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WIN

World of Irish Nursing & Midwifery

INMO

Journal of the
Irish Nurses and Midwives Organisation

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INMO members celebrate nursing and midwifery

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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.

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The Irish Nurses and Midwives Organisation supports breastfeeding

For more information log onto www.breastfeeding.ie

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WIN,
MedMedia Publications,
17 Adelaide Street,
Dun Laoghaire,
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Website: www.medmedia.ie

medmedia publications

Editor Alison Moore
Email: alison.moore@medmedia.ie
Tel: 01 2710216

Production & news editor Tara Horan

Sub-editor Max Ryan

Designers Fiona Donohoe, Paula Quigley

Commercial director Leon Ellison
Email: leon.ellison@medmedia.ie
Tel: 01 2710218

Publisher Geraldine Meagan

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INMO
Irish Nurses and Midwives Organisation

Editor-in-chief: Phil Ní Sheaghdha

INMO editorial board:
Karen McGowan
Eilish Fitzgerald, Kathryn Courtney

INMO editors:
Michael Pidgeon (michael.pidgeon@inmo.ie)
Freda Hughes (freda.hughes@inmo.ie)

INMO photographer: Lisa Moyles

INMO correspondence to:
Irish Nurses and Midwives Organisation,
Whitworth Building,
North Brunswick Street,
Dublin 7.
Tel: 01 664 0600
Fax: 01 661 0466

Email: inmo@inmo.ie
Website: www.inmo.ie

www.facebook.com/irishnursesandmidwivesorganisation

twitter.com/INMO_IRL

Change must finally be delivered

THIS issue of *WIN* covers the debates of our second "virtual" annual delegate conference (ADC). Despite the odd internet connection problem, the conference went well, with strong participation from our delegates. In particular, we saw the bravery of four nurses who shared their deeply personal experiences with long Covid in a panel discussion *(see page 29),* something which rightly won them praise and support from delegates.

As with every ADC, there was healthy debate on the problems our professions face. Community RGNs correctly pointed to the continued lack of definition of their roles, the inability to progress and advance to managerial positions or to lead as clinical experts in the community. ED nurses pointed to the return of overcrowding in hospitals – despite the HSE's pandemic pledges of "no tolerance" for overcrowding. This is far from a new story – we have long seen underdeveloped community services and overcrowded hospitals. The fear is that we sleepwalk back into the pre-pandemic patterns of extreme overcrowding without corrective action.

Underlying many of the contributions was a frustration that it is now four years since the Sláintecare plan was published and it remains relatively invisible. That vision: universal single-tier healthcare, based on need not ability to pay; quality health services available and free to our growing population, attracting and retaining the very best healthcare staff, remains an unfulfilled goal. Yes, Rome wasn't built in a day, but how much planning are we expected to endure before action? As we wait, working conditions in hospitals and the community worsen and waiting lists grow.

The Sláintecare implementation strategy and action plan 2021-2023 sets out two main reform programmes. First, to improve safe, timely access to care and promote health and wellbeing. Second, to address health inequalities and move towards universal healthcare. Significant funds were allocated in Budget 2021 to commence the related increases to capacity in acute and non-acute settings. The plan set out exciting projects to develop community virtual wards and speciality hubs, with a commitment to ensure "sufficient professionals are trained, attracted and retained in the areas where need is anticipated". These projects must be delivered and we must now ensure that nurses and midwives have a strong leadership role at every level in these emerging community structures.

The INMO will again be meeting the Sláintecare programme office this month to promote the role our professions must play in the delivery of this programme. The development of correct community structures has real potential to address many of the valid issues raised by members at ADC.

Disappointingly, however, the published Sláintecare plan does not instil confidence that the removal of private work from public hospitals will be urgently addressed. It says that: "Private beds in public hospitals have been reviewed and plans via the public-only contracts for consultants are underway to commence the process of removing private care in public hospitals", likely after 2023.

Commitments for elective-only centres are reaffirmed – which is extremely welcome. However this strategy caveats the commitment with the line "subject to government decisions, and working through the public spending code process, the elective centres will proceed through planning permission, fire certificate and tender stages with construction work underway on the centres during the course of this strategic action plan 2021-2023."

Much of this timeline needs to be moved up with caveats eliminated. It is time to hold government to task, the delivery of all of the recommendations is needed to ensure real and enduring change to our health service. We cannot, and must not, allow further delays: if ADC debates are anything to go by, nurses and midwives are up for the challenge. We want to be part of a significant inclusive change – and certainly do not want to be forced to raise the same issues again at ADC 2022.

Phil Ní Sheaghdha
General Secretary, INMO

INMO Professional

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Attention All
GP Practice Nurses

To ensure that you are part of the GP Practice Nurse Section and to receive regular updates from your National Section please check that you are aligned to the National Section.

If you are not sure, please contact **membership@inmo.ie**

Your INMO membership & affiliation to the GP Practice Nurses Section entitles you to:

- **Fitness to Practise Defence** - providing advice and full representation in circumstances where you are referred to the Fitness to Practise procedures of NMBI.
- **Employment Issues** - comprehensive collective and individual supports including access to INMO information office (01) 6640610/19 and INMO official representation on matters including contracts, salary, terms & conditions and employment rights.
- **Networking** with like-minded members through the National Section Network offering support in the form of structured meetings and professional development. A core function of the GP Practice Nurses Section is to advocate for our members.
- **Professional Development** - access to INMO suite of CPD programmes, conferences and workshops (currently all online, with many offering the option to playback at your convenience).
- **Library** - access to a comprehensive library service including, literature searches / remote consultations / reference desk queries along with access to resources through our dedicated website www.nurse2nurse.ie.

If you wish to get involved in the National GP Practice Nurses Section, **we would really like to hear from you.**

Please contact **INMO Section Development Officer** by emailing: **Jean.Carroll@inmo.ie**

A positive focus with the president

Karen McGowan, INMO president

Celebrating together

IT HAS been an incredible month with the International Day of the Midwife and International Nurses Day, and between these celebrations we held our 102nd ADC in an online format. The celebrations and efforts made by members were so impressive. I love to see what members are doing in their respective areas to mark the days of celebration. I am so proud of the professions, putting patients at the forefront of everything we do. The conference was a busy two days with lots of debate but so important to have the policy set and the future direction of the union on track. We had addresses from Michael Martin, the first ever from a Taoiseach, and the Health Minister. Appreciation was offered but members want tangible recognition for their efforts. Let us hope that it will be our last online ADC and next year's will be held in person.

Grand rounds initiative Beaumont Hospital

Pictured (l-r): Fiona Colbert, ANP in cardiology, and Sarah Garvey, ANP in emergency medicine, outside Beaumont Hospital in Dublin

I SPOKE to Sarah Garvey, a registered advanced nurse practitioner (ANP) in emergency medicine, and Fiona Colbert, registered ANP in cardiology, about their grand rounds initiative for ANPs and clinical nurse specialists (CNSs) in Beaumont Hospital. There are approximately 36 ANPs and 52 CNSs making up almost 100 specialist nurses in the hospital who were not networking or sharing information with one another. Ms Garvey and Ms Colbert decided to change this and came up with the idea over coffee. They booked a lecture hall for their first weekly grand rounds meeting of ANPs and CNSs back in 2020.

Ms Garvey told us: "Looking around and seeing all the doctors learning from each other, I began to think that as nurses we pigeon-hole ourselves. Fiona works in cardiology so she is going to be educated in cardiology, and I work in emergency medicine so I'm only going to be educated in that area. We had seen doctors do grand rounds learning from various disciplines and thought, why aren't we doing this?"

Grand rounds provide an educational platform where, for an hour every week, health professionals meet to discuss case studies, new services and audits to show how a service has progressed. It's a forum for teaching and learning and skill sharing among peers. Typically it is for ANPs and CNSs but in Beaumont it is open to anyone who is interested. They have applied to have their grand rounds accredited for CEU points by NMBI so that there will be a further incentive for people to take part.

Ms Colbert said: "It was time for us to support and educate each other and to champion our peers. We want to promote and showcase all the good work and new initiatives within nursing. We just decided to get started and hoped that others would come on board when they saw what we were trying to do. Once we got up and running everyone was delighted and it felt like they had been waiting for something like this."

Ms Garvey and Ms Colbert felt that for a long time ANPs worked in isolation but the grand rounds have brought them together. They have learned different presentation styles and find the format friendlier and less overwhelming than formal learning. They are aware that St Vincent's University Hospital in Dublin also has ANP grand rounds but would love to see other hospitals and hospital groups rolling them out too. They are more than happy to chat to anyone who is interested in starting something similar.

For further details on the above see **www.inmo.ie/President_s_Corner**

Executive Council update

HAVING concluded the annual delegate conference (ADC) this month the Executive Council continue to meet monthly via an online platform and it is envisaged that we will continue on this basis in line with public health guidelines.

The role of the Executive Council is vital to the function of the INMO. Issues that are occurring locally are being raised at national level as is very clear from our monthly meetings. This ADC saw rule changes adopted by conference that reflect the core union values of the INMO. I am immensely proud of the work that this union, its officers, members and staff have done to push for safety and decency at work, particularly in the past year.

The Executive Council contacted the Indian ambassador to Ireland Sandeep Kumar, extending our sympathy and solidarity with our Indian colleagues. We also made a donation in our members' names to help with the ongoing battle with Covid 19 in India. We rely so heavily on our international colleagues in Ireland and we thank them for their dedication and skills. It is so difficult to see your home country going through this turmoil.

Discussions among the Executive Council always have a keen focus on the interests of members. It is our members who are holding the health system together. The recent HSE data breach will have huge implications and difficulties across the health service and once again, nurses and midwives are rising to the new challenges.

As always our focus remains on patient safety. Workplaces are challenging, don't forget to engage with your local rep or industrial relations officer or industrial relations executive for advice and support. Remember, the INMO is always there for you, our valued members.

Get in touch

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

An analysis of nurse-led Covid-19 interventions among marginalised populations - mixed methods study

Funded by: Research Collaborative in Quality and Patient Safety (RCQPS) https://www.rcpi.ie/research/research-collaborative-in-quality-and-patient-safety/

Principal Investigators: Dr Briege Casey, School of Nursing, Psychotherapy and Community Health (SNPCH), Dublin City University, Tel: 01 7008521; email: briege.casey@dcu.ie
Dr Fiona O Reilly, SafetyNet Primary Care (Tel: 01 962 0116); email: fiona@primarycaresafetynet.ie
Research support: Dr Claire Cullen, Post-doctoral Researcher, SNPCH, DCU email: claire.cullen@dcu.ie; Eric Whelan, Research Assistant, SNPCH email: eric.whelan@dcu.ie

Co-investigators: Niamh Murphy, Dublin Simon; Emma Coughlan, Safetynet Primary Care; Maxine Radcliffe, Homeless Healthlink CHO7, HSE; Noelle Woods, Peter Mc Verry Trust (PMVT); Chris O Donnell, peer researcher; Sarah Jayne Miggin, Inclusion Health, Mater Hospital; Anne Marie Lawlee, Inclusion Health St James' Hospital; Steve Pitman, INMO; Mary Rose Sweeney, SNPCH, DCU; Denise Proudfoot, SNPCH, DCU.

Collaborators: Elizabeth Pena PMVT; Raul Menendez, Homeless Healthlink CHO7, HSE; Lydia Barry, Safetynet Primary Care, Sinead Grogan, Safetynet Primary Care; Caroline Mulqueen, Safetynet Primary Care; Lauren Fitzsimmons, Safetynet Primary Care; Michelle Connolly, Dublin Simon; Precious Chisango, Dublin Simon.

Background

COVID-19 presents health/healthcare challenges worldwide across a range of populations and practitioners. Rates and severity of ill health are generally higher among people who are socially marginalised, for example people who are homeless, migrants, travellers, people with addictions and mental illness.

Nurses and midwives are at the forefront of planning, delivering and evaluating health promotion/healthcare among hard to reach populations in a wide range of healthcare settings. This survey, which is part of a wider study; An analysis of nurse-led COVID-19 interventions among marginalised populations – a mixed methods study, aims to examine the experiences and support needs of nurses and midwives working during the COVID-19 pandemic. Findings will inform ongoing policy and practice development in this area. This study has been approved by Dublin City University Ethics committee DCUREC/2020/117. More details concerning the overall study can be sought from briege.casey@dcu.ie.

What does taking part involve?

If you are over 18 years of age and have worked as a nurse during the COVID-19 pandemic in Ireland, we would be extremely grateful for your help in completing this online survey to learn more about your experiences, opinions and support needs. If you consent to participate, completing the questionnaire will take approximately 30 minutes of your time. Your participation is entirely voluntary, anonymous and confidential. You can find further information about the survey and the survey link here

Thanks for your contribution to this important research

INMO welcomes Citizens' Assembly recommendations on gender equality

THE Citizens' Assembly on Gender Equality recommendations announced last month have been welcomed by the INMO as they represent "positive steps across work life and society for women and the services that support them".

The recommendations are a result of more than a year's hard work and informed consideration by members of the Assembly.

Among presentations heard were that of INMO Executive Council member Oliver Allen, who is a CNM2 at St James's Hospital Dublin. Mr Allen was asked to represent the union from a male nurse's perspective.

He presented to the Assembly in February 2020 on gender stereotypes in nursing, his experience of working in a female-dominated profession, how the role of nursing is viewed externally and in the media, as well as the experience of male students first entering the nursing profession.

The Assembly's recommendations cover a broad range of areas in which gender equality is a key issue, including recommendations on: the Constitution; politics and leadership; caregiving and childcare; domestic, sexual and gender-based violence; pay and the workplace; and social protection. Among its 45 recommendations, the Assembly is calling for:

- A publicly funded, accessible and regulated model of childcare over the next decade
- An increase to the State's share of GDP spent on childcare
- Provision for lone parents of the same total paid parental leave period as for a couple
- Choice in care and independence for older people and for people with disabilities
- Special efforts to improve the visibility of men performing caring roles
- Improvements across the system for survivors of gender-based violence

- Statutory right for payment for home care packages as well as nursing care, for those who wish to be cared for at home
- Increases to the annual home care budget to meet demand and reduce waiting lists.

The recommendations also call for the introduction of a statutory body for gender equality under a cabinet minister charged with cross government co-ordination, which is intended to ensure the effective implementation of the recommendations and the results of the Assembly's work.

The Citizens' Assembly recommendations have been welcomed by labour and rights-based organisations across the country and in particular by the Irish Congress of Trade Unions for their proposed movement toward pay parity, and public spending for high quality public services that address gendered obstacles to overall social equality.

The final report of the Citizens' Assembly is due to be published this month. The INMO will keep members informed of how these recommendations progress, and how this impacts their professions, families and communities.

– Beibhinn Dunne

Hospital overcrowding rising to pre-Covid levels

IRELAND'S hospitals are becoming more overcrowded than at any point over the past year, the INMO has warned.

The worst-hit hospital has consistently been University Hospital Limerick, where as many as 75 admitted patients can be found on trolleys some days. Other hospitals that regularly see severe overcrowding include Cork University Hospital, Letterkenny University Hospital, Midland Regional Hospital, Mullingar, and South Tipperary General Hospital.

The union warned that redeployment of staff was seeing day services closed or scaled back, which is putting extra pressure on emergency departments.

Frontline staff have said that infection control and social distancing is compromised when patients are on trolleys in corridors.

The INMO recently called for urgent national intervention in UHL in particular, along with a strategy to reduce the volume of staff being redeployed for vaccinations. The union advised enabling nursing and midwifery students to become paid vaccinators.

INMO president Karen McGowan said: "Although the levels of Covid-19 are reducing, the longstanding trolley crisis is again rearing its head.

"Our members are seriously concerned that we will swing from the Covid crisis back into an overcrowding crisis. They need to know that the HSE will not tolerate overcrowding and ensure that safe staffing levels are implemented."

INMO general secretary Phil Ní Sheaghdha said: "We have kept trolley figures suppressed for much of the pandemic, but we are slipping back into old bad habits. The HSE cannot allow trolley figures to rise and rise.

"Overcrowding is simply unsafe for patients – especially during a pandemic. It is placing intolerable pressure on an exhausted workforce, who are now working to provide mass vaccinations in addition to a Covid and non-Covid healthcare service.

"The HSE and HIQA need to rapidly intervene in the worst-hit sites, and anything that can be done to ensure key staff are not redeployed must be looked at. Covid could be a turning point for the Irish healthcare system. We cannot repeat the mistakes of the past."

• *See also pages 17-19*

INMO director of industrial relations Tony Fitzpatrick updates members

Building Momentum: INMO in talks to agree action plan for health services

A KEY part of the reform agenda under the new public service agreement for 2021-2022, Building Momentum, is to agree an action plan for each public sector.

At time of going to press, discussions to agree an action plan for the health service were at an advanced stage between the INMO and other health sector unions and the HSE/Department of Health.

The health sector unions have sought strong commitments on the implementation of a universal single tier healthcare system as envisaged in Sláintecare and other healthcare strategies, including the development of better integration between community, acute health and social care services.

The unions have sought, as per the Building Momentum agreement, that the delivery model is committed to use of direct labour.

A clear thread throughout the action plan is to agree strategies and projects to shift delivery of care into the community setting, including new approaches to chronic disease management and the care of older people.

The HSE and the Department of Health are keen to accelerate the digitalisation of the health service for staff and patients to improve efficiency of healthcare delivery.

However, the unions have insisted and secured that end user engagement is a priority for staff and services, and to ensure that design and aim of systems should be to reduce duplication and paper-based workloads.

There is a clear requirement within the action plan for extensive engagement and consultation with the health sector unions on all changes proposed. It is important that the HSE and the Department of Health are fully compliant with the Protection of Employees (Information and Consultation) Act 2006 and the subsequent health service agreement on engagement and consultation.

The HSE and the Department of Health are seeking greater flexibility within working arrangements across the health service workforce to allow for greater productivity and efficient delivery of services. However, the unions have sought and secured a commitment on work/life balance and family friendly arrangements. This is vitally important considering that the health service is a 75% female workforce, and in the case of nursing it is 92% female and midwifery is 98% female.

In addition, there are commitments with regards to the full implementation of the Framework for Safe Staffing and Skill Mix.

It is expected that the action plan for the health service will be finalised shortly, subject to agreement being reached on the outstanding matters for the health sector unions.

Full details of the action plan will be outlined in future issues of *WIN*.

Postgraduate midwifery students entitled to payment of location allowance

THE INMO has secured clarification from the HSE that postgraduate midwifery students who work in maternity units are entitled to payment of the location allowance.

Under the strike settlement in 2019, the Labour Court recommended that the location allowance should be extended to nursing/midwifery staff working in maternity departments on the same basis as it applies in other areas. This was outlined in the subsequent HSE HR Circular 21/2019.

However, postgraduate midwifery students made the INMO aware that they were not in receipt of the location allowance and therefore, the INMO has secured a revised circular (CERS 08/2021) which clarifies that postgraduate midwifery students who work in maternity units (as defined in Memo 15/2019) are entitled to be paid the location allowance.

The date of application of this circular is March 1, 2019, which means that postgraduate midwifery students:

- From academic year 2018/2019 are entitled to the location allowance from March 1, 2019
- From academic year 2019/2020 and 2020/2021 are entitled to the location allowance from the commencement of their programme.

The location allowance is currently €2,347 per annum. If you require any clarification, do not hesitate to contact the INMO.

on recent national issues under discussion

Covid-19/long Covid: Ensure your 'special leave with pay' is correct

IN RECENT weeks, the INMO has dealt with numerous cases where individuals who were absent due to Covid-19 were not paid correctly while on leave.

In most cases, individuals are able to return to work after two to three weeks of Covid-19 leave. However, it is also common that some individuals require a longer time to recover, and some may suffer 'long Covid'.

The INMO is asking all individuals who have suffered have long Covid to ensure that they have been paid correctly for their absence. Indeed, if you remain absent due to Covid-19 or long Covid, it is important that you contact the INMO to ensure you are receiving all of your rights and entitlements.

Note also that in March 2020, the HSE was only paying individuals who were absent with Covid-19, their normal basic salary and allowance. The INMO secured via a WRC agreement that 'special leave with pay for Covid-19' would be based on an average of the employee's unsocial hours premium payments over the six-week period immediately prior to the commencement of the employee's absence.

It is important for every individual who has been affected by Covid-19, to check their payslip to ensure they have received their normal premium payment and allowances while on special leave with pay for Covid-19.

This applies retrospectively to March 13, 2020. Therefore, individuals who were absent with Covid-19 and subsequently returned to work are entitled to have their special leave with pay recalculated to include premium payments.

Two HSE HR circulars cover this matter – 064/2020 and 013/2021. The agreement between the unions and the HSE on the calculation of the premium payment element of special leave with pay is that it can be based on either of the following two options:

- The six-week look-back/averaging rule which is based on the employee's unsocial hours premium payment over the six-week period paid immediately prior to the employees' absence, or
- The roster that the employee was scheduled to work in the forthcoming period but for their absence, provided the duration of the roster is at least six-weeks and is in place on the day prior to the period of absence covered by special leave with pay. If the roster that is in place on the day prior to the commencement date of the employee's absence does not cover the next six weeks, the six-week look back as set out above must apply. *(This option applies from March 12, 2021).*

If you are experiencing any difficulties with regards to receipt of premium payments for special leave with pay, please contact your INMO representative/the INMO.

Care pathway for long Covid

The INMO continues to engage with the HSE with regards to a comprehensive care pathway and bundle for those suffering from long Covid. These engagements are at an advanced stage. See next month's *WIN* for details of the agreed package.

If you are suffering from Covid-19 or long Covid, contact the INMO to ensure that you are receiving all of your rights and entitlements.

More than 28,600 healthcare workers have been infected with Covid-19, many of whom still have long Covid symptoms. If you are suffering from long Covid it is important that you engage with your occupational health department with regards to advice and support. Furthermore, the INMO has secured that individuals who may be returning to work on a rehabilitation basis will be able to remain on special leave with pay as part of the rehabilitation process.

New code of practice on bullying at work

A NEW *Code of Practice for Employers and Employees on the Prevention and Resolution of Bullying at Work* was published by the Health and Safety Authority (HSA) on January 26, 2021. This replaces previous codes and improves the guidance for employers and employees on the scourge of bullying at work.

Through the years employers and trade unions have developed policies and procedures to deal with bullying at work. These have not always led to resolution and subsequent court challenges to outcomes have undermined some agreed procedures. Hence the Workplace Relations Commission and the HSA undertook a comprehensive review of the subject and the code now published seeks to provide clarity.

Bullying can have serious effects on the person being bullied, individuals who wrongly feel bullied, and for those accused of bullying. The code advises that for an employer, bullying can result in dysfunctional work environments, low morale, lost time and litigation issues.

The new code distinguishes between the terms bullying and harassment. While it does not prohibit employers from using the same procedure to deal with both, it provides a clear definition of bullying and points out that harassment is more appropriate to the Employment Equality Acts which define it.

The new code defines bullying as: "repeated inappropriate behaviour, direct or indirect, whether verbal, physical or otherwise, conducted by one or more persons against another or others, at the place of work and or in the course of employment, which could reasonably be regarded as undermining the individual's right to dignity at work. An isolated incident of the behaviour described in the definition maybe an affront to dignity at work, but, as a once off incident, is not considered to be bullying."

This definition is informed by case law and will assist employers and unions in resolving bullying in the workplace without individuals costly litigation.

– Dave Hughes

INMO calls on HIQA to investigate Limerick overcrowding

THE INMO has called on HIQA to investigate patient safety concerns as a result of severe overcrowding at University Hospital Limerick, which have been brought to light by members.

The union wrote to HIQA on April 23, 2021 seeking a full investigation and recommendations, further to ongoing representations by the INMO to UHL management in respect of the impact of severe overcrowding in the emergency department, AMAU and the ASAU, as well as significant nurse staffing deficits

This referral to HIQA follows a previous representation by the union last July about overcrowding at the hospital. At that time HIQA responded that a key causal factor for the overcrowding was insufficient bed capacity at the hospital.

Since then however there has been a significant increase in bed capacity with a net gain of 100 additional inpatient acute beds, an investment that is unprecedented in any other acute hospital location in the country.

Mary Fogarty, INMO assistant director of IR: *"The severe overcrowding is making it impossible to undertake even basic monitoring and observations of patients"*

The lack of any improvements in the overcrowding in the ED, AMAU and the ASAU is of serious concern to nurses, hence the INMO also wrote to the HSE chief clinical officer on April 26 setting out the need for urgent HSE action at the hospital to address the following:

- Excessive triage waiting times of more than two hours
- Post triage wait times for an assessment of up to 16 hours
- Delays in the access to timely assessment and treatment for attending patients
- Patients being exposed to Covid-19 in the overcrowded environments.

Nurses cannot cope with the high volume of patients in these settings. This is due to deficits in nursing staff on the ground to undertake even basic monitoring and recording of observations of patients. This was a key issue highlighted in the investigation into the death of Savita Halappanavar in Galway.

The continued overcrowding is occurring against the background of approximately 30% of the approved nursing posts in the ED remaining unfilled, causing up to eight nursing shifts to be unfilled. A further knock-on effect of this is that many nurses are leaving the hospital due to work related stress, poor work-life balance, constant requests to work overtime/extra shifts, and concerns regarding their registration.

At the time of going to press, the INMO was awaiting a formal response from HIQA and the HSE CCO. In the interim the union is conducting a survey of all members in the AMAU, ASAU and the ED at UHL in order to gather data on the experience of members working in a constantly chaotic workplace, including their concerns for their own health and safety and that of the attending patients.

