mental Health Commission finds 140 children left without required care

HSE vows to plug 'serious' gaps identified in child mental health report

AN interim report of the chief inspector of mental health services into the provision of Child and Adolescent Mental Health Services (CAMHS) in Ireland has urged the HSE to undertake a review of more than 100 open cases of children with a mental illness who were left for up to two years without care.

In response, the HSE has said it has commenced a "major improvement process" and that all identified children and young people and their guardians had been contacted and provided with "appropriate care".

The report identified 140 instances of children with a mental illness who were in need of an appointment but were not contacted, including children on medication and children who turned 18 without discharge or transition to adult services.

The report found instances of lengthy waiting times in EDs for psychiatric care, exhausted staff with inadequate supervision, substandard risk management and clinical governance and "chaotic" paper-based record-keeping. The report also highlighted cases of poor medication monitoring and stated that the HSE's review should place particular focus on the physical health monitoring of young people who have been prescribed neuroleptic medication.

The HSE stated that it received the interim report in January 2023 having taken "actions necessary to address issues in relation to individual service users" that were raised in a draft report the Executive received in late 2022.

Damien McCallion, HSE chief operations officer, said that CAMHS has been undergoing a series of reviews and audits in the past year, including a national audit of prescribing practices in all CAMHS teams and an audit of compliance with the HSE CAMHS operating guidelines 2019, both of which the HSE said are due for completion in the first half of 2023.

Mr McCallion added: "This report comes at a time when we have a major CAMHS improvement process underway, and we will be putting a senior clinical/operational team in place to drive and support that process.

"The report makes systemic findings and conclusions, as well as highlighting concerns about the specific care provided to some children. The HSE engaged with the inspector of mental health services in the course of her work and where specific concerns were identified, we immediately put in place targeted actions plans to address them. In the case of children where concerns have been raised in the report, these have been managed directly by the service caring for them."

Dr Siobhán Ní Bhríain, HSE national clinical director of integrated care, said: "CAMHS is critically important to many young people and their families. We know that there are many challenges in the current service which can be continually enhanced to better respond to young people in need, and we continue to work hard to improve the services we provide."

The cases identified in the interim report are in CHO Area 3, Clare, Limerick, North Tipperary/East Limerick. The final report on CAMHS across all nine CHOs is being led by Dr Susan Finnerty, chief inspector of mental health services, and is due to be published later this year. However, the Commission decided to publish this interim report "because of the serious concerns and consequent risks" it has found.

'Landmark' organ donation and transplant Bill begins legislative process in the Dáil

MINISTER for Health Stephen Donnelly introduced the Human Tissue (Transplantation, Post-Mortem, Anatomical Examination and Public Display) Bill for second-stage debate in the Dáil in January.

The Bill includes provisions around organ donation and transplantation, post-mortem practice and procedures in hospital settings, anatomical examination and public display of bodies after death.

Speaking ahead of the Dáil debate, Mr Donnelly said: "I am proud to be introducing this landmark piece of legislation to the Dáil. The Bill will for the first time provide a national legislative framework to support donation and transplant services in Ireland. This will help increase the donor pool, but it is important to say that families will continue to be consulted ahead of donation and those individuals who object, for whatever reason, will be able to opt out.

"Transplantation is currently the only available treatment for end-stage heart, lung and liver failure. It is also the most cost-effective treatment for end-stage kidney disease, and it brings enormous clinical and social benefits to patients who would otherwise remain on dialysis," he continued.

Separately, the Bill will also introduce a new regulatory regime to ensure best practice is followed in respect of post-mortem and organ retention.

In line with the recommendations of the *Madden Report*, the Bill introduces consent provisions for non-coronial post-mortems and sets out a framework for how consent should be obtained.

Mr Donnelly added: "The Bill recognises the need to introduce safeguards to protect the integrity of the human body before and after death. It will make consent for non-coronial post-mortems compulsory and will improve communication and information sharing with families for all post-mortems, including those conducted under the direction of the coroner."

The Bill also puts in place arrangements in relation to the practice of anatomy and will legislate for the governance of the public display of bodies in Ireland.

February

Wednesday 1
Nurse Midwife Education Section AGM. 9am via Zoom

Thursday 2
International Nurses Section annual general meeting. 5pm via Zoom or in person at the Richmond

Friday 3
Third Level Student Health Nurses Section annual general meeting. 12pm via Zoom

Wednesday 22
Clinical Placement Co-ordinators Section annual general meeting. 11am via Microsoft Teams

March

Saturday 4
Midwives Section meeting. 9.30am via Zoom

Tuesday 7
Care of the Older Person Section conference, Portlaoise. See *page 47* for full details

Wednesday 22
Retired Section outing. Dublin Bay Cruise Tour. See *page 28* for full details. Contact Ger: 087 279 4701

Thursday 30
RNID Section conference. The Richmond. See *page 42* for details

April

Wednesday 19
Retired Section outing to National Maritime Museum. See *page 28* for details. Contact Ger: 087 279 4701