– Mary Fogarty, INMO assistant director of IR

Bed boost for Mid-West older people services

THE INMO sought engagement with HSE management of services for older people following €4 million funding secured for additional capacity to be added to three services in the Mid-West with a plan for an additional 31 rehabilitation beds.

At time of writing, the proposed opening of 10 beds in St Ita's Community Hospital, Newcastle West had commenced on a phased basis with four patients being admitted into the unit.

The HSE expects this to be a positive factor in alleviating the unacceptable pressures of continuous overcrowding at University Hospital Limerick. Additional nurses and other staff are being recruited to St Ita's Hospital with staffing levels agreed.

The INMO will continue to engage with HSE management and support members with issues arising within the new unit.

The union is also pressing for engagement on additional capacity proposed for other sites, namely St Camillus Hospital, Limerick and St Joseph's Hospital, Ennis.

– Karen Liston, INMO IR executive

Concerns over Ennis unit's new management

CAHERCALLA Community Hospital and Hospice, Ennis has entered into a clinical services management agreement with Mowlam Healthcare to provide clinical and managerial oversight for this service.

This was further to a HIQA recommendation and a consequent action plan.

Strong responses emanated from the INMO and other unions as this service always had strong union recognition and representation rights. Staff and members raised concerns that collective representation was being eroded by the new management.

Cuts initially being imposed by Mowlam Healthcare included a reduction in contracted hours for staff as beds have closed. They cited slow down in referrals from the HSE with the closure of approximately 18 beds as the reason for the cutbacks.

This imposition on the nursing roster has been robustly rejected by the INMO, which has requested that management explore all other roster flexibilities. Further engagement with Mowlam Healthcare is awaited.

– Karen Liston, INMO IR executive

Mater Private making "underhanded" change to staff insurance benefits

THE INMO has condemned changes being implemented by the Mater Private Hospital in relation to insurance benefits offered to staff, affecting its death in service benefit and the income continuance policy.

The INMO was notified in early April 2021 that, due to rising costs, the hospital was conducting a review of these benefits which are paid to all employees working in the Mater Private Hospital.

The hospital committed to consulting with the INMO in relation to these proposals in the interests of good industrial relations. However, the hospital wrote to the INMO on April 28, 2021 stating that it was unilaterally making changes to the death in service benefit and the income continuance policy. The rationale given was that due to projected increases in insurance costs, the hospital was seeking to reduce its exposure to future claims.

The proposed changes made by the hospital will result in a reduction in benefits for spouses and partners of staff working in the hospital who pass away, and a consequent reduction in benefits for their relatives.

In addition, income continuance for individuals on income protection will no longer be index linked.

At a meeting with the hospital on May 10, the INMO requested that these changes be deferred pending proper consultation in the interest of good industrial relations. In addition the union made a formal written request to the hospital on this matter.

At time of going to press a response was awaited. On receipt of same the INMO will be consulting with members in the Mater Private on the options available to them regarding this underhanded and insidious benefit reduction.

– Albert Murphy, INMO assistant director of IR

Successful claims for loss of income during Covid-19

THE INMO has successfully pursued a number of cases for members who suffered lost income due to the Covid-19 pandemic, whereby local management did not apply the correct leave arrangements or Covid-19 special leave with pay arrangements.

In one such case, the INMO secured four-weeks pay for a member who had been forced to take unpaid leave due to caring responsibilities during the Covid-19 lockdown. The member had sought to work from home but this was not facilitated by the employer. Following a grievance process, the INMO secured that the member was put back on payroll for the period.

These claims were made with reference to HSE HR Circular 033/2020 *(Working arrangements for those with caring arrangements during Covid-19)* and HR Circular 002/2021 *(Frontline healthcare employees with childcare responsibilities during Covid-19)*.

Under these circulars, following the exhaustion of all flexibilities surrounding rostering arrangements, if the staff member could not attend the workplace due to caring responsibilities, existing leave was made available to members or working from home arrangements made available.

Pending assignment at home, the staff member remained on normal pay, inclusive of fixed allowances.

– Liam Conway, INMO IRO

Award for delay in grievance process

A WRC Adjudication Recommendation recently awarded an INMO member in the north west €10,000 in compensation for substantial delays by their employer in implementing the grievance procedure.

The member had lodged a grievance against her manager. However, the employer completely failed to abide by the specific timeframes set out for stage 1, stage 2 and stage 3 of the grievance procedure in this member's case.

It was only after a referral was made by the INMO to the WRC Adjudication Services, that the employer acted in a committed manner to moving on the complainant's grievance.

INMO IRO Neal Donohue said: "This is a serious breach by the employer of its own procedure. This cannot be tolerated and is grossly unfair to employees who bring forward complaints in good faith. Employers have a responsibility to deal promptly and fairly with any complaint raised by employees.

"It took 19 months for the grievance procedure to be completed, and the WRC adjudicator saw fit to award our member €10,000 compensation for the employer's delays."

No agreement on new theatres in Croom

The INMO awaits further engagement with the HSE on the opening of new and additional theatre capacity at Croom Orthopaedic Hospital. A meeting of members at the hospital was pending at time of going to press but it is the consensus of INMO members who have made contact that a move could not be contemplated until all matters are agreed satisfactorily.

Call for review of payment process in UHL

The INMO has written to management at University Hospital Limerick following numerous representations by members seeking a review of the process for payment of hours worked above contract and appearance of same on payslips. Members often experience significant delays in payments, after which payslips do not clearly indicate the time for which late payments relate.

– Mary Fogarty, INMO assistant director of IR

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INMO Professional

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from Curriculum Reform to Community Practice
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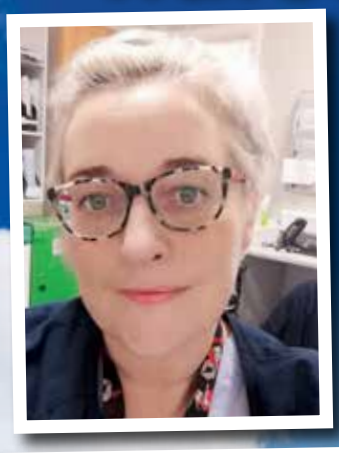
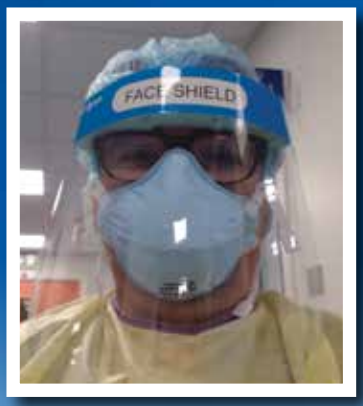
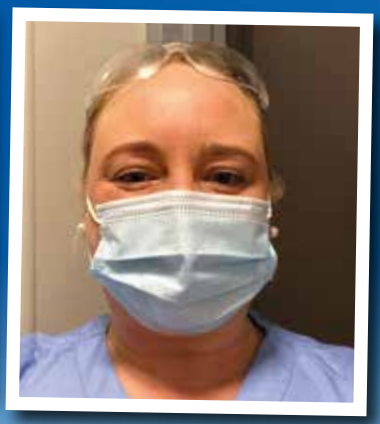
International days of the nurse and midwife 2021







AS PART of its annual celebrations for International Day of the Midwife (May 5) and International Nurses' Day (May 12), the INMO called on members to submit photos that highlighted their work. There was a huge and enthusiastic response from nurses and midwives across the country and in every area of the health service. Hundreds of photos were featured across INMO social media and during the annual delegate conference and some featured across national news outlets.

The photos reflected the full spectrum of services and workplaces that have been their focus over the past year, as well as nurses and midwives' immense pride in their professions. We were delighted to see such a positive and heartwarming display from our members and deeply proud of the effort put into making these days a true celebration of solidarity, teamwork and dedication in nursing and midwifery. This is a small selection of the images received.

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Mindfulness Based Stress Reduction

Teaching nurses & midwives how to take better care of themselves to live healthier, more adaptive lives.

Mindfulness-based stress reduction (MBSR) is an evidence-based program that offers secular, intensive mindfulness training to assist people with stress, anxiety, depression, or pain. **This programme will take place for 2½ hours on a Friday (commencing on 16/07/2021) for 8 weeks plus a retreat day on Monday, 23 August 2021.**

It requires gently turning towards what is present, even when it is unpleasant and difficult and 'being with' whatever is there in the moment. This can be challenging for some people, so you need to discuss with the MBSR Teacher (Aparna) if you are unsure if it is the right time for you to take the course. The eight-week course is based upon the programme of MBSR, developed in the United States by Dr Jon Kabat Zinn. It is also built up from our personal experiences of mindfulness practice and we hope that it will provide rich sources of inspiration for you. Over the eight sessions, we will be developing a strong foundation of mindfulness.

Date	Time	Session
Friday, 16 July	10.00am - 12.30pm	**What is Mindfulness?** There is more right with us than wrong
Friday, 23 July	10.00am - 12.30pm	**Perception and creative responding:** How we perceive the world and ourselves
Friday, 30 July	10.00am - 12.30pm	**Mindfulness of the Breath and the Body in Movement:** There is both pleasure and power in being present
Friday, 6 August	10.00am - 12.30pm	**Learning about our Patterns of Stress Reactivity:** Wherever you go, there you are
Friday, 13 August	10.00am - 12.30pm	**Working with Stress:** Mindful Responding instead of Reacting
Friday, 20 August	10.00am - 12.30pm	**Stressful Communications - Interpersonal Mindfulness**
Monday, 23 August	10.00am - 4.00pm	**Full day Retreat**
Friday, 27 August	10.00am - 12.30pm	**Lifestyle Choices**
Friday, 3 September	10.00am - 12.30pm	**A Mindful Life - Keeping your Mindfulness Alive**

This is experiential learning where participants are encouraged to acknowledge that the best teacher is the one inside of themselves.

Aparna Shukla will provide this training, she is a nurse, midwife, with Masters Degree in Nursing and Certified Yoga and MBSR Teacher. From the age of 8 Aparna has practiced yoga and is in a unique position to combine scientific knowledge with ancient wisdom.

Participants will receive a course workbook for completing various exercises and for study purpose. Places are limited so early booking is advisable.

LIVE ONLINE
8 Week Course

Every Friday for 2½ hours, starting on 16 July 2021 for 8 weeks,

plus a retreat day Monday 23 August 2021

Fee: €250
Special rate for INMO members

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ED trolley crisis continues

Covid may dominate the headlines, but hospitals continue to be overcrowded causing both patients and staff to suffer. Report by **Beibhinn Dunne** and interviews by **Freda Hughes**

THE INMO's trolley watch is widely used as a national barometer of overcrowding in emergency departments (ED) and acute hospitals. It has shown rates of overcrowding worsen year-on-year since records began in 2006.

The start of the Covid-19 pandemic saw EDs nationally empty of their normal caseloads as part of the plan to cope with the expected surge in Covid patients and the need for social distancing. The HSE promised a "zero-tolerance" approach to hospital overcrowding to ensure infection prevention and control measures could be maintained throughout the pandemic.

However, the numbers of people waiting for beds started to steadily increase again after just a couple of months and continued to rise throughout the year. Between May 2020 and December 2020 almost 28,000 patients were treated on trolleys in Irish hospitals despite the high risk of Covid transmission inside facilities, and the high rates of Covid infection among frontline healthcare workers.

Since January 2021, approximately 20,000 patients have been treated on trolleys in Irish hospitals with many individual hospitals reporting alarming levels of overcrowding.

While over 7,500 nurses and midwives acquired Covid-19 since the start of the pandemic, the daily number of patients on trolleys continue to climb closer and closer to the record levels seen prior to the pandemic.

Since the start of 2021, many hospitals have reported higher daily or monthly trolley figures than in 2019 and in March 2021 University Hospital Limerick reported its highest trolley figures for any March on record.

The effect of this overcrowding on an already exhausted workforce has been immense. INMO members are reporting high levels of stress, burnout and psychological strain across the service as a result of increased workload and high-pressure conditions. Instead of relief at the prospect of an end to the pandemic, members in EDs are finding themselves thrust back into pre-pandemic overcrowded and unsafe working conditions.

In the following interviews ED nurses tell us of their experiences working through the pandemic in some of the busiest acute facilities in the country.

Stacey Egan – Midlands Regional Hospital, Mullingar

"THE biggest challenge about working in ED is juggling resources in order to optimise patient care. You are dealing with high activity levels and high acuity patients. We strive to provide the best care for our patients, however, as the nurse/patient ratio increases with overcrowding we often struggle to achieve this and this can be very demoralising and frustrating,"said nurse Stacey Egan.

With the arrival of Covid-19 in 2020, one of the initial changes that occurred in Midlands Regional Hospital (MRH) Mullingar was the opening of a second ED for Covid-related presentations. This put pressure on staffing levels that were further stretched by the necessity of a streaming nurse role. The streaming nurse assesses all patients and ambulance arrivals prior to their entry into the ED. There have been longer waiting times for patients awaiting transfer to their allocated beds as all patients attending ED must have a Covid test result before leaving the department. The vast majority of these tests have a turnaround time of approximately three hours.

Staff found PPE extremely uncomfortable to wear for prolonged periods and said that it has made communication with patients difficult. MRH opened a second waiting room to help facilitate social distancing for patients, but there is difficulty in maintaining this on corridors and when the department becomes overcrowded.

"I feel some apprehension prior to my shifts, as overcrowding has now become the norm. It creates an increased workload as we try to provide care to those admitted patients in ED as well as deal with new presentations, some of which are critically ill and require immediate management.

"The long-term effects of continuous overcrowding can lead to considerable negative impacts on nursing staff. It becomes increasingly more difficult to efficiently manage large and often complex patient loads. This in turn can lead to exhaustion, stress and burn out," Ms Egan told ***WIN***. She believes that initially when the trolley count was published there was a sense of shock and horror at the high numbers of patients in EDs awaiting bed allocation. She feels that they have now become normalised and people have become desensitised to the high figures, with trolleys only discussed in the media when a new "high" has been documented after surpassing the previous record.

"As a nurse, you are given the responsibility of caring for the injured, sick and dying. This gives you the opportunity to make a difference in the lives of others by giving care to them in their time of need. When working in the ED you experience so much, but you develop great friendships over time. When you endure stressful situations you have a team around you that supports one another.

"Often you feel like your swimming upstream. We're physically on the go all the time. Psychologically there is little sense of achievement as there is a constant influx of patients with no end in sight. Staff can feel demoralised when every day at work they are unable to meet the needs of their patients. In more recent years there has been a large turnover of staff in the ED in Mullingar, a small number of which can be attributed to the constant overcrowding coupled with lack of staffing," she said.

Ms Egan would like to see a rapid medical evaluation introduced to triage so that they could redirect low acuity patients away from the ED to other care settings, similar to plans outlined by Sláintecare.

Roisin O'Connell – University Hospital Limerick

ROISIN O'Connell graduated as a nurse and started working in the ED in University Hospital Limerick just a few months before the global Covid-19 pandemic hit. At the beginning of the pandemic she said they saw a notable reduction in people presenting to ED due to fear of contracting the virus in Limerick's renowned overcrowded ED. This brief reprieve was welcome and gave staff time to get used to using PPE and splitting their ED into two teams for Covid and non-Covid patients. However, the numbers started to steadily climb again and at this point the ED in UHL is the most overcrowded in the country. The constant pressure takes its toll on the staff and impacts on the level of patient care that can be provided.

During the first wave of Covid-19 the ED benefited from the addition of redeployed staff to help get through their workload but they have not had any additional staff as the second and third waves of Covid-19 hit. There has been a high turnover of staff in their department too often due to the extreme overcrowding experienced there and the stress that comes with that constant pressure.

"I think sometimes it can be overwhelming, especially as I'm not qualified very long. It's hard to know if you're doing everything right. The people I work with are amazing. They try to do the best they can despite the chronic overcrowding. Sometimes patients get stuck in ED for two or three days and we are expected to deliver ward level care which is virtually impossible in a busy ED which was not designed for long-stay patients.

"People don't necessarily understand the reality of what the daily trolley count reflects. If you're really sick or injured you won't care that there's 100 people on trolleys in the ED. You just want to get well and feel safe," she said.

UHL has a huge catchment area taking in Limerick, Clare and parts of Tipperary, and most of the private or regional hospitals in the area that have an ED close at 5 or 6pm. Ms O'Connell said that they often have 30 patients to looks after between only two nurses so even one extra pair of hands makes a huge difference.

"It can be very daunting when you qualify as an ED nurse because of the constant pressure brought on by overcrowding and understaffing. The answer is never just to open more beds because we need nurses to staff them. We are already short staffed so more beds without additional nurses would not solve our problems at all."

Ms O'Connell feels that emergency nursing is not an attractive prospect for most new graduates as there's very little time for induction before you're thrown in the deep end. She said she loves being an ED nurse but that their whole department is exhausted.

"Apart from the constant overcrowding we have to deal with whatever comes through the door on any given day or night. We often face abuse and assault from patients but we still have to keep going because we just don't have the staff to allow us to stop and take time out for ourselves.

"When you have a good day its really rewarding. Something as simple as giving someone an extra blanket when they've been on a trolley all day, or finding time to bring someone a cup of tea or the pain relief you know they've been afraid to ask for, makes a big difference," she said.

Marie Lyons – Mayo University Hospital

MARIE Lyons told us that the ED at Mayo University Hospital has always been very busy, regardless of the pandemic. Aside from the first couple of months of the pandemic when people didn't present, overcrowding has remained a huge issue. The ED has been split into two streams for Covid and non-Covid patients with extra nurses assigned to assessing patients for Covid-19 as they present to the ED.

"Physical overcrowding is an enormous strain. We only have so many assigned cubicles designed for dealing with minor injuries and assigned areas for dealing with major incidents. What's happening now is that there are patients all over the department. Just when a patient is settled we often have another admission that supplants those needs and has to be prioritised and given the trolley or cubicle space. One major issue for ED nurses is that there is no privacy with which to look after your patient and we're often providing care in corridors to patients on chairs as we don't even have enough trolleys for them. It can be very demeaning for patients and stressful and demoralising for staff. It feels like we're surrounded by a lot of physical chaos all the time," she said.

Ms Lyons told *WIN* that the most positive thing about her job is the way nurses work together and take care of one another. She said it's the bonds formed among staff in EDs that carries them through the hardships and constant pressures.

"The overall consequence of this constant overcrowding is that you have hordes of nurses who love their job, but hate the system and who want to leave because they no longer feel any job satisfaction. Dealing with a constant barrage of overcrowding means that we can't care for our patients in the way that we want to."

Ms Lyons said that while the daily trolley count raises awareness of the unacceptably high numbers of patients without beds across the country, she doesn't feel like it has ever resulted in the government taking any meaningful action to fix the problem. She said that not only are more beds needed, but that more nurses must be employed to staff any extra capacity that comes on stream. She also thinks that more needs to be done to incentivise nurses to work in ED as it no longer seems like an attractive option to most.

"Trolleys have somehow become a nursing problem when in reality it is doctors who admit and discharge patients. I would like to see nurses, senior doctors, registrars and consultants work together with management to solve this problem.

"Many nurses feel a huge sense of dread coming to work because of overcrowding and understaffing. It's just not safe and we can't provide patient care to a standard that we want to. ED nurses feel like we are not listened to and never heard. I see a sense of despair in so many of my colleagues. We do amazing and life-saving work everyday but its not appreciated and we're running on empty at this stage," she said.

Ms Lyons said that it would help nurses' morale if there was more shared governance and nurses felt they were listened to, kept informed and consulted about plans within their departments and hospitals, adding that it was essential that they are consulted and their frontline knowledge used to inform policy.

Michelle Kingston – Cork University Hospital

MICHELLE Kingston has worked in the ED in Cork University Hospital for 14 years. She has seen huge changes since the Covid-19 pandemic hit and admits that some of these changes have been positive, but do not tackle the long-term issues faced by EDs nationwide. The ED got a lot of new infrastructure to facilitate the flow of Covid-19 patients.

They created a Covid and non-Covid pathway through the ED, which were staffed by two distinct staff teams. While this initially created more space she said that both areas are now 'awash' with admitted patients on trolleys and chairs waiting for beds in other parts of the hospital.

She said that there is great camaraderie among the whole team which helps them get through in such a high pressure environment. For her, the area of health and safety for both staff and patients is the biggest concern.

"There is always a danger of missed care when you don't have time or space to properly care for all the patients in your care. It comes down to overcrowding and understaffing and these are long-term issues.

"Stress and burnout result in absenteeism. This could be tackled if we looked at the root causes of the stress. Overcrowding and understaffing are at the root of this problem. Staff are even more exhausted than usual after more than a year of global pandemic with no opportunities to let off steam or have fun or even meet a friend for a coffee," she explained to *WIN*.

Ms Kingston was acutely aware that bringing more beds into the system requires more nurses to staff that increased capacity. She noted that understaffing is a problem throughout the hospital and across the country.

She would love to see more regional EDs around the country and said that with only two EDs in Cork, they are under huge pressure. She said that having more acute EDs would spread out the numbers and could work out better for patients in the long-term too.

She said that the pandemic has been a baptism of fire for new nurses and that anyone who doesn't decide to leave the profession after this will probably find the coming years a bit easier as the pandemic abates, but that the same problems will still exist. She explained that she and her colleagues are physically and mentally exhausted when they get home from work each day and said it is hard not to bring that stress home.

"The impact overcrowding has on us as nurses is immense. We're only human too. We shouldn't have to deal with that level of constant stress. We can't bring it home or talk about it, but we can't escape it either."

Ms Kingston would love to see more nurses and midwives involved in policy and planning and felt that this would lead to more efficient systems and safer patient care. Within the ED, nurses are often the primary link between the patient, doctor and multidisciplinary team. She believes that nurses need to be supported, respected and encouraged to take part in policy formation and that currently they are a huge untapped resource in that arena.

"We're the ones who link everything together and we have the most hands-on knowledge of the patient. We should be part of all planning and policy decisions," she added.

Caroline Minnock-Ferry – Letterkenny University Hospital

CAROLINE Minnock-Ferry works with a strong and supportive team in the emergency department in Letterkenny University Hospital (LUH). Like most EDs they now operate with two separate teams and areas to allow separation of Covid-19 patients. Trying to ensure both teams had a proper skill mix was challenging for them given the constant overcrowding faced by their department for many years. She said that they count themselves lucky to have had so many redeployed staff help them out since the pandemic hit in March 2020 and that they welcome new staff who have joined them recently.

"A really big positive for us was getting new staff. Our existing team got a morale boost from showing them the ropes, but also because we knew how much of a positive impact having a bigger team would have on our department.

"The team here are fantastic. We're like a family. Everyone is so committed to care and constantly wanting to learn and improve the service. The team, including doctors, HCAs, porters and cleaners, are like one big family and that gets us through. We can offload on each other and we know exactly what each other have been through," she told *WIN*.

Ms Minnock-Ferry said that there has been an increase in people presenting to ED since the pandemic due to difficulty accessing GP appointments. Many patients don't need to be in ED but cannot secure an outpatient appointment. She believes that if a better referral system was in place with more outpatient care and greater access to scans, it would streamline hospital admissions and take the pressure off the ED. It would also free up more beds in the hospital which would mean that admitted patients didn't have to languish on trolleys in the ED for so long.

"The volume of patients is one of the biggest challenges we face. If you could get a steady flow of patients from the ED to the wards you could keep things moving. If there is no bed elsewhere for them in the hospital they get stuck in the ED."

She feels that the public have become desensitised to the daily trolley figures and horror stories about overcrowded and understaffed hospitals. She told *WIN* that maintaining social distance is virtually impossible in an overcrowded ED despite the dual pathways. Because of LUH's geographic location, transferring patients also brings huge challenges. They generally transfer to Dublin or Galway which could easily take eight hours turnaround meaning that a resus nurse is gone with the patient for their entire shift.

"When you come in every morning all your trolleys are completely full. At the end of your shift they are still full and there are still more patients coming in by ambulance. It's heart breaking when somebody finally gets a trolley after sitting in a chair all night only to be moved out of it when a patient with greater needs comes in. They come to us because they are sick but they often feel worse after a night on a chair with no sleep.

"We end up constantly apologising for things that are out of our control. It has a huge effect on our morale and increases the mental and physical exhaustion we already feel," she said.

Government must keep its promises

Our professions were not found wanting when Covid hit and now the government must act, says Karen McGowan. **Alison Moore** reports

WHILE the sacrifices of individual nurses and midwives have been significant, INMO members have not been standing alone as individuals but rather "joined together through this union, standing up for what we need" in order to care for patients safely.

In her first annual delegate conference (ADC) address as president, Karen McGowan hailed the importance of standing together as a collective in order to protect each other in challenging times.

"We successfully stood together when we campaigned for universal facemasks, for example. We were repeatedly told that we did not need them. Indeed, some members were even threatened with disciplinary action for daring to wear facemasks.

"Eventually our collective calls as union members were heard by the government, and universal facemasks were rolled out. Infection rates among healthcare workers dropped immediately," said Ms McGowan.

Ms McGowan said that a united stance again had to be shown to ensure that healthcare workers were given top priority for the vaccine.

"We have intervened to secure PPE where needed, to stop dangerous practices where they occurred and to ensure that the rights of nurses and midwives are not disregarded as a 'mere inconvenience' in a crisis. I am immensely proud of the work that this union – its officers, members and staff – has done to push for safety and decency at work. The INMO's long-used phrase 'no pressure: no progress' has never been more relevant," she added.

Ms McGowan welcomed Health Minister Stephen Donnelly's comments in regard to learning lessons from the pandemic that can shape future healthcare delivery.

"We are sincerely grateful for the minister taking time to not only come and speak, but to listen and work with us to keep the good lessons in healthcare delivery we learned during this pandemic," she said.

Ms McGowan stressed to the Minister that one particular lesson needed to be addressed right now. She underlined how nurses and midwives had taken a central role in organising and managing significant change safely at short notice throughout the pandemic and yet didn't have a seat at the senior decision making tables.

"This must be corrected Minister. This isn't the first time we have raised this issue We acknowledge, albeit late in the game, that you have recently appointed the chief nurse to NPHET, a year after the pandemic began.

"We will continue with our campaign to replicate that, but Minister, a senior clinical voice for nurses and midwives should be an automatic part of decision making. A trade union should not continually have to raise the issue.

Ms McGowan then clearly set out to Mr Donnelly the five key things nurses and midwives need.

Compensation

Nurses and midwives need recognition for the risks and extra work they have undertaken during the pandemic. They had the highest Covid infection rate of any healthcare workers in Ireland and had first-hand experience of the daily consequences of infection, yet still they presented for work.

Ms McGowan said that while nurses and midwives were deeply appreciative of the Minister's words of praise, words are not what were needed nor sought.

"But to be clear, when I say that we are seeking recognition, we are not looking for a pat on the back or a kind word.

"We are seeking tangible compensation for the burden we have been asked to bear. Since November, we have sought 10 days of special, compensatory leave for ourselves and other frontline healthcare workers. This leave is not only morally just, given the past year. It is also practically necessary. Leave would give us time to recuperate, rest and ready ourselves for work in a post-Covid world," she told Mr Donnelly.

The alternative, Ms McGowan warned, was "burnout, resignation and depletion of the nursing and midwifery workforces".

Ms McGowan said that the INMO had first raised this issue with the HSE in November but has since been forced to refer the matter to the Workplace Relations Commission as a response to the claim had not been received to date.

"This is a matter of importance. It is a matter requiring a response, as any claim would within a the set timeframe," she said, adding that this delay, and many others in the same vein, were unacceptable.

"Minister, the constant delay on many aspects of our working lives – delayed implementation of the strike settlement, delayed response to student nurse/midwife issues and this delay in doing the right thing – is not acceptable to the members of the INMO.

"We did not delay in giving 150% to ensure our public health service could deal with the demands of this pandemic. Minister, this matter is a major priority for our members and deserves appropriate action."

Long Covid

Ms McGowan also explained that nurses and midwives who are experiencing long Covid – paying the price for their work on the frontlines – need care and certainty. She stressed that long Covid cannot be the reason why nurses and midwives leave the professions.

"Minister, this cannot be career ending for nurses and midwives. We must have fast access to appropriate Covid clinics to enable and support rehabilitation back to work. This is an occupational injury and must be treated as such. The HSE has long promised specific clinical pathways. Why are we still waiting?" she asked Mr Donnelly.

Most importantly, from an INMO point of

view, Ms McGowan said members needed to be certain that their livelihoods were protected when they have this occupational injury. She referred to the panel discussion on long Covid where the ADC heard from nurses who were rushed back into work or asked to use annual leave to return to work. This, she said, was "entirely wrong".

"This provision of protection must apply to all employers, minister, including those operating in the private sector. As Minister of Health, we expect you to champion this just call," she said.

Student nurses and midwives

The pandemic has also brought the position of student nurses and midwives to the fore. Many demands were made on them both personally and professionally, to which they responded admirably. Ms McGowan said that for this they must be fairly compensated.

"We have engaged in a long battle in respect of the rights of student nurses and midwives. The manner in which they have been treated will, I fear, have long-lasting negative effects. We need to value the coming generation of midwives and nurses. Commitments you made in December were only actioned last evening.

"It is only right that the students who have given so much during this exceptional year are compensated for their work and the risks they have taken."

The president emphasised that this was an issue that stretched beyond the events of 2020 and 2021, warning that the long-term review into students and interns which the Department of Health commissioned must clearly improve their situation – particularly in regard to pay.

"We know that this is not only right, but necessary to convince our highly in-demand graduates that the Irish health service values them and is a good place to build a career in. Without it, I fear we will see more of Ireland's nursing and midwifery graduates look overseas," she said.

Private nursing homes

Ms McGowan used her address to highlight the "horrendous working conditions" that have become apparent across the private nursing home sector. While many employers act responsibly in this sector, she said it was clear that many others do not.

"The privatised model of 'care for profit' does not work well for patients, staff or the state. The flaws in this model were clear before the pandemic but were further exposed by the tragic loss of life in the area and the need for the state to step in.

"I want, in particular, to pay tribute to the many migrant nurses working in this area, who have often faced legal uncertainty and exploitative conditions. Their contribution to the Irish population during this difficult time is commended by this organisation," she said.

Keeping promises

The final thing that nurses and midwives need from the government, according to the INMO president, is to honour the agreements that have already been made by implementing them in full, without any further procrastination.

"You could fill libraries with the reports and promises that have been made to nursing and midwifery over the years. We need to act on the 'Building Momentum' agreement: reducing hours for members and bringing up nurse and midwife managers to the proper pay levels following the strike.

"The Safe Staffing Framework, which could make real inroads to many of our health service's problems, needs rollout and dedicated funding as secured as part of the strike settlement.

"The long-awaited Maternity Strategy – which I am glad to see you allocated additional funding to – now needs follow-up action to deliver truly woman-centred care, including meaningful choice of delivery. The fact that a country of our size has only two midwifery-led services demands action," Ms McGowan said.

While a crisis like this pandemic seems like a difficult time for major reform, the president argued that it also presented an opportunity to do exactly that.

"The Sláintecare reforms have support across parties. You were right to include them in your manifesto and programme for government. If you work to bring about the Sláintecare model – you will have an ally in the 40,000-strong INMO. Ireland has to support the public service model for healthcare – and end the private, for-profit approach. As the pandemic eases, we need to see this as the opportunity for major reform and Sláintecare implementation," she told Mr Donnelly.

Ms McGowan closed her address with a reminder that the nursing and midwifery professions were always ready with sleeves rolled up.

"We will not be found wanting in our dedication, commitment or skill – but this goodwill cannot and must not be taken for granted. We need you and your government to act quicker in supporting us in doing so."

ADC demands compensation for pandemic healthcare workers

FRONTLINE nurses and midwives deserve compensation for their work and sacrifices during the Covid-19 pandemic, the INMO's annual delegate conference (ADC) has said.

Delegates attending the online event passed an emergency motion, reiterating a claim it has made since last year, calling for additional annual leave for healthcare workers in compensation.

The INMO lodged a claim with government in November 2020 for 10 days of compensatory leave due to fatigue and overwork throughout the pandemic. This claim has yet to be responded to by the HSE. Meanwhile, other countries, such as France, Denmark and Northern Ireland, have already compensated their frontline healthcare staff.

Proposing the emergency motion, Michael Wise from the Executive Council said that since the start of the pandemic, INMO members had endured hazardous working conditions, extraordinary and swift roster changes, cancellation of annual leave as well as redeployment and reassignment across the public health service and, in some cases, to the private nursing home sector.

All this, he told conference, while working beyond their shifts and missing breaks, working with the encumbrance of wearing personal protective equipment (PPE) over long hours and enduring the highest level of exposure to Covid-19 in the workplace.

"Conference calls on government to acknowledge, as other administrations have, the special contribution and extraordinary risks endured on behalf of the community by frontline, patient-facing staff," he said.

"Words are not enough. At the beginning of this global pandemic, then Taoiseach Leo Varadkar said 'never will so much be asked of so few'. This is still the case; we, the few, are still doing so much to ensure those in our care remain happy and healthy, while we put up with our cancelled leave and heightened risk of infection, which will lead to burnout and fatigue across our staff teams," added Mr Wise.

He told conference that nurses and midwives have been front and centre of care during the pandemic through the first, second and third waves of infection and would continue to show up, a fact that must be recognised and tangibly valued.

"If the fourth wave comes, we will still work extra hours in uncomfortable PPE and, without respite leave being granted. In return, all we will get is empty rhetoric, meaningless words and applause.

"Applause won't rejuvenate a weary workforce like respite leave. It is time for the government and the HSE to listen to the few and grant this leave.

"To quote Leo once more. 'Let it be said when things were at their worst, we were at our best.' I ask government and the HSE, we are all in this together, aren't we?"

Seconding the motion, Audrey Horne of the Executive Council and Limerick Branch, said that the HSE's failure to acknowledge the INMO's claim for compensatory respite leave should be condemned.

She said that nurses and midwives, along with other frontline staff involved in direct patient care, have been required to work in a dangerous, stressful environment, regularly working extra hours and often unable to avail of breaks.

"Additionally, many staff had to work excessive hours wearing PPE for extended periods. Many lives have been lost to the disease. The emotional pressure as a result is exceptional," she said.

Ms Horne said that the distress and fear of bringing the disease home to relatives was an additional burden and, in many cases, the pressure of balancing childcare or other caring responsibilities in a situation where normal services were not operating was significant and in some cases, irreconcilable.

"These are unprecedented conditions added to the impact of Covid-19 on those working in frontline health services. The response and support from the government and our employer has been praise and a deafening silence."

Ms Horne told the conference that almost 30,000 healthcare workers have contracted Covid and that long Covid has manifested in up to 10% of these cases.

"Fatigue from long hours wearing PPE, emotional strain and anxiety will lead to high levels of burnout and will have potentially career-ending consequences.

"The 10 days respite leave claimed by the INMO last November 20, will pale into insignificance against the long-term costs of a failure by health employers to recognise fatigue and burnout.

"Employers must live up to their responsibilities to mitigate the risks of burnout. Failure to do so will damage the workforce to whom we owe a duty of care. We call on the government, HSE and all health employers to accept their responsibility and protect nurses and midwives in the frontline by conceding the 10 days claimed for carrying the highest levels of risk in their workplace," she said.

The motion was carried.

– Alison Moore

Emergency motion

"Conference condemns the failure on the part of government and HSE, to respond to or address the INMO claim for 10 days compensatory respite leave.

"INMO members have endured since the commencement of the Covid-19 pandemic:

- Hazardous working conditions
- Extraordinary and swift roster changes
- Cancellation of annual leave
- Redeployment and reassignment within and across the public health service and to the private nursing home sector
- Regularly working beyond their shifts and missing breaks
- Working with the encumbrance of wearing PPE over long hours
- The highest level of exposure to Covid-19 in their workplace.

"Conference calls on government to acknowledge, as other administrations have, the special contribution and extraordinary risks endured on behalf of the community, by frontline patient-facing staff. Words are not enough."

Taoiseach: government will recognise nurses and midwives

Alison Moore reports on first ever ADC address by a sitting Taoiseach

IN ACKNOWLEDGEMENT of the sacrifices made by nurses and midwives over the past 16 months of the pandemic, it was fitting that for the very first time a sitting Taoiseach addressed the INMO's 102nd annual delegate conference (ADC).

Micheál Martin said that the Covid-19 pandemic had brought severe illness, suffering and loss to many of our people and their families, demanding so much in terms of flexibility, capacity and innovation from everyone involved.

"It has asked us to dig deep, over and over again with grave uncertainties prevailing throughout all of this, you and your colleagues in the health service have continued to work diligently, demonstrating so visibly, the commitment and dedication to providing care for our most vulnerable, and ultimately saving lives from this terrible virus.

"I'm deeply conscious of your courageous contributions to the national effort, the risks many of you have faced and, most painfully, the tragic loss of some colleagues, and I must sincerely and humbly thank you all for your continued perseverance in the fight against this virus."

Mr Martin also spoke about how 2020 had been designated by the WHO as the year of the nurse and midwife before the pandemic was declared.

"Your response to the pandemic in 2020 resulted in the role that you all play being amplified across the nation and the public have shown their deep appreciation of your profession. In that same spirit, the government is committed to recognising the great dedication that you and all the healthcare workers made during the pandemic and work is ongoing to determine how best we do that," he said.

Mr Martin also recognised the extreme change that has occurred in the working lives of INMO members over the past year.

"Your roles have undergone considerable change over the past year. Nurses and midwives have implemented telehealth technologies and have demonstrated huge innovation, responsiveness and extraordinary commitment to bringing care to the people that needed it.

"Meeting the challenges in the health service as this pandemic emerged in recent months, nurses and midwives have been at the forefront of co-ordination, planning, and rollout of the vaccination programme, and indeed in taking lead roles in the establishment of community vaccination clinics."

Taoiseach Micheál Martin addressing delegates at the ADC

The Taoiseach said that the vaccination programme was especially important as it was the "key enabler" to the reopening of society and the economy.

He said that the government was committed to the continuing development of the profession and that nurses and midwives had a significant role in the move towards Sláintecare, which he said incorporated a number of policies already developed through collaboration by the INMO, the HSE and the Department of Health.

Referencing the increase in nursing and midwifery posts, Mr Martin said that this increase in recruitment has been critical in supporting the health service in delivering care during what was "arguably the biggest public health crisis in a century".

"As we expand the nursing workforce, policy developments such as the development of a framework for safe staffing and skill mix, led through the chief nurse's office, is critical.

He said that the development and deployment of the nursing workforce must continue to be evidence based to drive quality patient outcomes and noted that the number of nurses and midwives working in advanced practice was nearing the target required to sustain this model of care.

Mr Martin also said that he envisaged that the recommendations of the expert review body of nursing and midwifery would help drive further progressive change if Sláintecare is implemented.

Special mention was made of student nurses and midwives who throughout the pandemic Mr Martin said had demonstrated "the commitment, care and competency that citizens expect of our graduates".

In support of student nurses and midwives, he said that the government would implement the Collins work recommendations, including the €100 per week pandemic placement grant.

Mr Martin said that, alongside the whole country, he was "profoundly grateful" for nurses and midwives "commitment and bravery in delivering care and maintaining the highest standards for our patients during this most testing period for our society".

"This crisis is not over. But there's a real sense that we're making considerable progress and that-brighter days are ahead," he told delegates.

In response to the Taoiseach's message, INMO president Karen McGowan said that it was appreciated that "the tireless work and extraordinary efforts by our nurses and midwives is acknowledged, as the weight of the entire country's health lies on their shoulders" but she stressed that this appreciation must be converted into action.

"The Taoiseach states that consideration has been given to awards for nurses and midwives but he and his government must move from consideration to implementation. Nurses and midwives didn't have the time to consider anything about Covid-19, we implemented and got on with it.

"We will hold him to his commitment made on the compensation to nurses and midwives," Ms McGowan told the ADC.

Minister offers thanks

Health Minister Stephen Donnelly offers gratitude and praise to INMO members– but union seeks tangible rewards. **Alison Moore** reports.

ADDRESSING delegates at the 2021 annual delegate conference (ADC), of which the theme was 'Courage to Care', Health Minister Stephen Donnelly said that he was "very conscious" of the need to demonstrate the government's gratitude to those who have worked on the frontlines of healthcare during the pandemic.

"Your efforts have limited infections, saved lives and provided comfort and high-quality care to those who have suffered, including some of your own colleagues," he said.

Mr Donnelly said that he was hopeful that the country would soon be at a stage of recovery "where we will be able to look back at the pandemic, take stock of frontline workers' huge contributions, and put in place appropriate measures to recognise these".

The Minister did not hypothesise as to what form this recognition would take only that it "will come". The INMO first sought compensatory leave as recognition in November. Earlier this year, they escalated the claim to the Workplace Relations Commission. There has been no formal government response to date, but the Minister's speech indicated that plans may be in progress.

Lessons learned

The Minister said he believed that the experiences and lessons from the past year of coping with a global pandemic would change the health service.

"The stresses, the strains, the innovations, the heartache, the breakthroughs, the successes – these will help inform how we deliver healthcare into the future. Aside from the lessons learned on preparations and responses to pandemics, the past 15 months have demonstrated how our health service can be mobilised at short notice to manage an unimaginable crisis."

Addressing the significant psychological burden of the pandemic, Mr Donnelly said that the Department of Health and the HSE have worked to establish measures to support nurses and midwives and other healthcare workers. He referred to the work that the HSE's Workplace Health and Wellbeing Unit has done in providing an enhanced range of expertise, advice and supports to healthcare staff and managers during the pandemic.

Minister for Health Stephen Donnelly

Global picture

While the situation in Ireland was improving, Mr Donnelly said that globally the pandemic was at very different stages and he spoke specifically about the current surge taking place in India.

"I recognise, along with all of you, that our colleagues, especially those from India who are a vital part of our own nursing and midwifery workforce, are watching their country struggle and thinking of their families and friends. This government will continue to do whatever we can to support India at this difficult time."

Student nurses and midwives

Referring to the issue of student nurse and midwife recruitment and retention, Mr Donnelly said that the need to maintain the educational progress of the students was a top priority of the government.

"At this difficult time, our student nurses and midwives have overcome unprecedented challenges that Covid-19 has posed to the continuation of their studies. I am conscious of challenges posed to nursing and midwifery education, which became more evident during Covid," he said.

Mr Donnelly said that two reviews of student placements have been carried out. He said that the short-term review by Prof Tom Collins recommended that a €100-per-week pandemic placement grant be paid to nursing and midwifery students on supernumerary placement, which has been accepted by government. It was also decided that this grant would be backdated to September 2020.

"My department has instructed the HSE to process this payment and I have confirmation that payments will begin from next week. Importantly, the HSE has said they would be completed by the first of June," said Mr Donnelly.

The Minister explained that a longer-term review of supports available to nursing and midwifery students recently commenced. This review will include an examination of the levels of pay for the final-year internship and travel and accommodation allowances for supernumerary clinical placements. The review is being conducted by independent mediator Sean McHugh who is due to submit a report to the Department of Health by the end of June.

The INMO has long stressed the importance of retaining these highly sought-after graduates by recruiting them to work in the health services in Ireland, and lobbied the HSE and the Department of Health to ensure this.

In terms of undergraduate places, Mr Donnelly said that the number of student places for nurses and midwives has increased in recent years in line with the Department of Health's policy to invest in "our domestic supply and education of nurses".

INMO leadership

Mr Donnelly paid tribute to the INMO leadership team for its participation in the HSE Covid-19 national IR forum.

"This forum continues to deal with matters of concern for both management and unions, and it helped devise solutions to identified difficulties related to the pandemic. I would like to sincerely thank you for your co-operation and assistance in the development of solutions with fellow unions and management as the crisis evolved. The past 15 months have not been easy. But this co-operation resulted in agreements on redeployment as well as elaborating on and refining measures

put in place to protect staff. It also acted as a valuable tool to address the many challenges the pandemic has posed to the health workforce," he said.

The forum remains in place and Mr Donnelly told delegates that it highlighted the importance of regular engagement to address obstacles that prevent the effective delivery of healthcare at a time of crisis.

"I believe this could act as a model for future management/union engagement on matters of mutual operational concern, and it will ultimately be of benefit to the running of our health service.

"Accordingly, I have instructed my officials to engage with the HSE on examining how this positive forum could be used as a template for engagement with healthcare trade unions in the future," he said.

Management roles

Mr Donnelly referred to the work of the Expert Review Body on Nursing and Midwifery, which was established as an outcome of the strike settlement in 2019 and is charged with examining the impact on management grades and the implications of implementing the enhanced nurse/midwife contract. Part of this work, which is in progress, is to review the scope, role, structure and responsibilities of nurses and midwives with a view to improving the quality and efficiency of service delivery as we move to provide more integrated care.

Advanced practice

As part of the strike settlement, the government gave a commitment to increase the number of advanced practitioners to 2% of the nursing and midwifery workforce. Mr Donnelly said that, having received the evaluation report on the implementation of the advanced practice policy, the Department now had clear evidence that demonstrated the positive patient and health service effect that these roles have, including a reduction in waiting lists and admission avoidance.

Safe Staffing Framework

While the national implementation of phase 1 of the Safe Staffing Framework continues, Mr Donnelly recognised that the rollout has been slow moving to date but cited recent progress made in relation to its implementation.

"Despite some delays resulting from the pandemic, the contract for the IT system required for implementation was signed in 2020 and training for this system continues in the hospitals. This year, an additional €10 million has been provided to recruit another 177 full-time equivalent staff," he added.

INMO responds to Minister:
Nurses and midwives want action not thanks and praise

RESPONDING to the Minister – and the ongoing lack of tangible recognition to nurses and midwives for their service during the pandemic – INMO president Karen McGowan again underlined that it was deeds and not words that nurses and midwives needed:

"We are not looking for a pat on the back or a kind word. We are seeking tangible compensation for the burden we have been asked to bear. Since November, we have sought 10 days of special, compensatory leave.

"This leave is not only morally just, given the past year. It is also practically necessary. Leave would give us time to recuperate, rest and ready ourselves for work in a post-Covid world.

"The alternative, I fear, is burnout, resignation and depletion of the nursing and midwifery workforces," she said.

Also reacting to the Minister's speech, INMO general secretary Phil Ní Sheaghdha said that the Organisation was glad to note the Minister's commitment to measures that would recognise healthcare workers' contributions, but she expressed disappointment that he did not offer "any tangible sense of what that will be".

"Compensation is a major priority for our members and something which we will be seeking urgent action on from government," she said.

Frontline nurses and midwives deserve measurable compensation for their work and sacrifices during the pandemic. During the emergency motion debate *(see page 22)*, members of the Executive Council put forward example after example of how nurses and midwives had continually made sacrifices in order to continue to care for their patients throughout the pandemic. This included being expected to work without adequate personal protective equipment in the initial stages of the pandemic and in some cases taking a decision to live separately from family for fear of infecting them.

INMO members endured hazardous working conditions, extraordinary roster changes, cancellation of annual leave as well as redeployment and reassignment.

Of the recorded cases of Covid infection among healthcare workers (as of May 7) a disproportionate 7,595, or around 27%, of these have been in nurses and midwives, with a percentage of these now suffering long Covid *(see page 29)*.

Throughout the pandemic, INMO members have spoken of the difficulties encountered with childcare as a result of the closure of facilities. Many members had no choice other than to use annual leave in order to care for their children – yet one more reason for the INMO claim for 10 days of compensatory leave.

Mr Donnelly made no reference to this claim during his address, despite it having been lodged with the HSE since last November. Meanwhile, other countries, such as France, Denmark and Northern Ireland, have already compensated their frontline healthcare staff.

As Audrey Horne from the Executive Council noted during the emergency debate, nurses and midwives faced unprecedented conditions which added to the challenge of coping with the pandemic faced by those working in frontline health services.

She said that the government's reaction to this issue has been inadequate. "The response and support from the government and our employer has been praise and a deafening silence."

'You're supposed to know better'

Midwives may be at a greater risk of substance misuse than other healthcare workers, according to Dr Sally Pezaro, who told the ADC that fear of stigma is a barrier to help seeking. **Max Ryan** reports


Dr Sally Pezaro

"YOU'RE supposed to know better." This is the kind of stigmatising attitude that discourages midwives from seeking help for substance misuse, according to Dr Sally Pezaro, lecturer at the School of Nursing and Midwifery at Coventry University, who told delegates at the ADC that fear of punishment is also a major barrier to midwives disclosing problematic behaviours.

Dr Pezaro shared some preliminary findings from a study she has undertaken looking at the self-reporting of problematic substance abuse (PSU) among UK-based midwives, their perceptions of their colleagues' substance misuse and barriers to help seeking.

As part of their research, Dr Pezaro and her team surveyed 623 midwives between January and March 2020 and while their results have yet to be published, Dr Pezaro shared the following findings with the ADC:

- Midwives may experience a greater risk of PSU than other healthcare workers
- PSU was related to alcohol and drugs
- PSU occurred in response to work-related stress and anxiety, bullying, traumatic clinical incidents, the maintenance of overall functioning and escapism
- Reported barriers to help seeking included fear, shame, stigma, practicalities and a perceived lack of support
- Perceptions of colleagues' impairment were mainly compassionate, with a minority of stigmatising attitudes.

Ethical considerations

Dr Pezaro said that while midwives may be experiencing a greater risk of substance misuse than other healthcare workers, there was a disparity between how they perceive patients who engage in PSU and how they perceive their own PSU, or indeed how they perceive colleagues who exhibit similar problematic behaviours, such as excessive alcohol consumption or drug use. A reluctance to disclose these behaviours and a perceived lack of support, she said, is what perpetuates this disparity.

"Common findings in the literature relate to a lack of support and fear that if people disclose they need help that they may lose their licence to practise or registration. There's also a stigma associated with midwives and healthcare professionals in general more than there is in terms of the patients we care for engaging in PSU and unhealthy coping behaviours."

Dr Pezaro sits on the Nursing and Midwifery Council in the UK and said that while many of the cases she hears relate to drug and alcohol misuse, there is an ethical dilemma involved in asking midwives and nurses to self-report PSU.

"If we're going to ask midwives and nurses about their PSU, as a registered midwife myself, how do I do that without them disclosing that they're potentially unfit to practise and I then have to act. There's an ethical dilemma in terms of needing to protect midwives and their anonymity and confidentiality.

"But then that obviously gives them an amnesty and if there's a risk to themselves or patients or the public, we're unable to address that because we don't know who they are. Equally if there's an exposure to punitive action, that's going to dissuade others from seeking help if they see their colleague being treated in a certain way and they're having the same issues. Are they going to disclose? Probably not."

Covid-19 context

Dr Pezaro said that data collection stopped in March 2020 due to the first Covid-19 lockdown in the UK but that it has resumed recently with a focus on how the pandemic may have exacerbated the problems that can often lead to healthcare workers engaging in PSU.