Saturday 22
Midwives Section meeting. The Richmond. See *page 42*

Saturday 22
PHN Section meeting. 10.30am via Zoom

Condolences

- The INMO Executive Council, staff and management extend our deepest sympathies to Sean Shaughnessy and his extended family on the recent passing of his mother, Sheila. May she rest in peace.
- We offer our sincere condolences to the family and friends of Jean Barry who passed away recently in Cork University Hospital. She will be fondly remembered and dearly missed by her colleagues on the paediatric ward in Tipperary University Hospital where she worked for many years. Our thoughts are with her husband Joe and her daughter Sarah at this difficult time.
- INMO staff and members at Avista ID services, Limerick extend our deepest sympathies to Catherine Doyle on the recent passing of her mother Maura Kiely. Maura will be sadly missed by her daughters, grandchildren, extended family and friends. May she rest in peace.
- Our thoughts are with Kathleen Dalton, Brothers of Charity St Senan's Centre, Foynes, and Roisin Dalton, St John's Hospital, Limerick on the passing of their mother and grandmother Mary O'Connor. We extend our deepest sympathies to their extended family at this difficult time.
- The INMO was saddened to hear of the passing of Marie Byrne, nurse manager in theatres and IP&C at University Hospital Limerick. We extend our deepest sympathy to her husband DJ, her children Lauren, Dylan, Alison and Adam, her extended family and all Marie's colleagues at UHL who held her in high esteem. *Ar dhéis De go raibh a h'anam dílis*.

INMO Membership Fees 2023

A	Registered nurse/midwife *(including part-time/temporary nurses/midwives in prolonged employment)*	€299
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C	Private nursing homes	€228
D	Affiliate members (non-practising) *Lecturing (employed in universities & IT institutes)*	€116
E	Associate members *Not working*	€75
F	Retired associate members	€25
G	Student members	No Fee

Conference

- CUH Annual Child and Family Nursing Conference 2023 will take place on Tuesday, April 25 in the main auditorium, Cork University Hospital. The theme is 'Sharing Insights and Empowering Excellence'. Guest speakers will include Prof Donal O'Shea, consultant endocrinologist and national clinical lead on obesity; Suzanne Cullen, executive coach and mentor, CHI Dublin; Dr Eoin Mc Namara, research analyst, ESRI; Nuala Clarke, group sepsis ADON, CHI Dublin; and Dr Ray Healy, NMBI. Submission deadline for oral and poster abstracts: Friday, February 10.

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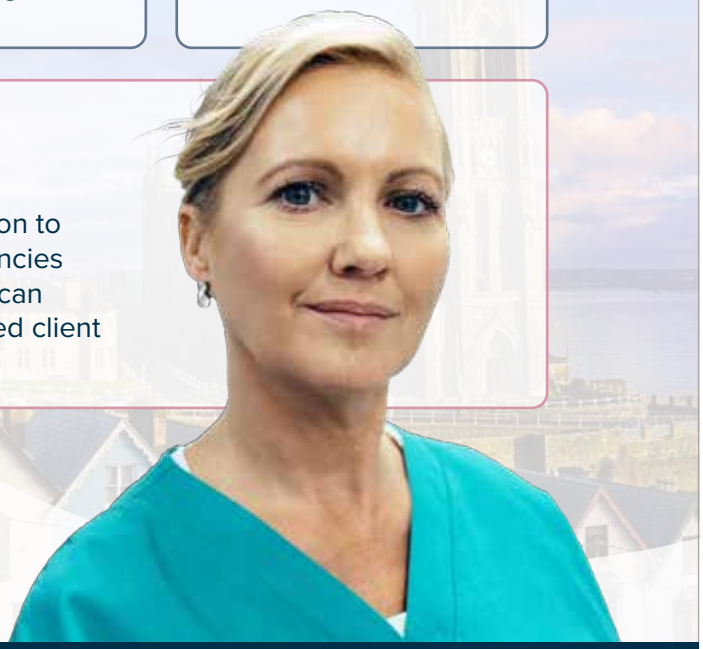

Based elsewhere in Ireland?
We have lots of work available throughout Ireland across all divisions and specialties. Call our recruitment team on **021 2128923**.

Ready to join?

Scan this QR code and register on our website

"I love working with The Nursing Guild. The rates are excellent. The staff are very helpful, they always find work to suit me. I have worked with other agencies in the past and SNG are by far the best. I cannot praise them enough."

Trustpilot

Irish Cancer Society Night Nurses

The Irish Cancer Society are seeking Registered General Nurses who can provide a minimum of 6 nights per month and have some palliative experience.
Training will be provided.
Job description on **www.cancer.ie**
Email CV to **recruitment@irishcancer.ie**
Informal enquiries to Amanda on 01-2310532 or **awalsh@irishcancer.ie**

Irish Cancer Society

Irish Nurses Rest Association

A committee of management representing the Guild of Catholic Nurses of Ireland, the INMO, the Association of Irish Nurse Managers and Director of Public Health Nursing exists to administer the funds of the Irish Nurses Rest Association. It's open for applications from nurses in need of convalescence or a holiday for a limited period who are unable to defray expenses they may incur or for the provision of grants to defray other expenses incurred in purchase of a wheelchair/other medical aids.

Please send applications to:
Ms Margaret Philbin, Rotunda Hospital, Dublin 1.
email: mphilbin@rotunda.ie

Read a good book recently? Write a review for *WIN*

Every month we publish a book review written by one of the *WIN* team or by an INMO member. It doesn't have to be nursing/midwifery related, but if you have read something that you found helpful to your practice, please consider writing a review for an upcoming issue of *WIN*.

Submit your review to nursing@medmedia.ie

Word count: 400

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