"We know anecdotally that people have been staying in hotels or in separate rooms and then going to work and coming home, on erratic shift patterns and not being able to do anything between shifts but having substance use as a coping mechanism.

"We decided to do a 2021 study to see one year on what the differences are in terms of where we were back then and where we are now."

Dr Pezaro said they are surveying the same group of midwives from the 2020 study to re-examine their help-seeking behaviours, whether their PSU has improved or worsened and whether they plan to leave the profession or have already left the profession.

Future plans

Dr Pezaro's research has been rewarded with the Iolanthe Trust Midwives Award for 2021, providing the project with further funding for recruitment and media training, allowing the researchers to expand the study globally, produce a docudrama to address stigmatising views and promote non-punitive approaches to addressing substance misuse.

Dr Pezaro also outlined plans for an online support service.

"If we're encouraging people to seek help, we need to co-create some kind of support and intervention service for them to access if they need it. That needs to be online where people can be anonymous and remain calm and everything can remain confidential so that they don't risk losing their careers but can seek help in order to practise safely."

Look after yourself first

Calodagh McCumiskey told the ADC that in order to maintain high levels of patient care, nurses and midwives must remember not to neglect their own wellbeing. **Max Ryan** reports

CALODAGH McCumiskey channelled her inner Charles Darwin when addressing the INMO annual delegate conference (ADC) by reminding delegates that it's not the strongest among us who survive, but those of us who are the most adaptable to change.

"The key factors in being resilient are the concepts of adaptability and being responsive," said Ms McCumiskey, who is a wellbeing specialist and chief executive of Spiritual Earth. "The nursing and midwifery professions demonstrate both in abundance," she added.

Nurses and midwives have shown a "warrior-like spirit" throughout the pandemic, according to Ms McCumiskey, who believes that self-care is just as important as patient care. She said that to sustain the high levels of service that nurses and midwives have been providing over the past year and beyond, they must remember to put their own wellbeing first.

"I'm always reminded of what they say on the aeroplane about putting on your own oxygen mask first. People who work in social professions like all of you have a tendency to want to look after others first, but if you're not looking after yourself, that will have an impact in the long term on your ability to care for others."

The added emotional burden that healthcare workers have had to shoulder on behalf of their patients and families has seen the mental health effects of Covid-19 on nurses and midwives rival the consequences of the pandemic itself, according to Ms McCumiskey. When difficult situations arise, she said we have three choices: to be bitter, better or broken.

"What bitter means is that we say 'that's not fair' or 'why me?'. We can go down the road of feeling broken and thinking 'this is too much' or 'I won't get through this' or we can choose to be better, and better happens when we choose to learn from situations," she told delegates.

'Convert stress into growth'

Ms McCumiskey said that stress will always be present but that it is vital for nurses and midwives to learn to differentiate between healthy and unhealthy stress.

Healthy stress, Ms McCumiskey said, is stress that helps us to grow. Sometimes we choose to take it on, eg. having children or getting a mortgage, and other times it chooses us, eg. Covid-19.

"Covid-19 was a stress that you didn't choose, but those of you who are growing from it are converting that into a positive stress. You're now better equipped to handle life and the realities of today because of it."

Unhealthy stress is self inflicted and toxic, according to Ms McCumiskey.

"It's a stress that we generate through our own actions, habits or thoughts. If I'm thinking negatively a lot, that will generate stress. If I'm not drinking enough water or I'm drinking too much alcohol or coffee or not eating or sleeping well, that will also generate negative stress.

"The third type of stress is also an unhealthy stress that I get through watching too much negative news or listening to gossip or to stories or conversations that stress me out more than I need to.

'Close the files in your head'

The mind's capacity to handle stress is limited, so by clearing our head of unhealthy stress we can make room for healthy stress, allowing ourselves to grow, according to Ms McCumiskey, who likened this process to closing files on your computer to enhance its performance.

"If you had a document open on a computer with 20 other files open on it, would you be able to do your work effectively? The answer is no, but that's what happens in most of our minds; we have yesterday's problems, last week's problems and last month's problems open.

"So this simple process of closing the files in your head is very powerful and can enable you to bring a clear, fresh perspective to your work."

'Burnout erodes your potential'

Taking time out to rest is another key to a strong and healthy mind, according to Ms McCumiskey, who said that just as rest is crucial to building muscle at the gym or training for a marathon, taking breaks is vitally important for the mind.

"If we don't take breaks, what happens is the muscles don't actually get the chance to grow back stronger. Equally, the same thing applies to the mind – it's when we take breaks that we learn from situations and the mind becomes stronger.

"If we don't take breaks, what happens is we get burnt out. So many people in modern life are operating on some level of burnout, and what burnout does is it erodes your potential. So if you want to be able to provide care consistently, it's imperative that you take good care and get enough rest for yourself."

See **https://spiritualearth.com**

President and general secretary pay tribute to 'man with the hat' as Dave Hughes is set to retire

INMO president Karen McGowan and general secretary Phil Ní Sheaghdha (left) pictured wearing hats in tribute to Dave Hughes, deputy general secretary (above), who is retiring in January next year

IN ADVANCE of Dave Hughes's traditional review of the year, the tables were turned in a surprise to the INMO's deputy general secretary.

Ahead of his retirement on January 4 next year and to mark his last annual delegate conference (ADC) in his role, both the INMO president and general secretary donned hats in a 'wardrobe change' to pay tribute to the 'man with the hat' as Mr Hughes is known.

"As many of you might know, Dave is also known as 'the man with the hat' so the president and I have decided to dress accordingly to keep up the standard that this Organisation tries to uphold," said Ms Ní Sheaghdha as she and the president put on their hats.

"This is a sad conference for the INMO because it is Dave Hughes's last conference. He is making the sensible decision to retire and spend some of his valuable time with his wife Angela and his family," she added.

While Mr Hughes is continuing to work for the rest of the year, Ms Ní Sheaghdha said that they could not pass up the opportunity to mark the occasion of his last ADC.

Emphasising what a loss to the Organisation his retirement would bring, Ms Ní Sheaghdha said: "I'm going to try to put into a few short words what Dave has brought to the Organisation, since he joined in 1998.

"Many of you know that through the claims that have been pursued on behalf of the INMO, through three general secretaries, through, I think, eight or nine presidents, Dave has been the person with sound, strong, sensible advice, all of the time.

"It is important for me to say that since I took over as general secretary, there's absolutely no way that I could have done the job to the level that I have been able to, without the absolute clear guidance and support of Dave. So, Dave, on a personal level, I thank you for that.

"I think our delegates also need to know that your commitment to the cause of nursing and midwifery has been incredible."

A special slide show presentation which documented much of the deputy general secretary's contribution to the Organisation over the years then followed, accompanied by the song, 'Something Inside So Strong', which according to Ms Ní Sheaghdha was entirely apt for the occasion.

"Hopefully this records Dave's many years of absolute fantastic service to us as nurses and midwives, members of the INMO.

Some of the images used in the slide show shown at the ADC: (Top left) Dave Hughes at the ADC in 2006; (top right) Mr Hughes addressing members in 2016; (Middle left) Mr Hughes with Liam Doran, former INMO general secretary; (Middle right) Mr Hughes with Albert Murphy, INMO IRO; (bottom left) Dave Hughes – 'the man with the hat'

"I think for this Organisation, we have always had something inside that has been extremely strong," she said.

To add to the deputy general secretary's surprise – and as an ADC would not be complete without a contribution from them – the Castlebar Branch lent its creative weight to Mr Hughes's tribute with their usual wit and humour

In reply, Mr Hughes said that he "deeply appreciated all the kind words".

"I do appreciate this. I have been a long time with the INMO and I hope I have served our members well. It was a pleasure to do it," he told delegates.

– Alison Moore

ADC calls for return to work pathway for those with long Covid

Long Covid needs to be understood and addressed by health service employers – ADC hears. **Alison Moore** reports

FRONTLINE nurses and midwives experiencing long-term Covid-19 symptoms are not receiving the medical or employment support they need, according to speakers at the INMO annual delegate conference (ADC).

The ADC heard testimonies from four nurses who spoke on their experiences of ongoing symptoms following a Covid-19 infection contracted in the workplace.

The symptoms experienced include extreme exhaustion, brain fog, difficulty breathing, heart problems and vision impairment.

As well as a panel discussion chaired by qualified nurse and *Operation Transformation* psychologist Dr Eddie Murphy, the ADC also featured debates on two motions relating to long Covid.

During the panel discussion, CNM2 Caroline Kennedy described her experience of having Covid. Although she was quite ill with it, experiencing high temperatures, aches and pains and a bad cough, she initially recovered and returned to work where she was encouraged to get back to her normal levels of activity and "put Covid behind" her.

Prior to contracting Covid, Ms Kennedy was fit and active and used to run 5k every day and she had an expectation of getting back to that level of fitness quite quickly. However, the opposite was the case.

"Initially, I put my residual symptoms – cough and shortness of breath – down to normal post-viral fatigue. When I try to exercise, that's when the trouble starts. I develop terrible chest pain and tachycardia on minimal exertion. I basically just collapse and end up being sick and needing to take time off.

Ms Kennedy added that if someone had told her she would still be relapsing a year after infection she would not have believed it.

"It is that kind of pattern that is very difficult to navigate because you start to lose hope that you are going to get back to your normal self," she said.

Matthew Smith, who works in the theatre department in Kerry General Hospital as a CNM2, told the ADC how he contracted Covid early in the pandemic. While he didn't require hospitalisation he too was very unwell. Having seemed to recover initially, he then spent last summer in and out of work with illness.

"It gradually crept up on me with strange symptoms. I was whacked in the evenings with a lot of brain fog and tiredness. I really couldn't focus and I couldn't remember things.

"I had some strange symptoms at work as well. With my eyesight, I stopped being able to read the computer screens properly and I had breathing symptoms as well. My fitness was disappearing.

"I was trying to get back to running as the year before I'd run a marathon and now I can't even break into a run. It just seemed to get worse and worse, and I just couldn't cope any more", he said.

Nurse Eileen O'Keeffe was diagnosed with Covid in January 2021. She has not recovered from many of the symptoms from the acute phase and suffers with extreme fatigue.

"Dealing with this has been very disabling. Not just physically but mentally," she said.

She described how previously simple tasks such as doing the shopping or talking on the phone now took so much energy that she is forced to go to bed afterwards.

"At the moment, the longest I can tolerate being out of bed is about five hours but when I do that I really pay for it the next day," she added.

Ms O'Keeffe called on employers to put a pathway in place for those with long Covid to return to work on a gradual basis

"There needs to be a system in place to support people going back on a gradual basis. There needs to be an acknowledgement that you will go forward two steps but might go back a step again. If people have to stay out of work until they are 100%, this is going to be a much longer process," she warned.

Eilis (*surname withheld on request*) contracted Covid-19 while working on a Covid ward in April 2020. After several weeks she wasn't getting better and began developing new symptoms but at the time there was little awareness of long Covid.

In the end she was forced to change to a more sympathetic doctor and 10 months after her initial Covid diagnosis, a cardiac MRI showed that she had pericarditis.

"It takes a lot to accept how your body is now. I am only 27. I shouldn't be like this. You look fine and people tell you that you look fine, but you definitely don't feel fine," she said.

Action

The INMO is calling for government and employer measures including tailored medical support, research into long Covid effects, a guarantee that healthcare workers with the condition will not face income cuts and the availability of flexible rehabilitation back into full-time work.

More than 7,500 nurses and midwives have contracted Covid-19 in Ireland, representing over a quarter of all Covid-19 cases among healthcare workers.

Speaking on the situation, INMO president Karen McGowan said that the condition takes so much out of people and without specially tailored support they are simply not being treated fairly.

"We are all looking forward to a time after this pandemic – but we cannot forget those who took great risks to provide care and are being left in the lurch. The very least they deserve is long-term certainty about their employment and income rights, and a guarantee of medical care,"she said.

INMO general secretary Phil Ní Sheaghdha said:"Covid can be a long-term, debilitating illness. People need to know where they stand, medically and in terms of work. The HSE needs to lead the charge on this and implement the measures that our members are calling for. This is a condition that people are acquiring at work and those workplaces need to step up and give them the support they need."

Gobnait O'Connell award shared

RNID Ailish Byrne and PHN Anita Roddy announced as joint winners

RNID Ailish Byrne and PHN Anita Roddy were named joint winners of the 2021 Gobnait O'Connell Award at last month's INMO annual delegate conference (ADC).

"The panel couldn't make a decision between two nominees," said INMO general secretary Phil Ní Sheaghdha as she announced the winners of this year's prize, which is awarded to members who make an outstanding contribution to the Organisation.

Ms Byrne, who was nominated by her colleagues in the RNID Section, said: "I feel very privileged to join the others who have received this award. Thank you so much for this honour, and thank you to the RNID Section for nominating me; I don't miss much but they managed to pull this off behind my back."

After acknowledging her colleagues and family, Ms Byrne said she has often drawn inspiration from the past during her long career in nursing.

"I have been a member of this Organisation for many years and incidentally the person who ignited my fire was Mary McCormack who actually is a previous recipient of this award. Little did I think back then that I'd be following in Mary's footsteps – so thank you."

Ms Roddy, whose colleagues in the PHN Section put her name forward for the award, said: "I want to thank the PHN Section for nominating me.

Ailish Byrne: *"I feel very privileged to join the others who have received this award"*

Anita Roddy: *"It's been my absolute privilege to represent the INMO"*

They're a great bunch of people to know and to work with, and I've been involved with the section for a long time.

"I'd also like to thank the INMO for choosing me – it's been my absolute privilege to represent the INMO in all the different areas that I've worked in. It's taught me a lot about myself as much as about the union.

"I'm absolutely thrilled to receive this award," she added.

Ms Ní Sheaghdha concluded by reminding delegates of one of Ms Roddy's much-used phrases: "If you want to have your say, you have to get involved."

– Max Ryan

INMO Preceptor of the Year Award 2021

THE INMO's annual Preceptor of the Year Award for outstanding mentorship in nursing and midwifery was won by staff nurse Rochelle Santos from Dublin's Mater Misericordiae University Hospital.

Nominated by nursing intern Bridget Butler, Ms Santos was lauded for her "compassion, drive and eagerness to teach".

Ms Santos said: "Students are the future of our profession, and as a preceptor I believe teaching them will equip them to have the courage they need in caring for patients.

"Thank you so much for this award," she added.

Ms Butler said: "I looked forward to every shift as I knew she would challenge me, teach me and ultimately give me the skills to become a confident, competent nurse.

"Rochelle instilled a love of nursing in me and is a wonderful role model for what a preceptor should be."

Rochelle Santos: *"Students are the future of our profession"*

INMO president Karen McGowan echoed Ms Butler's sentiments.

"Congratulations on your prestigious award – it's a fantastic achievement.

"Keep doing what you're doing and keep inspiring the future of nursing," Ms McGowan added.

CJ Coleman Research Award 2021

THE CJ Coleman Research Award for 2021 was presented to Niamh Doherty, a staff nurse at Dublin's Beaumont Hospital, for her study looking at the use of smartphone technology in diagnosing atrial fibrillation in the community.

Though Ms Doherty was unable to accept the award on the day, INMO president Karen McGowan read out an acceptance speech on her behalf.

It read: "My research was in an area of great interest to me as a cardiology nurse as it focused on how wireless mobile phone technology can aid in the diagnosis of atrial fibrillation at opportunistic screening events in the community, which is more important then ever now given the pandemic.

"My sincere thanks to you all so much for this accolade."

Niamh Doherty: *"My sincere thanks to you all so much for this accolade"*

Ms McGowan said: "It's remarkable to see nurses and midwives continue to advance their professions, improve patient care and strengthen their union throughout this difficult period.

"It's a great testament to their passion and dedication that they continue to produce such a high standard of research and work, despite incredible challenges."

Introducing Executive Council members

Ann Noonan

Senior staff nurse, ophthalmic theatre, University Hospital Limerick

ANN NOONAN is a senior staff nurse at UHL but has recently been swabbing patients for Covid-19 at the hospital and vaccinating at a local vaccination centre.

Ms Noonan qualified from Limerick Regional Hospital in the 1980s and completed her midwifery training in St Munchin's Maternity Hospital.

A part-time job in a care of the older person hospital during her school days piqued her interest in nursing.

"If I had the choice again I would do the same. Obviously there are trials and tribulations with this job, but being able to help people who really need it is a phenomenal feeling," she said.

Ms Noonan has been an active branch member for 20 years and has represented theatre department nurses in WRC negotiations. She is chairperson of the Limerick Branch and chaired the UHL strike committee in 2019.

"Joining the union is the best way to ensure your livelihood. The INMO has made great progress in terms of pay and conditions, but also with educational and professional development possibilities," she said.

This is Ms Noonan's second term on the Executive Council. She wants to give theatre nurses a voice and improve pay and conditions. She is an official released rep at UHL and works hand-in-hand with assistant director of IR Mary Fogarty to address matters early and to de-escalate disputes.

"The professions have shown great resilience and determination throughout this pandemic. I am blown away by the professionalism and strength of the young staff. We can feel assured that we're handing over the baton to these remarkable young people. It has been a baptism of fire and they don't even have the simple pleasure of being able to socialise with friends to unwind. I am so proud of them."

Mary Tully

PHN in primary care, Cavan

INSPIRED by her neighbour, Mary Tully trained as a nurse in Liverpool before training as a midwife in the National Maternity Hospital in Dublin. After travelling around the US, she returned to Ireland in 1985, eventually settling in Cavan.

Ms Tully has been an active INMO member for many years, holding key positions in her branch and regularly participating at the ADC since 1987. She is also vice chairperson of the PHN Section.

Ms Tully previously served on the Executive Council for three consecutive terms and feels this has given her an understanding of union structures and how to make them work to ensure maximum member participation.

"The INMO provides support on pay and conditions. It's also a great network of friends. Together we are strong and can achieve a lot. The union is as strong as its members and it's up to us to pursue the changes we know need to happen," she told *WIN*.

Ms Tully says she is bothered by the disparity between PHN overtime pay regionally and wants fair pay and conditions for all. She says staffing issues have impacted on patient care for decades and that something has to change. She also commits to ensuring that the final phases of the 2019 strike settlement are implemented.

Ms Tully has actively supported new reps as they have emerged over the years but would love to see more members become actively engaged.

"The world has learned more about our work due to Covid-19. We must never allow ourselves to be pushed around again. The pandemic has brought home the need to protect our own physical and mental health first, and then to fight so that we can safely deliver care to our patients," she said.

Sean Shaughnessy

Senior staff nurse, University Hospital Galway

AS A senior staff nurse working in patient flow at UHG, Sean Shaughnessy's work involves assessing patients for home help, homecare packages and long-term care prior to discharge from hospital.

As a child he helped to look after his grandparents, which inspired him to train as a nurse. He trained in the UK and worked in critical care after graduating. He later returned to Galway where he continues to work.

Mr Shaughnessy became active with the INMO in 2014 and is chair of the Galway Branch. This is his second term on the Executive Council.

For Mr Shaughnessy the union is a fantastic point of contact for information on rights and entitlements, as well as for professional development.

"It's so important we have that resource there to support us and keep us informed. Apart from the industrial relations side, the education and professional development opportunities offered are second to none," he said.

Mr Shaughnessy says the pandemic has taken priority for the Executive Council and that the focus will be on helping members process the trauma of the past year.

"The priority for us in the near future will be dealing with the burnout and trauma suffered by staff due to the pandemic.

"Nurses and midwives made huge extra efforts in the interest of patient safety over the past year and now people are exhausted and stressed from the toll it has taken. We should feel proud of how hard we've worked and how well we've adapted. I'd like to thank every member nationwide and reassure them that the INMO is here for them," he said.

INMO Midwives Section newsletter focuses on advanced practice

THE INMO Midwives Section marked the International Day of the Midwife on May 5 with the publication of their second newsletter.

The latest issue *(pictured right)* featured an overview of the *State of the World's Nursing Report*, also launched in May.

The key message to come from this evidence-based report was that investing in midwives saves lives and strengthens the health service.

The report also stated that there is currently a global shortage of around 900,000 midwives. The full report is available to read online.

Also featured in the newsletter are some of the section's advanced practice members: Clare Kennedy, St Luke's General Hospital, Kilkenny; Aisling Dixon, Portiuncula University Hospital and Emer McCormack, Our Lady of Lourdes Hospital, Drogheda. Each member gave an interesting overview of their role and the road they took to advanced midwifery practice.

Published in a flipbook format, the newsletter is available on the INMO website at: **https://bit.ly/3wb2tLJ**

COOP Section hears from delirium expert

THE Care of the Older Person (COOP) Section had a guest speaker at their recent section meeting.

Aoife Dillon, advanced nurse practitioner in older person care at St James's Hospital in Dublin, delivered an informative overview of delirium presentation, which covered the definition and features, prevalence, risk factors, causes and types of delirium, identification, treatment of underlying causes and supportive management.

Further information on delirium is available from a number of online resources, including the HSE National Dementia Office: **dementiapathways.ie**, dementia services: **www.dementia.ie** and the Alzheimer's Society: **www.alzheimer.ie**

Practice Nurses Section seeks new members

A MEETING of the INMO Practice Nurses Section took place in April, with more than 80 members hearing from INMO general secretary Phil Ní Sheaghdha and director of industrial relations Tony Fitzpatrick.

The INMO is working to re-establish the section committee in order to progress issues relating to practice nursing. The section is seeking new members and is also planning on rolling out short CPD-accredited education sessions to cover issues ranging from legal and professional to employment issues, rights and entitlements and clinical updates.

Please contact jean.carroll@inmo.ie or see *page 6* for further information.

Upcoming webinars

Operating Department Nurses (ODN) Section

THE ODN Section will be hosting its first online webinar on June 18.

Dr Tara Feeley will present her research into the effects of Covid-19 on the healthcare system in Ireland.

Like so many nurses, dealing with traumatic deaths has been something ODNs have had to deal with during the course of this pandemic. Bruce Pierce, director of education in St Luke's Home, will discuss this important issue.

Sibeal Carolan, project lead with the HSE Workplace Health and Wellbeing Unit, will discuss the role and function of this unit.

Steve Pitman, INMO head of education and professional development, will present on burnout and disengagement, which unfortunately are very relevant and topical subjects during this pandemic.

Dr Hester O'Connor, principal psychology manager in Chamber House HSE, will facilitate a session on 'heartfulness', a topic from which it is hoped that participants will derive great benefit.

Please book your place on **www.inmoprofessional.ie** and remember that bookings are essential and will also allow you access to the 'watch back' option later.

Emergency Department (ED) Nurses Section

THE ED Nurses Section will be hosting a webinar on June 10 from 11am.

The following topics will be discussed:

- Domestic violence – Ruth O'Dea, training manager with Women's Aid
- Staff wellness – the signs, fears and consequences of burnout will be discussed by Steve Pitman, INMO head of education and professional development
- Reconfiguration of trauma care – Linsey Sheerin, service manager in the Royal Victoria Hospital.

The section is also offering the opportunity for its members to highlight any research they may have undertaken. This will be in the form of a 'snapshot', ie. a five-to-ten-minute presentation on the work undertaken.

Booking to attend the webinar is essential and is free for INMO members.

Visit **www.inmoprofessional.ie** to book your place. This will also enable you to avail of the 'watch back' option after the event.

See *page 68* for full details of both webinars.

INMO EDUCATION PROGRAMMES

INMO Professional

Continuing professional development for nurses and midwives

Keep up to date with new online courses from INMO Professional

New Online Programmes

INMO Professional continues to offer a wide range of short online programmes, developed by expert facilitators for nurses and midwives at every stage of their career. These courses cover clinical and professional topics such as PEG feeding, sepsis, nutrition and cancer, wellness, health psychology and paediatric asthma care, to name just a few. All programmes can be viewed on **www.inmoprofessional.ie** We have moved all programmes online, which has proven extremely popular. Online training is no doubt a huge cost saver for organisations and individuals. INMO Professional is providing a special offer – book three and get the fourth programme free. Utilising these programmes for improving your skills is the best investment that you can make in your career development.

Retirement Planning Webinar

Thursday, June 10, 2021

Planning for retirement is even more important today than it has ever been. There are many things to consider as you approach retirement. It's good to start by reviewing your finances to ensure your future income will allow you to enjoy the lifestyle you want. INMO Professional, in partnership with Cornmarket Financial Services, has developed this online webinar to help support our members. The webinar will briefly cover the following: superannuation, AVCs, lump sum and investments. Places must be booked in advance to join this webinar. Visit **www.inmoprofessional.ie** to book your place. This event is free for INMO members.

Tools for Safe Practice for Nurses and Midwives

Wednesday, July 14, 2021

We continue to offer this programme free to INMO members (non-members' fee: €65). This course provides safe practice tools to protect the nurse, midwife and patient in the context of staff shortages and skill mix realignment. It will ensure participants have an understanding of the processes involved with patient alerts, clinical incidents and thorough assessment, while remaining focused on the patient. It addresses patient and staff safety and provides five key tools in the areas of documentation, clinical incident reporting, safety statements and best practice guidelines regarding assessment and communication practices. This programme is category 1 approved by NMBI and awarded three CEUs.

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Introduction to Positive Behaviour Support

Thursday, 22 July 2021

Times: 09.15am - 4.30pm (Registration 9.00am)

Fee: €60 INMO members; €130 non-members

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. It is designed for management and frontline staff to supporting and improving the quality of care of individuals with behaviours that may challenge the services which support them.

OUTLINE OF THE PROGRAMME

- Understanding Behaviours that Challenge
- Positive Behaviour Support Model
- Managing Behaviours that Challenge
- Developing a Behaviour Support Plan

Programme facilitators:

- Brian McDonald, MA Behavioural & Cognitive Psychotherapy, P.Dip., Cert. Behaviour Therapy
- Maurice Healy, RNID (ANP); MA in Intellectual Disability

PLEASE NOTE: Places are limited and must be booked in advance, you need a reliable computer and internet access and please ensure a correct email is provided when registering.

6 CEUs

BOOKING YOUR PLACE IS ESSENTIAL

Tel: 01 6640641/18 or go to www.inmoprofessional.ie

INMO Professional

Online Education Programmes

Tel: 01 6640641/18
Email: education@inmo.ie

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

Check out our new online courses by logging on to
www.inmoprofessional.ie

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

Jun 9 **Risk Management and Incident Reporting**

This programme outlines the principles of best practice in managing risk. It will enable participants to understand terms 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 of a risk register and complete accurate records of incidents.

Jun 10 **Virtual Asthma and COPD – Reviewing Virtually**

This two-hour online course will provide nurses with tools and resources to carry out effective virtual asthma and COPD reviews. Following this course, you will have a better understanding of: advantages and disadvantages of the different modalities for virtual consultations; 'SIMPLES' – the tool for virtual consultations and also the tools required for virtual asthma and COPD reviews (fee for members: €20).

Jun 10 **Retirement Planning Webinar**

This webinar will briefly cover the following: superannuation, AVCs, lump sum and investments. Places must be booked in advance to join this webinar. Visit **www.inmoprofessional.ie** to book your place. This event is free for INMO members.

Jun 11 **Overview of Nursing Assessment and Management of Stroke**

This short online programme will give participants an overview of nursing assessment and management of stroke during the Covid-19 pandemic. At the end of the course, participants will be able to: identify and discuss the two types of strokes; identify and ascertain the various treatment options; understand the best practice for the nursing care of people who have suffered an acute stroke, including secondary prevention; be aware of aetiology of stroke and rationale for specific diagnostic tests

Jun 14 **Clinical and Occupational Risk Register (Acute and Residential Healthcare Settings)**

This programme is aimed at senior nurse managers within the acute or residential healthcare settings. It will help them with each of the steps and responsibilities of risk management and outline the core principles of best practice in managing risk and health and safety. This programme will provide participants with the knowledge to have a consistent approach to reporting, investigation, analysis and monitoring of incidents and adverse events/risks and how this relates to their risk register within their organisation.

Jun 15 **Chronic Obstructive Pulmonary Disease (COPD) – Getting the Basics Right**

This programme is aimed at nurses working in clinical practice who require basic knowledge and skills to care for people with COPD. It will help participants to understand the clinical evidence underpinning the diagnosis and ongoing care of patients with COPD.

Jun 15 **Competency-based Interview Preparation for Nurses and Midwives**

This short 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, dealt with and handled previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

Jun 16 **Introduction to Effective Library Search Skills**

This course is for those who would like to develop information-seeking skills for clinical practice, reflection or policy development.

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.

Jun 17 **Medication Management in Type 2 Diabetes**

This programme aims to develop the knowledge and skills required by nurses to educate and support the self-management of people with diabetes. Topics will include the classification and diagnosis of type 2 diabetes, glucose targets and current pharmacological approaches to glycaemic management, challenges to medication management and practical skills required to support education and diabetes self-management.

Jun 17 **Restrictive Practices in Residential Care Settings for Older People**

This webinar 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 being in the best interest of the resident. For example, a nursing home locked at night to protect residents and staff from intruders.

Jun 21 **PEG Feeding – Caring for Adults and Paediatrics who have a PEG Tube in the Hospital/Community Setting**

This introductory programme is aimed at nurses working within the hospital and community setting caring for adults and paediatrics who have a percutaneous endoscopic gastrostomy (PEG) tube. The course 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.

Jun 22 **Introduction to Wound Management for Nurses and Midwives**

Topics covered in this course include wound healing, wound bed preparation, treatment options and dressing selections. Participants will learn about the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

Jun 23 **Fundamentals of Pain Management**

This programme will promote critical thinking and a safe and systematic approach in the assessment and management of pain. The course will demonstrate how to recognise pain more confidently through understanding the concepts, meaning and classification of pain. Participants will learn skills in the early recognition and treatment of pain to help enhance patient comfort, wellbeing and recovery.

Jun 23 **The Importance of Documentation – 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; the 'dos' of documentation.

Jun 24 **Understanding Epilepsy for Nurses and Midwives**

This course will provide a good foundation and increase participants' knowledge when caring for patients with epilepsy. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy, given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.

Jun 24 **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 in their practice and enable them to deliver evidence of improved performance for safer and better care for patients and improved quality service. 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.

Jun 29 **Introduction to Management and Leadership Skills for Nurses and Midwives**

The aim of this course is to identify managerial and leadership competencies for frontline managers and to explore how these are applied in practice. The course will include management theory, effective leadership and teamwork, as well as delegation and clinical supervision.

Jun 30 **Navigating Your Way Through Conflict**

This course will help participants develop the insight and skills necessary to navigate conflict situations and reach satisfactory solutions. Workplaces can be the perfect breeding ground for conflict. As well as our skills, we bring our individual needs, ambitions, personalities, perspectives, backgrounds and vulnerabilities with us to work. It is hardly surprising, then, that conflict can arise as we interact with others. While some conflict can be healthy, unresolved conflict can lead to negative outcomes for our wellbeing.

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

Jul 1 **Introduction to Leg Ulcer Management**

The effective management of complex leg ulcers requires specialist skills, knowledge and understanding. Topics covered in this short online course will include pathophysiology, assessment and management of leg ulcers. Upon completion, participants will have a better understanding of the theory and concepts of the different causes of leg ulcerations, a deeper understanding of the pathophysiology of leg ulceration, be aware of different non-invasive assessment for leg ulcerations and understand the importance of compression for venous leg ulcerations.

Jul 6 **Complaints Management for Healthcare Staff (Acute or Residential Healthcare Settings)**

This short online programme is aimed at senior nurse managers within the acute or residential healthcare settings. The course is designed to provide them with the key skills of communication tools to minimise the negative impact complaints can have in their workplace. Therefore, effective management of complaints is central to improving services and prioritises an open, honest and transparent health service.

Jul 8 **Introduction to Oncology – Terminology and Patient Pathways**

This course will give you an understanding of the language of oncology in order to improve fluency with patients and colleagues and increase your insight into the oncology journey, helping you to improve patient outcomes.

Jul 13 **THRIVE – Experiential Workshop**

This course will inspire and empower you with supportive techniques for calm and connection, various breath techniques for focus, balance and relaxation. You will understand emotional intelligence and how it relates to you and take a dive deep into the seven pillars of wellbeing.

Jul 14 **Tools for Safe Practice for Nurses and Midwives**

This programme provides safe practice tools to protect the nurse, midwife and patient within current healthcare settings. The programme is free to INMO members. Places must be booked online in advance of your attendance.

Jul 15 **Nutrition and Cancer Care: Nursing Roles and Interventions (Hospital, Residential and Community Settings)**

This online programme is aimed at nurses who work in hospital, residential and community settings. It addresses the challenges of managing cancer patients' nutrition and will promote best practice in the provision of nutrition and cancer care in both the home and in hospital. The programme will provide guidance on assessment, care planning and monitoring of cancer patients' nutritional needs. It will identify current nutrition guidelines, the importance of nutrition in cancer care and the implementation of nursing strategies to tackle malnutrition.

Jul 15 **Diabetes CBT and general wellbeing**

This 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 bring high incidence rates of depression, anxiety and negative thoughts. The use of different strategies, CBT and clinical trials look at the area of wellbeing and theories/models to help clients and healthcare providers formulate plans to look at these issues.

Jul 21 **Delegation Principles and Practices**

This programme will explore the issues surrounding delegation and decision-making. Participants will learn the difference between clinical and managerial delegation and how delegation differs from assignment of a task. Guidance will be provided on the assessment of a delegate's experience and role and how best to match appropriate clinical supervision to a specific delegated function. The professional, legal and quality of care issues involved when deciding to delegate a function will also be explored.

Jul 22 **Introduction to Positive Behaviour Support**

This one-day programme explores the key components of compassion and their application in the care setting. For details please see *page 34*. Fee €60 INMO members; €130 non-members.

Jul 27 **Introduction to Chemotherapy**

This short online introductory session will equip participating nurses and midwives with the main principles of chemotherapy, its side effects and how to feel safe and confident when handling these drugs. In return, participants will feel empowered to deliver improved care to your patients. This session will cover the pharmacology of chemotherapy; side effects and chemotherapy regimes and safe handling of cytotoxics.

Jul 29 **Recognition and Management of Sepsis**

This session will focus on early recognition and management of sepsis. Case studies will be included to create an interactive learning platform to engage participants throughout the session.

Aug 17 **Introduction to Effective Library Search Skills**

This course is for those who would like to develop information-seeking skills for clinical practice, reflection or policy development.

Aug 18 **Competency-based Interview Preparation for Nurses and Midwives**

This 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, dealt with and handled previous workplace situations. It will explore preparation, presentation and performance during the interview and briefly focus on CV preparation.

Aug 19 **Infection Prevention and Control During Covid-19 Pandemic in residential care settings**

Infection prevention and control is essential to prevent the spread of Covid-19. This course for nurses working in residential care settings will outline evidence-based and national guidance on infection prevention and control in residential care settings during the Covid-19 pandemic. Understanding infection control will provide the participant with the tools to prevent Covid-19 from spreading.

Aug 24 **Improve Your Academic Writing and Research Skills**

This short online course is designed for nurses and midwives who are undertaking third-level academic programmes. This course will assist participants in completing their written assignments. The objective of the course is to help prepare the student for academic study which requires efficient literature searching, research critique and accurate referencing skills. On the day there will also be a question and answer session to help you with any of your queries.

Aug 25 **Tracheostomy Care Study Day**

This course introduces a holistic and interdisciplinary 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.

Aug 31 **Medication Management Best Practice 2021 – Guidance for Nurses and Midwives**

This online education programme supports nurses and midwives in providing safe, evidence-based practice in the area of medication management. The programme will cover such topics as: 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* and Health and Quality Authority requirements for medication management.

Sep 8 **Introduction to Wound Management for Nurses and Midwives**

Topics covered in this course include wound healing, wound bed preparation, treatment options and dressing selections. Participants will learn about the anatomy and physiology of wound management, the factors influencing wound healing, the differences between acute and chronic wounds, implementation of a holistic assessment of individuals with wounds and different types of dressing and their application.

Sep 14 **Risk Management and Incident Reporting**

This programme outlines the principles of best practice in managing risk. It will enable participants to understand terms 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 of a risk register and complete accurate records of incidents.

Sep 15 **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.

Sep 15 **Restrictive Practices in Residential Care Settings for Older People**

This webinar 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.

Sep 16 **Nursing Patients with Disorders of the Renal System – An Introduction**

This programme focuses on developing the nurses' competency in the assessment and management of patients with both acute and chronic disorders of the renal system. It will assist in implementing evidence based practice while caring for this cohort of patients

Sep 28 **Training Delivery and Evaluation** *(QQI Level 6)*

This five-day programme is now fully booked. INMO Professional plans to run the course again on the following dates: March 8, 9 and 10 and April 5 and 6, 2022.

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Mindfulness Based Stress Reduction

Teaching nurses & midwives how to take better care of themselves to live healthier, more adaptive lives.

Mindfulness-based stress reduction (MBSR) is an evidence-based program that offers secular, intensive mindfulness training to assist people with stress, anxiety, depression, or pain. **This programme will take place for 2½ hours on a Friday (commencing on 16/07/2021) for 8 weeks plus a retreat day on Monday, 23 August 2021.**

It requires gently turning towards what is present, even when it is unpleasant and difficult and 'being with' whatever is there in the moment. This can be challenging for some people, so you need to discuss with the MBSR Teacher (Aparna) if you are unsure if it is the right time for you to take the course. The eight-week course is based upon the programme of MBSR, developed in the United States by Dr Jon Kabat Zinn. It is also built up from our personal experiences of mindfulness practice and we hope that it will provide rich sources of inspiration for you. Over the eight sessions, we will be developing a strong foundation of mindfulness.

Date	Time	Session
Friday, 16 July	10.00am - 12.30pm	**What is Mindfulness?** There is more right with us than wrong
Friday, 23 July	10.00am - 12.30pm	**Perception and creative responding:** How we perceive the world and ourselves
Friday, 30 July	10.00am - 12.30pm	**Mindfulness of the Breath and the Body in Movement:** There is both pleasure and power in being present
Friday, 6 August	10.00am - 12.30pm	**Learning about our Patterns of Stress Reactivity:** Wherever you go, there you are
Friday, 13 August	10.00am - 12.30pm	**Working with Stress:** Mindful Responding instead of Reacting
Friday, 20 August	10.00am - 12.30pm	**Stressful Communications - Interpersonal Mindfulness**
Monday, 23 August	10.00am - 4.00pm	**Full day Retreat**
Friday, 27 August	10.00am - 12.30pm	**Lifestyle Choices**
Friday, 3 September	10.00am - 12.30pm	**A Mindful Life - Keeping your Mindfulness Alive**

This is experiential learning where participants are encouraged to acknowledge that the best teacher is the one inside of themselves.

Aparna Shukla will provide this training, she is a nurse, midwife, with Masters Degree in Nursing and Certified Yoga and MBSR Teacher. From the age of 8 Aparna has practiced yoga and is in a unique position to combine scientific knowledge with ancient wisdom.

Participants will receive a course workbook for completing various exercises and for study purpose. Places are limited so early booking is advisable.

LIVE ONLINE
8 Week Course

Every Friday for 2½ hours, starting on 16 July 2021 for 8 weeks,

plus a retreat day Monday 23 August 2021

Fee: €250
Special rate for INMO members

Non-members: €365

BOOKING YOUR PLACE IS ESSENTIAL

Tel: 01 6640641/18 | education@inmo.ie | www.inmoprofessional.ie

Leadership – roundup of recent literature

This month we look at articles and reports on the healthcare needs of LGBT+ people

Irish reports

- Gay and Lesbian Equality Network (GLEN). Lesbian, gay, bisexual and transgender service users: guidance for staff working in mental health services. Dublin, GLEN 2013
- Mayock et al. Supporting LGBT lives: a study of the mental health and wellbeing of Lesbian, Gay, Bisexual and Transgender people. HSE 2011
- Higgins A, Sharek D, McCann E et al. Visible lives identifying the experiences and needs of older lesbian, gay, bisexual and transgender people in Ireland. Dublin: GLEN 2011
- HSE National Social Inclusion Governance Group 2010. LGBT Health: Towards Meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People

Mental health

- Delaney N., McCann E. A phenomenological exploration of transgender people's experiences of mental health services in Ireland. J Nurs Manag 2021
- Higgins A. et al. LGBT + young people's perceptions of barriers to accessing mental health services in Ireland. J Nurs Manag 2021
- McCann E, Brown M. Psychosocial Needs of Bisexual People: Findings from a Mixed-Methods Research Study. Issues in Mental Health Nursing 2020
- McCann E, Sharek D. Challenges to and opportunities for improving mental health services for lesbian, gay, bisexual, and transgender people in Ireland: A narrative account. Int J Ment Health Nurs 2014

LGBT+ older people

- Roe L, Galvin M. Providing inclusive, person-centred care for LGBT+ older adults: A discussion on health and social care design and delivery. J Nurs Manag 2021
- Selix N, Cotler K, Behnke L. Clinical Care for the Aging LGBT Population. J Nurse Pract 2020
- Cousins E, De Vries K, Dening KH. LGBTQ+ people living with dementia: an under-served population. British Journal of Healthcare Assistants 2021
- Caceres BA. Care of LGBTQ older adults: What geriatric nurses must know. Geriatric Nursing 2019
- Harper P. How healthcare professionals can support older LGBTQ+ people living with dementia. Nursing Older People 2019
- Putney JM et al. 'Fear Runs Deep': The Anticipated Needs of LGBT Older Adults in Long-Term Care. J Gerontol Soc Work 2018
- McParland J, Camic PM. How do lesbian and gay people experience dementia? Dementia 2018
- Higgins A, Sharek D, Glacken M. Building resilience in the face of adversity: navigation processes used by older lesbian, gay, bisexual and transgender adults living in Ireland. J Clin Nurs 2016
- Peel E, Taylor H, Harding R. Sociolegal and practice implications of caring for LGBT people with dementia. Nursing Older People 2016
- MacGabhann P. Caring for gay men and lesbians in nursing homes in Ireland. Br J Nurs 2015
- Sharek D et al. Older LGBT people's experiences and concerns with healthcare professionals and services in Ireland. Int J of Older People Nurs 2015

Maternity services

- Griggs KM et al. Care During Pregnancy, Childbirth, Postpartum, And Human Milk Feeding for Individuals Who Identify as LGBTQ+. American Journal of Maternal Child Nursing 2021
- Malmquist A et al. Minority stress adds an additional layer to fear of childbirth in lesbian and bisexual women, and transgender people, Midwifery 2019
- Singer RB et al. Improving the Knowledge, Attitudes and Behavioural Intentions of Perinatal Care Providers Toward Childbearing Individuals Identifying as LGBTQ: A Quasi-Experimental Study. Journal of Continuing Education in Nursing 2019
- Ablett AM. The role of the midwife in sexual health: focus on same-sex couples. MIDIRS Midwifery Digest 2018
- Beth Singer R. Improving Prenatal Care for Pregnant Lesbians. International Journal of Childbirth Education 2012

Cancer care

- Moloney C et al. Assessing the Quality of Care Delivered to Transgender and Gender Diverse Patients with Cancer in Ireland: A Case Series. Oncologist 2021
- Haviland KS et al. Barriers and Facilitators to Cancer Screening Among LGBTQ Individuals with Cancer. Oncol Nurs Forum 2020
- Boehmer U. LGBT Populations' Barriers to Cancer Care. Seminars in Oncology Nursing 2018
- Howell J, Maguire R. Seeking help when transgender: Exploring the difference in mental and physical health seeking behaviours between transgender and cisgender individuals in Ireland. International Journal of Transgenderism 2019

Library services

The library has a number of services to support your practice and educational requirements, including literature searching, document supply, reference desk assistance and searching consultations. To find out more, call 016640614 or email: library@inmo.ie

INMO Professional

RCM i-learn

THE ROYAL COLLEGE OF MIDWIVES

Health inequalities and the power of maternity care

This i-learn module looks at the role of midwives and the power of maternity care to reduce health inequalities

HEALTH inequalities are avoidable and unfair differences in health status between different people.[1] Health inequalities do not arise by chance. A person's health status is largely determined by the conditions in which people are born, grow, live, work, and age – and the inequalities in society that shape these conditions. These broad social and economic circumstances which influence the health of the population are known as the 'social determinants of health'. The Covid-19 pandemic has brought health inequalities into sharp focus.

Role of the midwife

Due to inequalities in health status being caused by social and economic inequalities in society, addressing them requires action across all central and local government departments as well as private sectors. Health professionals, including midwives, have a vital role to play in reducing health inequalities, and this role is being increasingly recognised through legislation and guidelines.

Midwives are uniquely positioned to develop meaningful relationships with women, to identify concerns, to provide interventions and to advocate on behalf of those who require additional support. This work assists women to maximise their capabilities and have control over their lives, assists in ensuring a healthy standard of living for women and their families, assists in establishing healthy communities, and strengthens ill health prevention.

In addition, because maternal health, including stress, diet, drug, alcohol and tobacco use during pregnancy has significant influence on foetal and early brain development, by helping women to have a healthy, supported pregnancy, midwives are also helping to ensure every child gets the best start in life.

Working with individuals and communities

Understanding the social determinants of health helps to understand people's lives in context, and to empower individuals to make behaviour changes which will benefit their health. Midwives should use open-ended questions when taking a social history. Getting a better idea of context will enable them to better understand and assess a patient's problems, such as housing conditions, employment status, income and education.

Health professionals should be able to empower people to address issues related to their health and wellbeing, put their choices for optimising their lifestyle behaviours into action and enable them to maintain these changes. This requires an organisational culture that supports midwives and others to 'see the bigger picture' when working with families.

Learning outcome

This i-learn module will introduce 'health inequalities', before looking more closely at the role of midwives and the power of maternity care to reduce health inequalities. It provides short, easy to understand summaries of current research evidence on this topic and will take approximately 30 minutes to complete.

By the end of this module you will be able to:

- Understand the relationship between people's socioeconomic circumstances and their health
- Understand how structural inequalities lead to health inequalities
- Understand the potential for evidence-based maternity care to tackle health inequalities and change lives for the better

Reference
1. The King's Fund (2010) Broader Determinants of Health. https://www.kingsfund.org.uk/projects/time-think-differently/trends-broader-determinants-health

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

Quality & Safety

A column by Maureen Flynn

HSE Nursing and Midwifery Hub

IN THIS month's column we bring good news of the HSE's redesigned Nursing and Midwifery Hub available to all nurses and midwives. The Office of Nursing and Midwifery Services Director (ONMSD) has completed a redesign of the hub which includes an overhaul of the layout, structure and navigation. The new look hub will help nurses and midwives find what they want more efficiently.

Hubs are designed to support the rollout of local and national initiatives, allowing people to find out what is happening, access relevant documentation to collaborate and learn together online. There are many hubs hosted on HSeLanD. The ONMSD hub is the latest hub to undertake a redevelopment following a content and technology review.

About the hub

The hub provides an easy and straight forward way to access relevant, up-to-date information and learning resources. Designed and developed collaboratively by the ONMSD and the HSeLanD team, the hub has been reshaped with a key focus on improving user experience, to better serve nurses and midwives through the creation of more defined resources. Featured on the hub are tools and resources which include links to websites, downloadable guides and toolkits and links to course catalogues on various topics.

What is included

This supportive and informative online tool allows nurses and midwives to access guidance on a range of supports in the key areas of continuing professional development, professional development planning, leadership, quality Improvement and research.

Get involved

At your next team, unit or ward meeting you might like to start a conversation about the hub. The hub is a resource to support you with:

- Continuing professional development (CPD) – a planned learning experience to extends your knowledge, skills and attitudes development. The hub provides access details on CPD, including ONMSD course catalogue, learning about opportunities to engage with CPD, exploring options and finding guidance
- Professional development planning (PDP) - using a tool that supports you to identify your professional goals for the short, medium and long-term, for the benefit of yourself, the people you care for and the organisation in which you work. The hub links you to information on how to create your own digital PDP
- Leadership development – including how to access leadership development opportunities through the National Clinical Leadership Centre for Nursing and Midwifery (NCLC), with links to the Clinical Leadership Competency Framework, the Discovery Zone, leadership programmes, development initiatives and workshops
- Finding improvement support and ideas – for quality assurance and quality improvement. The hub provides links to key quality and safety resources in one place, for example the National Quality Improvement Team webpages, elearning programmes on quality care-metrics and person-centred approach
- Sourcing resources on evidence based practice and research – to change practice and improve patient care. The hub provides tools and links to HSE Library services, resources and research supports along with Nursing and Midwifery Planning and Development Unit projects and initiatives.

Accessing the hub

To access the nursing and midwifery hub, simply follow the directions below:

- Log in to the HSE's learning and development portal: **www.HSeLanD.ie**
- On the HSeLanD Home Page – Click on the 'Hubs' option
- Select the Nursing and Midwifery Hub.

Maureen Flynn is the director of nursing ONMSD, QI Connections lead, HSE National Quality Improvement

Acknowledgements: Thank you to Carmel Buckley, ONMSD area director, HSE South and ONMSD colleagues for leading on the hub development and in particular for collaborating in writing this column. You might like to follow the ONMSD on Twitter to continue the conversation and let us know how you find the hub: @NurMidONMSD

Q and A Bulletin Board

With INMO director of industrial relations Tony Fitzpatrick

High-risk staff during Covid-19

Q. I am six months pregnant and am uncertain about attending work during Covid-19. While I have been vaccinated, I don't want to take the risk. I was thinking of taking annual leave to cover the period, but my manager has said that it would be refused. Are there any other options open to me?

YOU should not have to take sick leave or annual leave for these reasons, as there is specific occupational health guidance in place for pregnant healthcare workers (HCWs).

The HSE has specific lists of conditions or illnesses which would cause people to be classified as 'high risk' or 'very high risk'. Given the increased risk of exposure in the health sector, the HSE has additionally classified pregnant healthcare workers as 'high risk' or 'very high risk'.

The HSE guidance says that "pregnant healthcare workers… should work from home if possible." It further advises that pregnant HCWs should not work with known or suspected Covid-19 patients. If it is the case that working from home is not possible in your role, your case should be referred to Occupational Health for assessment.

Pregnant HCWs with additional risk factors may also be defined as 'very high risk' and should be referred to Occupational Health immediately for assessment. Additional risk factors include pregnant HCWs who are black, Asian or minority ethnic (BAME), are obese (pre-pregnancy BMI > 30), have pre-pregnancy co-morbidity (such as pre-existing diabetes, chronic hypertension) have a maternal age of ≥ 35, or adverse social circumstances.

Pregnant HCWs with other underlying health conditions or obstetric complications that could be negatively impacted by Covid-19 infection, may also be considered 'very high risk', subject to individual clinical risk assessment by the Occupational Health physician, in consultation with the HCW's obstetrician or other specialists involved in their care.

In addition, a workplace pregnancy risk assessment should be carried out by the line manager for all pregnant HCWs.

HSE guidance on fitness for work of healthcare workers in the higher risk categories, including pregnant HCWs was updated in April 2021 and is available to download from **www.hse.ie**

Payslip confusion

Q. My colleagues are owed arrears, due to delays in bringing in the location allowance and enhanced practice contract we got after the strike. The payslips are confusing: they don't break down how much of the amount is arrears, or whether it's from the enhanced contract or the new allowance. It's hard to spot errors and I think we might be being short-changed.

Payslips should be clear and demonstrate the source of all your income. Mistakes will happen, so it's important that your payslip is clear enough that you can check for yourself. We know that this has been an issue in several workplaces around the country.

The first thing to do if you are unsure if you have been paid correctly is to contact your payroll/salaries department to clarify the payments. Usually payslips include all payments on the left-hand side and deductions on the right. Your salary should be displayed first with any additional payments for premium hours and allowances underneath. It is on this part of the payslip that any payments of arrears should be displayed.

If you are still not sure, you can seek advice from the INMO Information Office (details below) or your local INMO office. The INMO information officers can help you with the figures and ensure that you are getting what you are rightly entitled to *(see also page 10)*.

Know your rights and entitlements

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

Contact Information Officers Catherine Hopkins and Karen McCann at
Tel: 01 664 0610/19
Email: catherine.hopkins@inmo.ie, karen.mccann@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 pensions
- Flexible working
- Public holidays
- Career breaks
- Injury at work
- Agency workers
- Incremental credit

Showing Pride in healthcare

Catherine O'Connor discusses the impact that language and attitudes can have on the care of LGBT+ patients

AS MANY people celebrate Pride during the month of June, it presents a good opportunity to reflect on how language and attitudes used in healthcare can impact on LGBT+ people. In 2019, LGBT Ireland and the HSE launched a course on HSeLanD called 'LGBT+ Awareness and Inclusion: the basics'. The course is free for those registered on HSeLanD and takes approximately 45 minutes to complete.

It is estimated that up to 10% of the Irish population identifies as LGBT+, which means that one in 10 patients/service users may identify as LGBT+. How you interact with these patients can have an enormous effect on making them feel welcomed and respected.

This month's column, while by no means exhaustive, is based on the HSeLanD module and aims to give an overview of some of the terminology used when discussing LGBT+ matters and ways to be more inclusive of LGBT+ patients/service users.

Sexual orientation and gender identity

Sometimes people may be confused on the distinction between sexual orientation and gender identity. Sexual orientation refers to "each person's capacity for profound affection, emotional and sexual attraction to, and intimate sexual relations with, individuals of a different gender or the same gender or more than one gender". Some terms often used include but are not limited to:

- Lesbian – a woman who is attracted to other women
- Gay – a man or woman who is attracted to people of the same gender
- Bisexual – someone who is attracted to people of more than one gender
- Heterosexual – someone who is attracted to people of the opposite sex.

Gender identity is "the internal sense of being male or female, neither or both". Some terms often used when discussing gender identity include:

- Transgender – individuals whose gender identity or gender expression is different from the sex given at birth
- Cisgender – those whose gender identity matches the sex they were given at birth
- Non-binary – those who do not identify as exclusively male or female.

There are many terms related to sexual orientation and gender identity and it is worth recognising that while you may not know all of them, it is more important to not make assumptions, to listen to the individual in a respectful and non-judgemental manner, and to be receptive when a patient/service user shares something about themselves with you.

Challenging assumptions

Sometimes healthcare workers can make assumptions such as presuming service users are heterosexual and cisgender. This can cause barriers as patients/service users who have had previous negative experiences of being judged due to their sexual orientation or gender identity may have an increased sense of fear/anxiety about seeking healthcare in the future.

If you make heteronormative/cisnormative assumptions, it is important that you reflect on what kind of impact your assumptions may be having on those in your care. If you do make an incorrect assumption, often the best course of action is to offer an apology and then move forward with the conversation.

Using inclusive language

There may be times where it is clinically necessary to ask about someone's sexual orientation or it may come up as part of a rapport-building conversation. Asking LGBT-inclusive questions is a great way of ensuring inclusiveness without making assumptions, eg. instead of asking someone if they have a girlfriend, one could ask if the person is in a relationship or if they have a partner. This allows the person to share information in a relaxed and open manner.

Further resources

If you are interested in learning more, the following resources may be useful:

- LGBT Ireland (**www.lgbt.ie**) – providing awareness training regarding LGBT+ and supports for LGBT+ people and their families
- HSE Sexual Health and Crisis Pregnancy Programme's website (**www.sexualwellbeing.ie**) – providing information to help people living in Ireland to experience positive sexual health and wellbeing
- TENI Ireland (**www.teni.ie**) – providing education regarding transgender issues and a range of supports for transgender people and their families
- BeLonG To (**www.belongto.org**) – providing training for mental health professionals and education/youth workers and supports for LGBTI+ young people aged 14-23 years old.

LGBT Ireland and INMO Pride webinar

The INMO is teaming up with LGBT Ireland to host a Pride webinar on June 25 at 11am. The webinar will cover topics such as how healthcare professionals are taught about supporting LGBT+ patients. Attendance is free; simply register online at **www.inmoprofessional.ie**

Call for INMO student reps

It is essential that each class has an INMO student rep linked in with me. If your group does not yet have a rep, please discuss this as a group and nominate one rep per year, discipline or placement area if you are spread across multiple sites.

If you are interested in learning more, please do not hesitate to contact me at catherine.oconnor@inmo.ie

Catherine O'Connor is the INMO's student and new graduate officer

WIN Vol 29 No 5 June 2021

Spotlight on: PJ Boyle

Nursing now Ireland

'Nursing is uniquely positioned for social change'

BASED in the health centre at the National Reception Centre in Baleskin, Dublin, PJ Boyle is a clinical nurse specialist working with asylum seekers and refugees. He is part of the HSE community public health nursing service in Dublin North City and County.

"It's an amazingly rewarding type of nursing informed by global health knowledge and transcultural nursing," Mr Boyle told *WIN*. "Although challenging at times, it primarily involves having a human understanding of the circumstances of people's lives. This type of nursing involves responding to illness and disease, people's lived experiences of conflict and war, loss, poverty and trauma.

"I believe that nurses, through our professional education, knowledge and experience, can make a very positive impact on the health and wellbeing of our clients. After 20 years of working exclusively in this area, I am encouraged to see the formal development of inclusion health nursing and midwifery in Ireland."

A desire to help patients during vulnerable times led Mr Boyle to train as a nurse. He has a longstanding interest in health and society and derives great satisfaction from his work, but is mindful of the serious responsibility of the role.

Mr Boyle's aunt trained as a nurse in London during World War II and he cites her as a big influence on his decision to become a nurse.

"I was privileged to have known her and inherit some of her old nursing textbooks. As a teenager I was a huge fan of 'China Beach', a TV medical drama series set during the Vietnam War. The heroine, nurse Colleen McMurphy, left a significant mark on me."

After completing general nurse training in Cork in the early 1990s, Mr Boyle worked in Haiti as a nurse volunteer before returning to train as a paediatric nurse in the National Children's Hospital in Dublin. He went on to complete a master's degree in development studies in the late 1990s and a professional doctorate in health in 2014. He has been a member of the INMO since 1989 and values the role the Organisation plays in maintaining 'checks and balances' with the government and employers, not just in the context of the nursing profession but also in ensuring a safe and equitable standard of healthcare.

"In my work, I have met people who have been persecuted, imprisoned or tortured while fighting for basic rights. Some of their stories relate to being members of labour organisations, workers groups or unions. Therefore, living in a democracy, I am grateful for my freedom and having the right to be a trade union member.

"In many respects, nursing is about social justice, human rights and equality of opportunities to maintain a healthy life. It has always seemed logical to me to have solidarity with nursing colleagues who strive for fairness, representation and protection. In a globalised world where healthcare is being squeezed to conform with corporate business models, I believe we need trade unions in healthcare more than ever before," he said.

Mr Boyle would like nursing to be more visible and vocal and for the public to be informed of its value. He believes there is significant benefit in nurses having a role in strategic planning at senior level.

Mr Boyle would also like to see more nurse-led clinics, more visibility for nursing management, nursing directorates in organisations and services, and for better collaborative approaches to be developed. He acknowledges that these types of innovations are professionally sensitive and challenge the interdisciplinary and administrative 'status quo', but feels they are possible to achieve. He believes there is an overemphasis on medical models of care that are built on a corporate framework.

"Professional nursing informed by rigorous scientific methods, committed and practical nursing experience needs to be seen as relevant to social change and community development. The stereotypical representation of nurses as selfless essential workers is very true, but there is so much more to the profession apart from our labour value. We need to find our voice and be more visible on the main stage."

PJ Boyle: *"There is so much more to the profession apart from our labour value"*

Mr Boyle said that nurses develop a keen sense of unfairness and an understanding of inequality. He has always maintained that nursing is 'leadership in action' and that the elements required for good political leadership are the backbone of good nursing practice – communication, trust, advocacy and accountability.

"Nurses facilitate and enable change for their patients and their services. Listening to people's experience and wanting to make a positive difference are fundamentals of leadership. Framed with an understanding of our ethical and professional obligations and code of professional conduct, I believe nurses are powerful leaders in their places of work. Unfortunately, this is not acknowledged or celebrated as much as it should be," said Mr Boyle.

This article is part of our series on Nursing Now, a worldwide campaign that aims to achieve recognition of nurses' contribution to healthcare, gender equality, the economy and wider society. The campaign's aim is to improve health by raising the profile of nurses, influencing policymakers and supporting nurses to lead a global movement. Hi Please visit ***www.nursingnowireland.ie*** *All interviews are carried out by Freda Hughes (freda.hughes@inmo.ie)*

Do we see?

We need to challenge heteronormative ideals in healthcare to ensure the visibility of the LGBTQ+ community, writes **Melissa Plunkett**

EXPERIENCES of the lesbian, gay, bisexual, transgender and queer (LGBTQ+) community in fertility and maternity services are under-researched and under-recorded. Research is consistently based on heteronormative ideals.[1] This must change in order to rectify the invisibility of LGBTQ+ people.

Ireland does not have a great track record when it comes to equality and gay rights. Yes we voted for marriage equality in 2015 but this did not solve the equality issues faced by parents. Some types of assisted human reproduction, surrogacy and babies who are born abroad are not covered under the new legislation and therefore these children are not afforded the same rights as children born to heterosexual parents. It can be a difficult and stressful journey for parents trying to navigate a heteronormative system.[2] Goldberg et al determined that healthcare professionals believed it was helpful not to distinguish between the care they provided to LGBTQ+ parents and heterosexual parents.[3]

Although this may appear like a beneficial, non-biased and inclusive decision, it is actually unhelpful and disadvantageous. The best approach would be one that individualised the care of the birthing person and their partner so that their unique needs could be met.

Brooks et al concluded that the environment and communication skills of the healthcare provider were a factor in whether or not a person disclosed their sexual orientation.[4] The provision of information leaflets and/or groups for LGBTQ+ parents may also be of benefit to promote a sense of community and inclusion.[5]

The health system will not magically become inclusive unless we are prepared to work together and listen to the LGBTQ+ community about their experiences. It is not necessary to throw the baby out with the bathwater; there are simple, cost-effective measures that each unit can introduce.

With the consultation of LGBTQ+ people, start by creating maternity guidelines specific to queer people. This demonstrates the openness and willingness of a unit to have a more inclusive environment where LGBTQ+ people can feel safe to access care. Create posters and infographics that are gender inclusive and display them in prominent areas in your unit.

As an individual you can seek out learning opportunities in an effort to become more inclusive in your practice. There are many resources available to enhance your continuous practice development in this area. A good place to start is the HSELand course on LGBT+ awareness.

As a member of the LGBTQ+ community and a student midwife, I have a vested interest in the queer experience of maternity services in Ireland. Throughout my training, the use of language has always been highlighted to be important. Words matter, but the lack of inclusive language is still apparent. I have seen a change in language to include the birthing person; however this inclusion is usually a one off and generally comes from those who have a greater understanding of the LGBTQ+ community.

It is not commonplace to see gender-inclusive language in policies. Early this year we saw an NHS trust create clinical and language guidelines to promote gender inclusion.[6]

Fear of language and a loss of identity is what I believe led to a divided response among colleagues and peers. For what are midwives if we are not "with woman"? We must remember that it is not about erasing anyone's experience or identity, it is simply opening our arms and embracing more people. Meeting families where they are in their respective journeys and helping them to feel safe, included and accepted.

We must take stock of our facilities, clinic waiting rooms and the impression we are portraying to our clients. Is it one of inclusion or is it one of invisibility where birthing people hold their breath waiting to be accepted and affirmed?

Melissa Plunkett is a student midwife and member of the INMO Executive Council

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Learning to be inclusive

We must address the needs of LGBTQ+ people through nursing and midwifery education programmes, write **Edward McCann, Michael Brown and Freda McCormick**

THERE have been great advances over recent decades in changes to societal attitudes towards LGBTQ+ people. However, there is a growing body of international research evidence highlighting concerns around social exclusion and discrimination, significant health inequalities and health needs, as well as barriers to accessing effective healthcare for LGBTQ+ people. Some of the ways in which the healthcare needs of LGBTQ+ people can be addressed in student nurse and midwifery education programmes have yet to be fully explored and realised.

There have been positive and welcome legislative and policy developments in some jurisdictions that have brought improvements in equality and social justice for LGBTQ+ people, such as marriage equality.[1] This is not however the case in many countries across the world where people who are LGBTQ+ continue to be socially marginalised and victimised, leaving many people in fear for their lives.[2]

Internationally, there is a strong focus on promoting equality of access to healthcare for all citizens.[3] Specific issues remain for people who are LGBTQ+ who have distinct support needs that require access to healthcare to help address their significant health inequalities.[4]

Barriers exist relating to social discrimination, marginalisation, social exclusion and failure to acknowledge human rights. Other factors involving healthcare include negative attitudes and heteronormative assumptions experienced by many LGBTQ+ people when accessing and using healthcare services.

These issues spurred us to explore the concerns further through conducting systematic reviews to determine the international picture.[5] Several gaps were identified including cultural competence and inclusivity, limited knowledge of LGBTQ+ health-related needs, with significant shortcomings in relation to LGBTQ+ health concerns within the nursing and midwifery curriculum. We were left wondering what was happening in nursing and midwifery programmes in the UK and Ireland to prepare practitioners to acknowledge and address the pertinent and unique healthcare needs of LGBTQ+ people. This led us to obtain funding to undertake a study investigating the issues and concerns that emerged from our reviews and our own extensive nursing experiences in healthcare and health education.

We were awarded funding from the Burdett Trust for Nursing. The aims of the mixed-methods study were to:

- Scope and map the LGBTQ+ health content within undergraduate nursing & midwifery registration programmes in all Schools of Nursing & Midwifery in the UK and Ireland
- Produce an education Best Practice Guide to inform future LGBTQ+ content, delivery and assessment within undergraduate programmes, thereby improving nursing and midwifery practice for the future.

The study would identify current activity and best education practice from five key perspectives in relation to LGBTQ+ health: theoretical content; teaching and learning; approaches; skills simulation; practice learning; and assessment strategies. Then to go on to co-create education best practice guidelines in conjunction with key stakeholder groups.

The expected outcomes included the identification of current practice across the undergraduate curriculum in Schools of Nursing and Midwifery regarding LGBTQ+ health. A project advisory group comprising LGBTQ+ service users; LGBTQ+ non-government organisations (NGOs) – including Stonewall and LGBT Ireland; nursing and midwifery educators; and Council of Deans, Royal College of Nursing and Royal College of Midwives – provided expert advice throughout the duration of the study.

The preliminary results appear to indicate that LGBTQ+ issues and concerns exist in some nursing and midwifery curricula but is driven and sustained by personal interest and enthusiastic staff. The teaching and learning activities vary considerably and lecturing staff need guidance and direction regarding module content and to determine what should be included. There needs to be necessary supports and strategies in place to enable the further development of LGBTQ+ content throughout existing nursing and midwifery programmes.

Best education practice guidelines need to be established and made available to raise awareness and effectively support academics to educate students in the development of knowledge, skills and competencies regarding LGBTQ+ healthcare needs. We are optimistic that the research findings will bring about positive and long-lasting change.

Edward McCann is a lecturer in mental health at Trinity College Dublin, Michael Brown is professor at the School of Nursing and Midwifery at Queen's University Belfast, Freda McCormick is a research assistant at Queen's University Belfast

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Supporting PHNs with caseload management

New developments in annual caseload review for PHNs and CRGNs will help to identify risks associated with health and safety, lone working and professional issues, writes **Virginia Pye**

IN 2018 the National Quality Improvement Group (QIG) for public health nursing (PHN) was established. The purpose of this group was to identify evidence-based initiatives and resources to support public health nursing services. The group comprises all PHN grades, community registered general nurses (CRGNs), practice development co-ordinators, higher education institutions and INMO representatives, with a variety of staff from across the country. The group is chaired by the national lead for PHN services.

A key project identified by the QIG in 2018 was the development of a standardised process to support PHN annual caseload reviews. Currently there is no standardised national system in place for the review of caseload activity, caseload trends, risk and issues. Historically an 'annual count' was carried out by an assistant director of PHN (ADPHN) with each PHN caseload holder. The sole purpose of this count was to ensure that clinical records were in place for all patients on the PHN register, and there was no qualitative element to the process.

Over time the annual count has evolved to be known as an 'annual review' and a broader focus has been employed. It was within this context that members of the QIG recommended that this process be standardised, giving every PHN the opportunity to participate in a review process and be proactively supported with caseload management.

Methodology

A working group was established to

- Examine the existing annual review templates in place within public health nursing
- Develop and test a standardised annual caseload review (ACR).

This exercise allowed the group to establish the extent of existing practices and to optimise the learning from the systems in use. It was identified that a small number of PHN areas did not carry out any formal level of annual review or count. In the absence of a formal system, caseload issues were dealt with as they arose.

Aims and objectives

The working group invited a number of PHN staff together to agree the aims and objectives of the ACR. More importantly, this group agreed what would be excluded from the ACR process. The following aims and objectives were agreed:

- To ensure that each area PHN/CRGN has the opportunity to participate in a standardised annual review process of the caseload
- Ensure that the annual review will provide a continuous year-on-year profile of each area caseload
- To provide information to DPHNs or ADPHNs on caseload trends, risks and issues
- To support the director of PHN with service planning and resource allocation.

The following issues were excluded from the ACR process:

- Clinical supervision and the discussion of complex cases. This is a separate process and while the need for case discussion may be identified during the ACR process, it is recommended that dedicated time be set aside for clinical supervision
- Identification of education and training needs. It is recommended that a formal professional development planning process utilising national standardised resources be completed[1]
- Auditing of clinical records. The quality care metrics system is available for use in all PHN areas and provides an evidence-based audit process for clinical records and standards.[2]

Design of the ACR

The HSE clinical audit department provided essential support for the development of the ACR template. The ACR is designed in a Microsoft Office Excel worksheet format with designated tabs (to be completed by ADPHNs):

- Guidance tab – contains the aims and objectives as well as details on the procedure to follow in the use of the ACR
- Instructions tab – contains detailed instruction on how to complete the template
- WTE data within the caseload – PHN/CRGN/HCA and clerical support hours
- Child health activity tab – includes information on the number of children with complex needs on the caseload and the number of child and family health needs assessment care plans in place
- Primary care activity tab – details on primary care caseloads, numbers of patients in receipt of home supports, continence containment products and reviews outstanding within the caseload
- Systems and resources tab – this allows for a comprehensive overview of health and safety issues, personal safety, filing and communication systems
- Action plan for PHNs and ADPHNs tab – this plan allows for the recording of issues identified during the ACR process. These actions may be related to the PHN or the ADPHN and the template allows for completion of actions within an agreed timeframe and allocates a named responsible person
- Issues log for the DPHN tab – this action plan template is designed to record all outstanding issues from an individual ADPHN's operational units (network) for the attention of the DPHN.

The results of the ACR are presented in *Table 1* and *Figure 1*.

The Excel sheet is designed to allow for the completion of an ACR on all caseloads within the ADPHN's operational area, thereby providing a complete network profile of activity and trends for the ADPHN and DPHN.

Testing of the ACR

The ACR template was tested in two DPHN areas in quarter four of 2019. Formal feedback was sought from all users of the template (PHNs, ADPHNs and DPHNs). Following this feedback, several adjustments were made to the template. Overall the feedback was positive on the ease of use of the template and easy identification of issues for the action plan. The PHNs requested that they receive the template in advance of the ACR in order to prepare for the process and also to receive a completed copy of same. It takes approximately two hours to complete each ACR with the PHN/RGN team.

Implementation and evaluation

The ACR was presented to the National Directors of Public Health Nursing Forum in February 2020, and the DPHNs endorsed and supported the use of the ACR nationally. An implementation plan was agreed. The main aim of implementation is to ensure that all PHN staff have the opportunity to view the ACR in advance and ADPHNs are instructed in the completion of the ACR. Education of ADPHNs in the use of the tool will be offered in quarter two of 2021. The ACR is designed to be completed by the ADPHN in collaboration with the PHN/CRGN team. It is important that CRGNs are included in the review process. The system was demonstrated to the INMO PHN Section on two occasions in 2020 and 2021.

Evaluation of the ACR will take place in quarter four of 2021 following usage of the resources throughout the year. Feedback will be sought from all grades of PHN staff.

Discussion

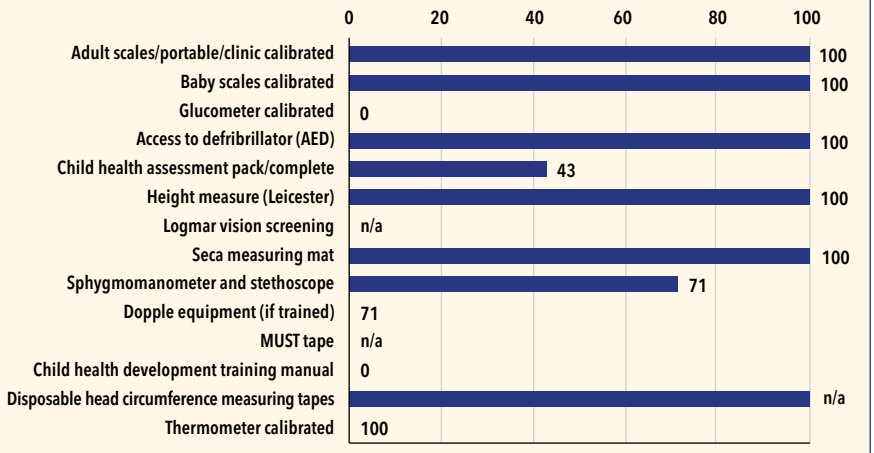
The development of a standardised annual caseload review template is an important step in providing uniform support for all PHN/CRGN caseload holders. The use of the ACR will promote accountability across all grades of staff within the PHN service. It identifies key issues for the PHN in relation to health and safety, lone working and professional issues, as well as providing a formal structure for addressing deficits within the area. For the ADPHN it provides a profile of his/her operational area and identifies risk and issues that require action.

At the end of the ACR process annually, each DPHN will have a complete profile of all the networks within her operational unit of responsibility. There is an opportunity within the ACR for each PHN and RGN to identify local service gaps and to showcase local PHN initiatives. This important information can then be used for business case developments and funding applications, while the outcome of the ACR will provide valuable information for resource planning and service development.

Table 1: Results of the ACR

Date of review	February 12, 2020	February 19, 2020	February 20, 2020
Caseload nurses			
PHN caseload area name/code	AB	CD	EF
Child health caseload size *(total births in previous years)*			
Number of births	123	73	80
Number of stillbirths	0	0	0
Number of neonatal deaths	0	0	2
Total transfers in	5	0	34
Total transfers out	5	0	24
Caseload (year 1)	123	73	88
Caseload for previous year (year 2)	103	66	78
Caseload for preceding year (year 3)	98	80	83
Caseload for preceding year (year 4)	39	97	29
Caseload for preceding year (year 5)	7	4	7
Total number of children on caseload	370	320	285
Number of Roma children recorded on December 31	0	0	0
Number of Traveller children recorded on December 31	3	1	2
Number of homeless children recorded on December 31	9	0	0
CHFNA/level 2 assessments in place at previous year end	2	1	0
Number of child protection and welfare report forms submitted by December 31	0	0	0

Figure 1: Results of the ACR



The tool is available at **www.hse.ie/phn**

Virginia Pye is national lead for public health nursing, HSE

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Annual caseload review – the PHN perspective

Members of the INMO PHN Section have contacted *WIN* to share their views on the annual caseload review discussed on *page 48-49*, which they say requires INMO consultation before being implemented

"There is no facility to document time spent on complex cases"

THERE is no standardised annual caseload review in place at the moment and the development of a national standardised process is welcomed. However, nursing relates to lived experience and therefore we need a qualitative tool to demonstrate our work and the time invested in our work. This is a quantitative tool. There is no facility to document time spent on complex cases and there is no national definition of how large a caseload should be. We need a tool developed that will capture the time spent on implementing services for our clients, not just how many clients we have. With staff shortages we currently do not have the time to complete these returns every month.

"At the moment we cannot take on any more new initiatives"

ALL of these initiatives may be very useful and helpful in the future when there are proper staffing levels. We are under extreme stress due to staff shortages with hundreds of children's developmental tests not done as we are out doing adult work that has to be prioritised. With clinical calls, palliative care and a huge increase in requests for homecare packages, the staff I work with are at collapsing point. We would be delighted if safe staffing and a tool to properly determine staffing levels could be compiled as a matter of urgency. We were promised more staff if we co-operated with metrics but this has not happened. Training and support was less than adequate and metrics, when we have done them, have been extremely stressful. The numbers compiled have been used to criticise the work that we have been unable to do due to inadequate staffing. The expectations for the role of the PHN are unrealistic and many of us on the ground are really struggling and are close to burnout.

"Staff are under a lot of pressure"

MY concern is that this would be used as a 'big brother' tool – using the numbers collated to undermine staff by comparing one area's activity to another's. We have never had a scientific ratio of caseload per area so there is no identified manageable caseload, urban or rural, to measure this new annual caseload review against. Unfortunately we had no opportunity to have these concerns heard during the development of the programme. Staff are under a lot of pressure and feel that introducing new systems during a pandemic is unfair, unreasonable and underhand. As with any proposal from the HSE, there is a requirement for proper engagement and consultation with the INMO before it can be operationalised as it is essential that frontline staff have their say.

"When this annual caseload review was tested, times were very different"

I AGREE with standardised processes. I would like to see a standardised process that would make a real and lasting difference to the PHN caseload, a scientific tool for safe staffing in the community. We need to be fully resourced in terms of sufficient PHNs, CRGNs and clerical support staff. When this annual caseload review template was tested in 2019, times were very different. During 2020/2021, large numbers of PHNs and CRGNs were redeployed due to Covid-19. Community nurses are leading out the mass vaccination programme. Vulnerable staff had to work from home while others had to take up the burden of cross covering the caseloads of redeployed colleagues. It is not the time to introduce new initiatives when staff are overburdened and struggling to cope. It takes approximately two hours to complete each annual caseload review. It is hard to see how staff will find time to do this. We are short 200 PHNs in the service. This year the HSE has agreed to sponsor 146 new roles but this will still leave a deficit of 56 PHNs, not to mention CRGN shortages. In reality this number could be higher as PHNs and CRGNs consider their careers in the community. Staff are overburdened with paperwork due to the increased caseloads. PHNs took on primary care metrics hoping that these would lead to extra staff but have not seen this become a reality; now many feel despondent.

Heal with yoga

As INMO Professional launches a mindfulness course to help nurses and midwives through the stress of practising during a pandemic, **Aparna Shukla** makes the case for yoga as a tool for healing

THROUGHOUT the pandemic our nurses and midwives have been commonly referred to as 'healthcare heroes'. However, the truth is that they are also human and their bodies and minds need rest after working for so long. Can yoga be one of the solutions for the many problems our healthcare force currently faces?

INMO Professional has been facilitating mindfulness training since 2015, and from July 16, 2021 we will be commencing an eight-week mindfulness-based stress reduction (MBSR) course. In April 2020 we produced videos on mindfulness, yoga and breathing exercises, along with self-care sessions, in an attempt to reduce stress for our nurses and midwives.

The theme for the UN International Yoga Day is 'Yoga at home and yoga with family'. INMO Professional facilitated a free online series of four yoga classes for members in April 2021, which was attended by a large number of nurses and midwives. At this event, we received an overwhelming number of positive messages and responses. The last class was recorded as a webinar and is available on the INMO Professional website.

We catered to special requests by those who wanted to try pranayama (the practice of breath control), breathing exercises for sinusitis and yoga poses for back pain.

Yoga is an ancient practice that has stood the test of time and can be used to heal a nurse or midwife's tired body and scattered mind. Nursing and yoga both follow a holistic approach to human health. Some 2,500 years ago, ancient Indian sage Patanjali described yoga as *"yogas chitta vritti nirodha"* meaning yoga is the cessation of the thought waves in the mind so that it is clear. Yoga's main focus is on the mind and it uses the body and breathing as tools to discipline the mind.

BKS Iyengar – one of the fathers of modern yoga and founder of 'Iyengar Yoga' – was born during the global influenza pandemic of 1918 in Karnataka, India. During labour, his mother was under the grip of influenza and there was little hope for her or the child's survival. Although they both survived, Iyengar was born sick and had very thin arms and legs as well as an abnormally large head. He suffered many childhood illnesses and from the age of 18 it took him about two years of daily yoga practice for his body to respond and start to heal. He then grew up very healthily and he died at the age of 96 as a world-renowned yoga instructor.

In his own words:

"Yogic discipline lifted me from a sub-human level and made me a man of confidence – sincere in my efforts, hardy and honest, clear in my thinking and clean in my conscience. Now I am the proudest man on earth, as I carry the message of yoga, along with many of my pupils, in the form of physical health, mental poise, intellectual clarity and spiritual solace for millions and millions of people all over the world."

In recent years in the UK, NHS staff have been offered health checks and yoga classes at work in an attempt to improve the wellbeing of the country's largest workforce. At the organisation's 2016 annual conference in Manchester, NHS chief executive Simon Stevens explained that NHS staff have some of the most critical but demanding jobs in the country. When it comes to supporting the health of our workforce, frankly the NHS needs to put its own house in order". I believe it is time Ireland followed suit.

It can be very distressing seeing our nurses and midwives suffer due to ill health, back pain and other avoidable problems. Nursing is a profession where we come in close contact with a large number of patients who are carrying different types of infections, so to work as a nurse or midwife we need a strong immune system. Alexander GK in his exploratory study – 'Yoga for Self-Care and Burnout Prevention Among Nurses' – found that yoga not only improved self-care and mindfulness but also reduced burnout among nurses and midwives. Participant nurses who completed eight-week yoga intervention courses reported less emotional exhaustion and higher self-care compared to the control group.

Large organisations such as Google, Apple, Nike, Fidelity Investment and Facebook all organise regular wellbeing sessions for their members and staff. If all nurse leaders and managers begin to examine the possibility of including wellbeing sessions for nurses and midwives while they are at work, it can be a very fruitful and long-term solution for burnout and compassion fatigue.

Email feedback from a participant of the yoga class

"I really want to thank you so much for providing this opportunity for nurses and midwives to put themselves first for once. The kindness and gentleness of the practitioner was so soft and calming considering the jagged soul of nurses and midwives who have had a most challenging year. I was in tears at the end of the relaxation without even knowing I had so much pent-up emotional exhaustion. Despite my eagerness, this was the first session I managed to attend because of shortages of staff for shifts. It's such a beautiful 'time out'. I will promote it and encourage my colleagues to attend. Can it possibly be recorded so that we can do a session whenever free time is available?"

Aparna Shukla is a qualified nurse, midwife and yoga and mindfulness teacher with a master's degree in nursing from Delhi University

UN International Yoga Day 2021 is on June 21

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Hepatitis C: The way ahead is becoming clear

GPs registered to prescribe methadone can now be trained to **treat Hepatitis C in the community**[1]

Hepatitis C can be **cured* using oral regimens** over 8-12 weeks[2]

The World Health Organisation established the goal of **eliminating Hepatitis C as a major public health threat by 2030**[3]

AbbVie is committed to eliminating Hepatitis C in Ireland[4]

* Patients who achieve a sustained virologic response (SVR12), defined as undetectable HCV RNA 12 weeks after treatment completion, are considered cured of Hepatitis C.[2]

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Aiming to eliminate HCV infection

Raising awareness of the community nurse liaison role in hepatitis C can aid progress towards eradication, writes **Monica Blount**

A MAJOR barrier to elimination of the hepatitis C virus (HCV) is that a substantial proportion of patients living with chronic HCV infection are unaware of their infection.[1] Infected individuals may only become aware of their infection status following the development of cirrhosis and its complications.[2]

With the advent of the direct-antiviral drugs (DAAs), the disease is cured in > 95% of cases after a treatment course of 8-12 weeks. The European Association for the Study of the Liver (EASL) guidelines in 2020 recommended that all patients should be treated once they are willing to be treated and there are no contraindications to treatment. The guidelines further recommend that treatment should be with interferon-free, ribavirin-free, DAA-based regimens.

Community treatment

In 2019, HCV treatment was expanded through the community with the initiation of the community prescribing and dispensing programme. This programme is currently aimed at the cohort of patients who are receiving opioid substitution treatment.

The strategy adopted is 'treatment as prevention', where significant liver disease and further chances of transmission are prevented through the treatment of the HCV infection.

Role of the community outreach nurse

The overarching objective of the community outreach role is to act as a liaison between the primary care service, community pharmacist and the specialist hepatology service within Beaumont Hospital, Dublin. This role has been established successfully in other hospitals in Ireland[3] and is commonplace within the NHS. The availability of a portable Fibroscan machine has facilitated liver staging prior to initiation of HCV treatment.

A visit from the community outreach nurse to carry out the Fibroscan can easily be requested by phone or email. While serum marker staging is an acceptable alternative, patients with a high APRI or FIB-4 will still require a Fibroscan. Having this service available to primary care services ensures that patients are not placed on lengthy waiting lists.

Many patients suffering from HCV who have a history of not attending their scheduled hospital appointments have also been followed up through the community outreach nurse. Actively contacting these patients and arranging to meet at their primary care service has resulted in patients being successfully worked up for and commenced on HCV treatment.

Patients who are worked up for treatment are followed closely during treatment and afterwards to ensure that they achieve SVR.

World hepatitis C eradication

It is estimated that between 20,000-30,000 people in Ireland are infected with HCV. Of those individuals, it is estimated that 60% remain undiagnosed.[4] The World Health Organization Global Health Strategy[5] aims to eradicate HCV by 2030. This involves seeking patients out in the community and facilitating their treatment.

The HCV national screening guidelines recommend screening for at-risk groups and are available online. To that end, screening of patients within primary care settings has also been rolled out through the community outreach nurse role. This takes the form of a chart review of patients who are currently receiving opioid substitution treatment. Through carrying out reviews, these patients are having their blood-borne virus screen carried out by the community outreach nurse, while also receiving information on the dangers of HCV and the risk behaviour that may result in a diagnosis.

With the short course of DAA therapies available to treat patients in the community setting, eradication of HCV from society is achievable. Emphasis is being placed on finding the hidden cohort of patients in Ireland with HCV.

Chronic HCV is a common cause of liver disease, often resulting in cirrhosis or liver cancer. Treating patients before they become cirrhotic is imperative to ensure these individuals lead healthy lives. Through making the community liaison role more known within the primary care community and actively seeking out patients to screen and treat, progress can be made towards eradication.

Monica Blount is a hepatitis C community liaison clinical nurse manager in the Hepatology Unit at Beaumont Hospital, Dublin. Ms Blount can be contacted by email: monicablount@beaumont.ie or Tel: 087-0942133

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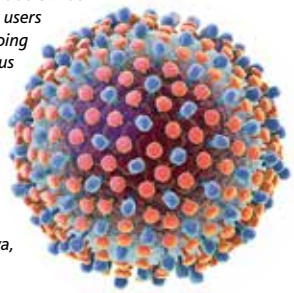


Masking the problem – skin damage

A specially designed care bundle for staff on Covid-19 wards helped protect against facial pressure injuries, write a team from RCSI University of Medicine and Health Sciences

MORE than 14,000 people with Covid-19 have been hospitalised in Ireland, and over 1,500 people have been admitted to ICU, as of May 11, 2021.[1] The resultant impact of this has been a much increased workload for healthcare workers (HCWs) as they provide day to day front-line care to Covid-19 patients.

Delivering this care to Covid-19 patients requires that staff wear personal protective equipment (PPE). For Covid-19, it is recommended that staff wear gloves, masks, goggles or face shields, and long-sleeved gowns.[2,3] Masks include medical masks, respirator N95 or FFP2, or equivalent, and the type of mask used depends on where staff are working and the level of activity.[2]

Facial pressure injuries (FPIs) are a significant problem resulting from prolonged wearing of protective facemasks during the Covid-19 pandemic,[4,5,6] with one study reporting this to be as high as 42.5%.[5] The most common sites for FPIs are the bridge of the nose, cheeks, ears and forehead.[5] This information is consistent with data published subsequent to the SARS epidemic.[7]

FPIs develop when the skin is indented with the continuous use of facemasks.[6,8] These localised injuries to skin or underlying tissue, usually over a bony prominence, because of prolonged pressure or shear,[9] can have a devastating effect on staff who are already overworked and anxious, and place them at an increased risk of developing an infection, including Covid-19 itself.[10,11,12] To address this problem the research team developed an evidence-based care bundle for use by Covid-19 frontline staff, targeting the prevention of FPIs. This article is focused on an evaluation of this care bundle.

Research aims

A study was carried out in a large Irish acute hospital to assess the impact of a care bundle on the development of FPIs among front-line Covid-19 HCWs.

Data were collected via a survey, completed voluntarily, and interviews with a small number of those who completed the survey. The primary outcome of interest was the incidence of FPI. The secondary outcomes of interest were facial pain while wearing PPE and ease of use of the care bundle. The study took place over a two-month period in 2020. Permission to access the staff was provided by the hospital research audit committee.

All staff (n = 300) working in Covid-19 wards, ICU and the emergency department in the hospital were given a kit bag containing protective tape, moisturiser, cleanser and an information pamphlet. All of these staff were then invited to voluntarily complete an evaluation survey. Additionally, 14 staff who completed the survey were selected to take part in a short qualitative interview.

Intervention

The care bundle was developed in line with international best practice.[6,9,13,14] The bundle consisted of a five-step process using WaterWipes baby wipes, Eucerin Aquaphor Soothing Skin Balm and Mepitac tape.

All staff were provided with WaterWipes baby wipes to ensure that the facial area was cleansed. Research on WaterWipes used with babies has shown that mothers reported a lower incidence of nappy rash.[15] It had not been studied in a FPI context before but the manufacturers were responsive to the research team's call for assistance in developing the care bundle during the peak of the first wave of Covid-19.

Staff then applied Eucerin Aquaphor once the skin was clean and dry. Over-the-counter (OTC) skin protectants can be an effective and inexpensive means of reducing facial pressure.[14] Given that Eucerin Aquaphor was a readily available, OTC product, it was chosen for use in the care bundle. Similarly to above, the manufacturers were quick to respond to helping the research team.

Staff then cut Mepitac tape to size and applied it directly to the bridge of the nose and cheekbones. The purpose of the tape was to serve as a barrier against the frictional forces endured by those wearing PPE. Personal experience of using Mepitac tape among some members of the research team was the main reason for the selection of this tape.

The five steps to the bundle were:

- Skin protection, using cleansing and moisturisation

Table 1: Type of skin injury, pre use of the care bundle

Type of skin injury	Frequency pre-use of care bundle	Frequency while using care bundle
Abrasion	18 (16%)	2 (2%)
Blister	1 (1%)	2 (2%)
Deep sore	4 (4%)	1 (1%)
Skin tear	10 (9%)	4 (3%)
None	81 (70%)	105 (92%)
Total	114 (100%)	114 (100%)

- Selection of a facemask appropriate to the level of care to be provided
- Material use, application of tape and facemask
- Skin and facemask inspection during the clinical shift as appropriate
- Skin inspection, cleansing and hydration on removal of the PPE and tape.

The care bundle was available on a smartphone app which could be downloaded by all participants, and on a poster displayed in clinical areas. The development of the care bundle and the supply of the kits were made possible through an RCSI University of Medicine and Health Sciences fundraising initiative and support from industry.

Data collection

After three consecutive shifts using the care bundle, each participant was invited to voluntarily complete the survey, anonymously on their smartphone.

The survey questions elicited information pertaining to the person's discipline, the incidence of skin injury before and during the use of the bundle, the nature of the skin injury, pain, comfort, and ease of use of the care bundle. Qualitative data were also collected via a small number of one-to-one semi-structured interviews from selected staff. Set interview questions are detailed below.

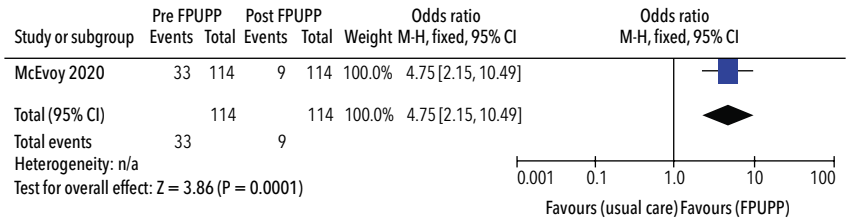
Results

A total of 114 staff provided feedback, with nursing staff accounting for the largest group (68%; n = 77). Feedback was also received from doctors (n = 6; 5%); Physiotherapists (n = 10; 5%); healthcare assistants (HCAs) (n = 9; 8%); and others (n = 11; 10%).

Skin injury prior to use of the care bundle

In total, 29% (n = 33) reported that they had a skin injury before using the care bundle. *Table 1* outlines the type of skin injury experienced.

Figure 1: Forest plot: odds ratio of skin injury development – skin bundle versus usual care



Skin injury while using the care bundle

In total, 8% (n = 9) of respondents reported that they had a skin injury while using the care bundle *(see Table 1)*. The mean number of days to skin injury development was 2.33 (SD: 0.71; median 2; min 1, max 3).

Odds ratio of skin injury development, care bundle versus usual care

Figure 2 outlines the forest plot of the odds ratio (OR) of skin injury development. In the pre-care bundle group 29% (n = 33) developed a skin injury, whereas in the post-care bundle group 8% (n = 9) developed a skin injury. The OR of skin injury development is 4.75 (95% CI: 2.15 to 10.49; p = 0.0001), meaning that after the care bundle was issued, respondents were almost five times less likely to develop a skin injury.

Pain while wearing PPI with the care bundle

Respondents rated their pain on a scale of 0-10 while using PPE with the care bundle. The mean pain score was 3.18/10 (SD: 2.44; median: 3; min 0, max 10).

Pain once the PPE was removed

Respondents also rated their pain once PPE was removed. Mean pain score was 1.73/10 (SD: 2.11; median: 1; min 0, max 9).

How easy was the care bundle to use?

Respondents rated on a scale of 0-10, how easy they found the care bundle to use. The mean score was 7.76 (SD: 3.06; median: 9; min 0, max 9).

Would you recommend this care bundle to a colleague?

Respondents rated on a scale of 0-10, how likely they would recommend the care bundle to a colleague. The mean score was 8.25 (SD: 2.61; median: 10; min 0, max 10).

Interviews

Fourteen short one to one semi-structured interviews were completed. The majority of respondents were nurses (64.2%; n = 9). Other disciplines were doctors (n = 2), HCAs (n = 2), and physiotherapists (n = 1).

Following thematic analysis,[16] three themes emerged from the data. They were:

- The care bundle maintained my safety
- The care bundle and its effect on my mask
- Ease of use of the care bundle

Theme 1: The care bundle maintained my safety

Each of the 14 respondents commented on how the care bundle prevented further FPIs. A number of different types of FPIs were mentioned. Comments included:

- *It was so good I didn't have any marks coming out but I usually mark so easily. I felt like it really helped alleviate the pressure as well*
- *It definitely prevented a pressure sore on my nose. I had what looked like an abrasion when this all started (Covid). Now I don't even get redness.*

Theme 2: The care bundle and its effect on my mask

Each participant said that the elements of the care bundle did not reduce the protective nature of the facemask. These quotes represent those of the whole group:

- *No not at all, the dressings we were using before the bundle affected the seal but the tape as part of the bundle didn't. It definitely helped a lot*
- *No it didn't interfere with the seal on my mask like some other dressings did.*

Theme 3: Ease of use of the care bundle

Participants talked about the ease with which they used the care bundle, with the consensus that it was easy to use:

- *The poster was easy to follow…*
- *The poster was easy to follow and I found the bundle easy to use.*

Discussion

Covid-19 is posing a significant ongoing challenge for all HCWs.[17] Frontline staff safety is of the utmost importance and this provided the need and impetus for this study. FPIs as a result of prolonged use of facial PPE have been reported extensively in the general media worldwide since the pandemic began.

Reports of FPIs are also recently reported in dermatology literature.[18,19,20] It was clear that the care bundle initiative and evaluation was needed in ensuring the health and wellbeing of staff and safe staffing of Covid-19 areas.[21]

This study involved the development of an easy to use evidence-based five-step care bundle for use by Covid-19 staff. The key elements of the bundle included face wipes, moisturiser and protective tape, with each element acting in synergy as an all in one protector for staff against FPIs. The education touch-app available on participants' smartphones ensured ready access and ease of use. Nonetheless, only 38% of those who took part responded to the survey.

The use of the bundle was associated with a reduction in the incidence of skin injury from 29% to 8% among respondents. While it is important to highlight this incidence figure, it is below the 42% reported by Jiang et al (2020).[5] Nonetheless, continuing to highlight the problem is important for enhancing skin health and integrity for staff wearing PPE for prolonged periods of time.[22]

One important observation is the often under-identified association between pain and discomfort with infection control measures. One Italian study reported that even mild facial skin abrasions, itching or burning sensation, instinctively resulted in touching masks, respirators or goggles in order to adjust their position to reduce the level of discomfort or pain.[20] The current study survey data shows that using the care bundle made it less likely that staff would develop a FPI, while it also showed that the bundle could reduced pain. Interview data augmented this with participants talking about the ease of use of the bundle, and how it did not interfere with the protective mask.

The researchers note that some elements of bias could have effected results. First, staff who took part in the study did so voluntarily by receiving and using the care bundle pack, thus staff were not randomly selected. Second, 38% responded to the survey. Had others completed the survey, results may have been different. Third, survey responses were based solely on self response with no validation of injury.

Equally, the improvement in skin condition attributed to the care bundle may have been due to other factors, such as differing lengths of time wearing PPE, or the particular ward setting where participants worked. Fourth, while the care bundle consisted of five sequential steps, it is not clear what if any are the critical steps. Despite this, when using care bundles in clinical practice, it is the consistent application of all the elements of the bundle that yields success.[23]

The research team followed this guidance, and as such the purpose was to explore the effect of the bundle as a collective.

This study has demonstrated that it is possible to reduce the incidence of FPIs and associated pain. However, clinicians are working in exceptionally challenging circumstances and research suggests that frontline staff are experiencing anxiety, depression and insomnia during the Covid-19 pandemic.[24]

It is of the utmost importance that researchers stand in solidarity with clinical colleagues on the front line, providing evidence-based solutions to problems they are encountering during these unprecedented times.

Conclusion

Protection of frontline Covid-19 HCWs needs to be a priority to ensure that staff may work safely and are protected from the use of equipment that is meant to be, in the first instance, protective.

Throughout the Covid-19 pandemic, staff have suffered FPIs from the prolonged use of PPE while caring for Covid-positive patients. In response to this, the research team quickly developed an easy to use five-step care bundle and this study involved the evaluation of the care bundle targeting the prevention of FPIs. Data from respondents showed that the bundle reduced the incidence of FPIs, reduced pain and was easy to use.

The team from the School of Nursing and Midwifery and Skin Wounds and Trauma (SWaT) Research Centre, RCSI University of Medicine and Health Sciences, Dublin and Beaumont Hospital, Dublin comprised: Prof Zena Moore, (chair of nursing and SWaT director); Natalie L McEvoy, research nurse; Pinar Avsar, senior post doctoral researcher, RCSI; Linda McEvoy, clinical audit and governance manager (Beaumont); Prof Gerard Curley, professor of anaesthesia and critical care, RCSI and consultant in anaesthesia and intensive care, Beaumont; Prof Tom O'Connor; Aglécia Budri, lecturer; Linda Nugent, senior lecturer; Simone Walsh, senior research projects manager; Frank Bourke, learning technologist; and Prof Declan Patton

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Timely detection can make all the difference

A new campaign highlighting the symptoms of type 1 diabetes in children aims to aid earlier detection, avoiding complications such as DKA, writes **Edna Roche**

CHILDHOOD diabetes is due to insulin deficiency and is rapidly fatal without insulin therapy. In the early stages the signs of diabetes in young children and teenagers can be subtle, sometimes making early diagnosis challenging. Delayed diagnosis of type 1 diabetes can result in potentially fatal metabolic decompensation or diabetic ketoacidosis (DKA). In addition to its immediate risks, there is increasing evidence that the presence of DKA at diagnosis sets children and young people on a path of poor metabolic control and increased risk of diabetes-related complications in young adult life.

The symptoms of type 1 diabetes can be subtle and vague and thus we need to "think diabetes" and work with our community to reduce the number of children and young people presenting with DKA.

Ireland has a high incidence rate of type 1 diabetes in children and adolescents. It is in the top 25% for diabetes incidence worldwide.[1] The number of new cases in children under 15 years in Ireland has increased substantially from 16.3 cases/100,000/year in 1997[2] to 27.1 cases/100,000/year in 2018.[3]

In keeping with a number of other high incidence countries, our rate of diabetes appears to be stabilising, albeit at a high incidence rate.[3,4] Annually there are on average 285 new cases of type 1 diabetes in those under 15 years. However, many healthcare professionals working in the community may not see a newly-diagnosed child for many years.

Type 1 diabetes is a multifactorial disease. It is an autoimmune condition where those with a genetic predisposition interact with an environmental agent(s), and autoimmune pancreatic beta cell destruction ensues leading to insulin deficiency.[5] Despite great advances and much research, the cause is not yet fully understood.

While there is a genetic tendency towards the development and also protective haplotypes, we found that only 10% of newly diagnosed Irish children had a history of type 1 diabetes in a first-degree relative similar to other populations.[6] A diagnosis is a bolt out of the blue for most families.

Type 1 diabetes has a number of stages in its development[5] and by the time clinical symptoms occur over 90% of the pancreas has been destroyed. The clinical history is short, at two to three weeks.[6,7] If associated with an infection causing insulin resistance, the effects of the insulin deficiency becomes more extreme and the symptom duration shortens. A co-existing pneumonia or other significant infection can result in rapid metabolic decompensation into life-threatening DKA.

Classic presenting symptoms

The classic presenting symptoms of type 1 diabetes are polyuria, polydipsia, lethargy and weight loss.[6,8,9] There are other less common but important clues to childhood diabetes which include: secondary enuresis – bed-wetting in the previously toilet trained child is important and warrants checking the urine for glucose; constipation, particularly in younger non-ambulant children who cannot complain of thirst or access increased fluids; irritability or mood-swings; increased hunger and persisting weight loss despite increased food intake.[6] Fatigue and weight loss were significantly more frequent symptoms in those aged under two years with DKA at diagnosis.[9]

As the symptoms tend to be subtle, there is a tendency for the symptoms to be attributed to more common conditions or explained away and minimised. Polyuria for example could be attributed to the more common urinary tract infections, anxiety or increased drinking. New onset bed-wetting could be ascribed to upset with a new sibling or school problems.

Polydipsia could be explained as increased thirst due to playing more sport or hotter weather. The abdominal pain of early DKA could be considered as appendicitis, urinary tract infection or any cause of acute abdomen. In addition, the younger and older adolescent age groups can be particularly challenging to diagnose early.

It can be difficult to recognise the classic symptoms of polyuria and polydipsia in an adolescent due to their increased independence and privacy, particularly relating to toileting. Children under two years are particularly vulnerable to delayed diagnosis where the symptoms are increasingly vague, including irritability and constipation. As young children cannot articulate their wants or address their needs independently, the classic symptoms or polyuria and polydipsia are more difficult for families to recognise until well advanced, with nappies persistently leaking or bursting.

Delayed diagnosis in childhood diabetes is often due to families waiting to seek help due to the vagueness of the symptoms. The time from parents recognising the onset of symptoms to seeking medical help is the 'appraisal interval' and this is often the longest part of the pathway from symptom onset to diagnosis.[8] Parents report delaying seeking medical help for diabetes symptoms because they hoped the

symptoms would go away,[8] and because they perceived their child was 'well'.[10]

One family described how they only recognised that action was needed when their 18-month old turned over in the bath to drink the bathwater.[10] In recent years a number of families cite waiting on an appointment to see their GP as a cause of delay; this is likely influenced by resource issues in primary care, increased demand prompted by the extension of free GP care to young children, and currently due to the Covid-19 pandemic.

The majority of children and young people presenting to their doctors with symptoms of diabetes will be diagnosed that day. However, approximately one-fifth of children are not diagnosed at the initial visit,[8,9,11] with some delayed up to two weeks.[11] A study in the UK found that almost one-quarter of children had multiple contacts with healthcare professionals prior to diagnosis.[9] In almost half the cases of delayed diagnosis the reason for the delay was waiting for additional unnecessary tests.[9,11] DKA was more frequent in those where diagnosis was delayed.[9,11]

Missed opportunities

In a meta-analysis of over 24,000 children, almost 40% with DKA had been seen at least once by a doctor before diagnosis; these were missed opportunities.[7] It is important to look out for the subtle symptoms and 'think diabetes'. A simple check of blood and urine can help exclude or confirm the diagnosis.

In a child with symptoms suggestive of type 1 diabetes, a glucometer is sufficient to check for glucose and blood ketones. The urine can also be checked for glycosuria and ketonuria. If the blood glucose is elevated or there is glycosuria, immediately refer the child to your local paediatric hospital emergency department for further management.

A random glucose above 11.1mmol/l in a child with symptoms is enough to suggest a diagnosis of diabetes. No additional investigations are required. Children with type 1 diabetes can deteriorate rapidly into DKA even over a matter of hours so they should attend their local hospital the same day without delay.

Diabetic ketoacidosis

Diabetic ketoacidosis (DKA) is a medical emergency. It is a life-threatening acute metabolic decompensation due to insulin deficiency characterised by hyperglycaemia, acidosis and ketonaemia/ketonuria.[12] The clinical signs of DKA (in association with the background symptoms of diabetes) are dehydration, vomiting, abdominal pain and sighing respirations (Kussmaul breathing), which if untreated can progress to coma and death.

DKA can still be fatal in children even in developed healthcare systems with a mortality rate of 0.15% to 0.3%.[13] Cerebral oedema accounts for the majority of deaths. The risk of developing cerebral oedema in new onset diabetes is 11.9/1,000 DKA episodes or 1.2%.[14] Cerebral oedema is associated with a 24% mortality and morbidity in 35% of survivors.[14] Younger children, particularly those under two years, are most vulnerable to DKA and cerebral oedema.[9]

Apart from the immediate health risks of DKA, the medical management of DKA is challenging, requiring meticulous management and strict adherence to written DKA protocols specific to children and adolescents. The required treatment is intensive with intravenous insulin, fluid and electrolytes.

Treatment of DKA is not without its dangers. Continuous clinical monitoring with hourly blood testing is required. The treatment and monitoring of DKA is very stressful and frightening for young children, adolescents and their parents.[10] The trauma is further exacerbated by the sudden onset where the child may have been perceived as 'well' by their parents only hours or days previously.

When a child presents with DKA at diabetes diagnosis a period of stabilisation of 24-48 hours is required before meaningful education regarding diabetes and its management can take place, resulting in a prolonged hospitalisation. Having a child in hospital is difficult for families who are often juggling many other demands such as caring for other children and full-time jobs. Prolonging the admission due to DKA adds to the pressure on families.

In contrast, a child or adolescent with a new diagnosis of diabetes who does not have DKA has a very different course. Those diagnosed and referred early who have hyperglycaemia but not acidosis often do not even require intravenous fluids, can eat, and commence insulin subcutaneously. They do not require ICU or HDU admission, monitoring is much less intense and less invasive. They and their families are less stressed, diabetes education and training can commence sooner, and the duration of hospitalisation is shorter.

In some countries where resources are available, hospitalisation can be avoided altogether and children without DKA can be treated at home. Currently all children and young people with new onset diabetes are admitted to hospital in Ireland to commence treatment.

Long-term adverse effects of DKA

Increasing evidence is emerging of the long-term adverse effects of DKA at diabetes diagnosis for children and adolescents.[15] Cameron et al found evidence of morphological and functional brain changes in children with DKA at diabetes diagnosis.[16] There is an association between the average metabolic control around the time of diagnosis and in future years.[17,18] In addition, those with poorer metabolic control around the time of diagnosis had increased diabetes-related complications of retinopathy and macroalbuminuria in early adult life.[17]

There is wide international variation in the occurrence of DKA at diabetes diagnosis in children, ranging from 16-67%.[19] The Irish Childhood Diabetes National Register (ICDNR) prospectively monitors the rate of DKA at diagnosis and reported almost one-third (31.6%) of children had DKA at diagnosis in the period 2011 to 2015.[20]

More recent data would suggest the rate of DKA at diagnosis in Irish children has exceeded 40% *(in press)*. This rate is too high. DKA at diagnosis is avoidable by earlier detection and prompt intervention. Reducing the incidence of DKA at diagnosis is a vital therapeutic target. Internationally, health promotion campaigns such as the 'Parma campaign', the first of its kind, have been undertaken to raise awareness of type 1 diabetes and its symptoms among healthcare practitioners and the general public to encourage early diagnosis and prevent DKA.[21] The Parma campaign was a great success and reduced the frequency of DKA from 78% to 12.5%.[21] Similarly, a two-year intensive campaign in Australia resulted in a 64% reduction in DKA at diabetes diagnosis.[22]

Irish health promotion campaign

The ICDNR, supported by Diabetes Ireland, is launching a type 1 diabetes health promotion campaign (sponsored by Novo Nordisk) to raise awareness of the symptoms in our community, to encourage earlier presentation and to reduce the frequency of DKA at diagnosis. We believe this will have a significant impact on the health and wellbeing of those with type 1 diabetes both in the short- and long-term.

The focus of the campaign is to encourage people to 'Think diabetes' to consider

the diagnosis, come forward for 'TESTing' and treat early. The acronym 'TEST' is a reminder of the key diabetes symptoms: T – increased thirst; E – energy depleted; S – sudden weight change (weight loss); and T – toilet trips increased.

For information leaflets or posters from this campaign to help reduce the incidence of DKA, please contact Diabetes Ireland at: **www.diabetes.ie**

Edna Roche is professor of paediatrics at TCD and a paediatric endocrinologist at Tallaght University Hospital, Dublin

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December 2020

Breathing new life into asthma management

A recent Asthma Society of Ireland conference focused on treatment adherence, including among children and in the context of Covid-19

The protective effects of steroid inhalers against severe Covid-19 infection in patients with asthma was highlighted by respiratory nurse specialist Ruth Morrow at the Asthma Society of Ireland 'Love Your Lungs' conference held last month.

The conference was held online as part of Asthma Awareness Week (May 1-8) and Ms Morrow was among a line-up of expert speakers that also included HSE/ICGP clinical lead for asthma Dr Dermot Nolan.

Ms Morrow's presentation focused mainly on patient attitudes and adherence to asthma medication, including steroid inhalers and spacer devices.

"We have noticed in the past year that because people are at home more and they are concerned about their asthma, they are adhering to their medication more."

However, the most significant barriers to good medication adherence among asthma patients, according to Ms Morrow, include the fear of medication dependence, the belief that medication is to be avoided as much as possible, and the worry among parents that asthma medication may interfere with a child's development. She stressed the need for practitioners to dispel all of these misconceived attitudes if they arise during a patient visit.

Another barrier to medication adherence, according to Ms Morrow, and something that can actually dictate the effectiveness of treatment, is inhaler technique.

"As healthcare practitioners we need to get into the practice of checking people's inhaler technique at every single visit,"she told the meeting, reminding attendees that further information on good inhaler technique is available at **www.asthma.ie**

On spacer devices, Ms Morrow said that any asthma patient using a metered dose inhaler should be reminded to also use their spacer device to ensure they are getting the maximum benefit from their medication.

"Using the metered dose inhaler directly into your mouth means that hardly any medication is getting into your lungs so it is advisable that you use a spacer with it.

"For children over seven or eight, certainly think about getting the inhaler changed to a dry powder device because most children from the age of eight upwards are well able to use a dry powder device, and therefore the medication will get into their lungs much better," she said.

Ms Morrow drew participants' attention to the Society's asthma adviceline (1800 44 5464) and messaging service, which is available via WhatsApp (086 0590132).

Self-management

Also speaking at the conference was Dr Dermot Nolan, whose remit as clinical lead for asthma involves contributing to clinical guidelines on behalf of the Irish College of General Practitioners (ICGP) and the HSE.

Dr Nolan said asthma is the most common chronic condition seen in primary care in Ireland and that we have the fourth highest incidence rate of asthma in the world. Despite it being a manageable condition, he said more than 50 people with asthma die on average per year in Ireland and that complacency is often to blame.

"We have about 50-70 deaths per annum in Ireland and complacency is definitely a factor in this. We know that most of the deaths are in the older age group but as a practice a few years ago we experienced a young lady dying of asthma, so it really brought it home that it's important to take asthma very seriously."

On the burden of asthma on the Irish healthcare system, Dr Nolan cited a recent study that found the condition accounts for 5,000 hospital admissions per year, 20,000 ED presentations and between 50,000 and 70,000 out-of-hours GP visits. Financially, he said asthma management in secondary care costs the state more than €472 million per year.

"A lot of that is secondary costs – missing work, kids missing school etc. This can also have a serious effect on their education. There's something we're not doing right in this country and probably worldwide when it comes to asthma," he said.

On self-management, Dr Nolan said recent international guidelines recommend a patient empowerment approach whereby practitioners arm those with asthma with the knowledge, tools and confidence to manage their own asthma effectively. This, he said, saves lives, reduces exacerbations and obviates the need for visits to the ED or the out-of-hours GP by "nipping attacks in the bud".

"The days of the doctor waving the finger at you and telling you what to do are gone. That's been shown not to work particularly well. What self-management does is it hands the power back to the patient," said Dr Nolan.

"If they've bought into asthma, what it is and how they manage it, they become better patients and have a better understanding of it and better control of it."

Key to asthma self-management, according to Dr Nolan, is having an asthma action plan – a document filled in by the patient with the help of their GP or asthma nurse that contains all the information they need to keep their condition in check. Yet studies have shown that just 5-20% of patients have one, according to Dr Nolan, who said only 4% of asthma patients at his Tramore practice possess a self-management plan. Time is a major factor in this, said Dr Nolan, with GPs and practice nurses already very busy managing a number of other chronic diseases.

A device Dr Nolan recommends every asthma patient have in their armoury is a peak flow meter, which he said will warn a patient before the onset of symptoms.

"They're a useful way of self-managing asthma. The patient blows into the device in the morning and evening time to see how open their lungs are. What we find is many patients drop their peak flow before they start feeling wheezy. This gives us an opportunity to get in and do something and nip the attack in the bud."

– Max Ryan

Mental health podcast launches

Honest conversation about members' mental health with Norah Casey

THIS month sees the launch of the *Let's Talk About It* podcast – a real and honest conversation about the mental health of INMO members – hosted by former nurse, publisher and TV personality Norah Casey. Norah's mission? To get nurses and midwives talking about mental health.

In the Let's Talk About It research project, we learned of the key occupational, social and Covid-19 related stressors and the consequences these can have on the physical and mental health of nurses and midwives.

- Some 91% of respondents, in the 'INMO Covid-19 Mental Health Survey', confirmed they experienced mental exhaustion while off duty, and 61% considered leaving their healthcare profession[1]
- Nearly half of respondents, in the 'Shape the Initiative Survey', indicated that they didn't know where to access free mental health support for nurses and midwives.[2]

Using insights from the Let's Talk About It research project, the series will cover everything from 'The situation' – impacts from Covid-19 and 'Not for me' – myths and stigma around seeking support, to 'Is it okay to just get on with it? – self-compassion.

Guests

With guests including members of the INMO community, INMO president Karen McGowan, Nicole Forster director of Text About It and the HSE EAP national lead Morgan Lucey, the podcast will take a deep dive into the barriers experienced by nurses and midwives in seeking mental health support.

The *Let's Talk About It* podcast, hosted by Norah Casey, is set to explore the stigma associated with mental health, break barriers around seeking support and create an understanding of nurses' and midwives' experiences.

You'll hear truths, the highs and lows of the profession and get practical advice along the way.

Let's Talk About It podcast launches on June 23. To listen go to: **https://www.cornmarket.ie/lets-talk-about-it/podcast/**

Lets Talk About It, a mental health collective for INMO members is brought to you by Cornmarket and the INMO.

References

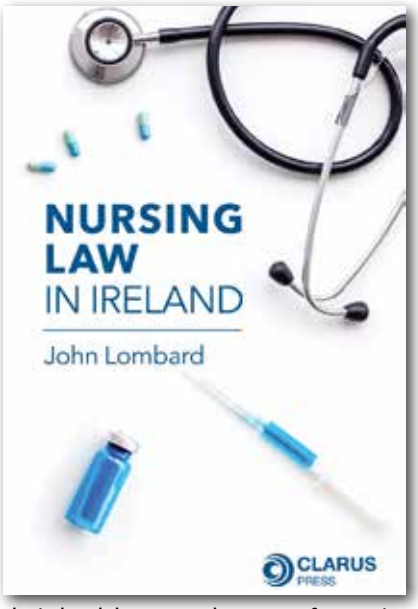
1.Source: Cornmarket, April 2021, Let's Talk About It Research Project, based on responses from 2,642 nurses and midwives from the INMO Covid-19 Mental Health Survey, October 2020
2. Source: Cornmarket's Shape the Initiative Survey, March 2021, based on 1,134 responses from INMO Income Protection Scheme Members

Handbook to nursing law

THE nursing and midwifery landscape has changed considerably over the past 30 years. Developments in education, professional autonomy, increased competencies and a broader scope of practice have advanced the profession. However, with these changes has come the need to be informed and aware of the legal framework that shapes medical treatment and care.

Nursing Law in Ireland by John Lombard, lecturer in law at the University of Limerick, sets out the key legal concepts that a nurse or midwife will encounter in practice and also addresses many of the challenging legal issues that can arise. The book should be helpful in equipping the nurse/midwife with a robust knowledge of fundamental legal principles and ethical issues which can be used across the profession.

Divided into 10 chapters, it starts with a general introduction to the legal system, the sources of law and the structure of the Irish court system. It then explains the evolution of NMBI and key 2011 legislation, the Nurses and Midwives Act. Negligent practice is the subject of another section, which also deals with the importance of involving the patient in decisions about



their healthcare and respect for patient autonomy.

The advent of nurse and midwife prescribing is a relatively recent development in Ireland. A chapter devoted to this area explores the clinical decision-making process, prescription practices and limitations, and the management of errors or incidents.

The legal aspects of pregnancy – a broad and controversial topic – is addressed. Among other areas, this examines the duty of care, record-keeping and the general principles of autonomy.

A section deals with the regulation of midwifery, the birth environment, home birth services and the legal status of a birth plan. The legal framework for abortion and the issue of treatment refusal during pregnancy are discussed. Another evolving and topical area explored is the issue of end-of-life treatment. This includes topics like palliative care, euthanasia and assisted suicide, DNRs, the definition of death, the role of the coroner and the drafting of wills.

The final chapter looks at clinical research ethics. With an increased focus on research, nurses and midwives are involved with designing and leading research projects as part of continuing education and the delivery of care.

Nursing Law in Ireland is an accessible textbook useful for all nurses and midwives seeking a deeper understanding of the legal environment in which they practise.

– Geraldine Meagan

Nursing law in Ireland. Published by Clarius Press. ISBN: 978-1-911611-34-9

CROSSWORD Competition

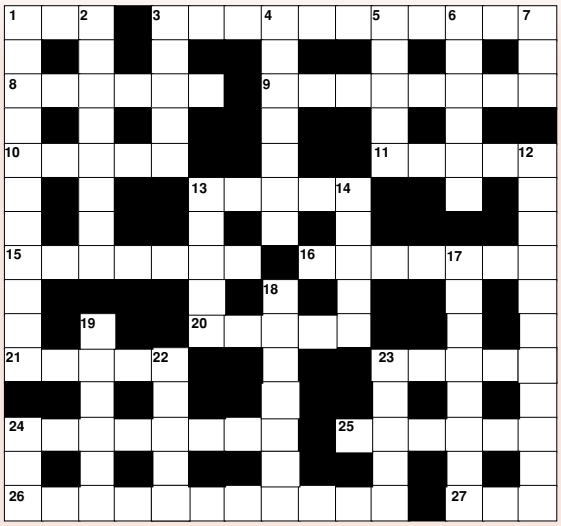
WIN a €50 gift voucher

Across

1 Chart (3)
3 In a carefree way, distribute full ivory so (11)
8 Citizen of an ancient city that was besieged for ten years (6)
9 Tree also known as golden chain (8)
10 Emotional turmoil in the heart of a gangster (5)
11 A Celt can provide Gallic brilliance (5)
13 Man-made waterway (5)
15 Might the nomad be upset to stomach this? (7)
16 Two-wheeler (7)
20 Take-away sign (5)
21 Communication via the internet (1-4)
23 Batman's enemy is quite a card! (5)
24 Decapitated (8)
25 Made new coins with Herb, Edward? (6)
26 Labour's to reign as one does the minimum at one's job as a protest (5,2,4)
27 Unitary number (3)

Down

1 This part of the heart is some kind of vital marvel! (6,5)
2 Prepared a field for planting (8)
3 Banquet (5)
4 This might erupt, destroying the cool van (7)
5 Part of a plant that develops into a seed after fertilisation (5)
6 & 13d Dairy product for the unmarried elite? (6,5)
7 Sweet potato (3)
12 The most recognisable structure spanning the Thames (5,6)
13 See 6 down
14 Fifty melodies identify dens (5)
17 Is this bird identified by Rooster A as well? (8)
18 Aggressive interloper (7)
19 Male parent (6)
22 Takes the front (5)
23 Liquid from a fruit (5)
24 Archer's weapon (3)



May crossword solution

Across: 1 Bob 3 Kitchen sink 8 Daniel 9 Mastodon 10 April 11 Links 13 Stoat 15 Untamed 16 Dolphin 20 Libel 21 Eject 23 Defoe 24 Decipher 25 Sliver 26 Medicine man 27 Rue

Down: 1 Bad language 2 Bankrupt 3 Kneel 4 Camelot 5 Natal 6 Iodine 7 Kin 12 Saint George 13 Smell 14 Troll 17 Hay fever 18 Observe 19 Fenced 22 Topic 23 Dylan 24 Dim

The winner of the May crossword is: Mary McAnaw Donegal Town

You can now email your entry to us at nursing@medmedia.ie by taking a photo of the completed crossword with your details included.
Closing date: Tuesday, June 22, 2021
If preferred you can post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin, A96E096

Name:
Address:

Extra funding sees appointment of 24 additional lactation consultants

EVERY maternity unit in Ireland will soon have its own lactation consultant after it was announced that an additional €1.58 million is to be provided to the HSE to fund the appointment of a further 24 such posts.

In announcing the extra funding, Minister for Health Stephen Donnelly said: "This year, Healthy Ireland and Sláintecare are making a significant investment towards implementing the National Breastfeeding Action Plan. We all know how important it is that our children get the best possible start in life and this is something all government partners have prioritised in the programme for government.

"Ireland has a culture of bottle feeding and in order to improve child and maternal health, as well as reducing childhood obesity, we need to improve our breastfeeding rates. This funding will provide for lactation consultants across hospital and community settings to ensure timely skilled assistance for mothers who wish to breastfeed. It will also support enhanced training, skills and knowledge to frontline staff."

Ireland would need 64 lactation consultants to achieve the optimal ratio of lactation consultants to births, according to the Department of Health. Currently the HSE has 30.5 in place with 9.5 in recruitment, meaning the 24 additional posts will bring the total number in line with the targets set out in the National Breastfeeding Action Plan.

An evidence brief was published by the Health Research Board in 2017 to provide an evidence base for best practice recommendations on breastfeeding in Ireland and found that, of the three countries reviewed, the New Zealand model should be followed for the HSE National Breastfeeding Action Plan estimates for lactation consultants. In New Zealand, the ratio of lactation consultants to births is 0.27/1,000 community births and 0.77/1,000 hospital births. This is equivalent to a total of 64 lactation consultants based on the number of Irish births.

Minister Donnelly added: "This announcement also supports the delivery of the National Maternity Strategy, which represents a significant development in the delivery of maternity care, setting out high-quality, integrated, team-based services that are safe, woman centred and that increase the choice of experiences to women across the country."

New ICN chief nurse appointed

THE International Council of Nurses (ICN) has announced the appointment of Dr Michelle Acorn as its chief nurse.

Dr Acorn comes to the ICN from Ontario, Canada, where she held the position of provincial chief nursing officer, ministries of health and long-term care since 2018. She holds a doctorate in nursing practice and is certified as both a primary care and adult nurse practitioner.

As ICN's chief nurse, Dr Acorn will be responsible for the development of the ICN's nursing and health policy work and the strategic development and delivery of ICN programmes and projects.

"We are delighted to welcome Michelle to the team. She brings a great depth of knowledge and experience in providing strategic nursing expertise at the national level and we look forward to working with her to advance the ICN's work in nursing policy," said Howard Catton, ICN chief executive.

Dr Acorn said: "I am privileged to join the reputable and impactful ICN. This timely opportunity to lead the advancement and support for the nursing profession worldwide is paramount. Integrating nursing expertise, leadership and decision-making that aligns with our global health priorities is essential."

Development of mother and baby unit to support perinatal mental health

THE National Programme for Specialist Perinatal Mental Health Services marked World Maternal Mental Health Awareness Day by emphasising the importance of developing a mother and baby unit (MBU) in Ireland.

An MBU is a specialist inpatient unit for women who have severe mental health problems, where the mother and baby can be admitted together. Specialist staff nurture and support the mother-infant relationship on the unit at the same time as the mother has treatment for her mental illness.

The programme is currently working towards developing Ireland's first MBU, which is to be located in Dublin. The business plan for the MBU has been formed but funding has yet to be secured.

The development of an MBU is in line with recommendations made in the Specialist Perinatal Mental Health Model of Care for Ireland and the National Maternity Strategy.

The service is for pregnant women with mental health problems, women with a baby up to one year old who may have an existing or new mental health problem, and women with severe mental health problems who are planning a pregnancy.

In the three years following the launch of the national model of care, a specialist perinatal mental health team led by a perinatal psychiatrist is available in all six hub sites. Other multidisciplinary team members include psychologists, mental health social workers, and perinatal mental health midwives.

There are now 54 of the 67 funded posts in place in hub sites and 12 of 13 perinatal mental health midwives in posts in spoke sites. This year funding was made available to the programme to continue the full recruitment of staff in all sites.

Prof Anthony McCarthy, perinatal psychiatrist, National Maternity Hospital, said: "To have to separate a mother from her baby at such a key time for both is so difficult and potentially damaging to the long-term mental wellbeing of both. And because sometimes we have to admit women involuntarily, the forced separation is then very concerning."

Dr Catherine Hinds, perinatal psychiatrist, Coombe Hospital, said: "MBUs support the mother-infant relationship as well as stabilise maternal mental health. Crucially, they mean mothers and infants do not have to be separated when the mother becomes unwell."

'Nurses must be architects of future healthcare systems' – ICN report

A NEW report from the International Council of Nurses (ICN) has called for nurses to be the "architects and designers" of future healthcare systems.

Nurses: A Voice to Lead – A Vision for Future Healthcare, which was launched on International Nurses Day on May 12, aims to demonstrate the roles nurses play in successful healthcare services and argues for greater involvement of nurse leaders in all healthcare organisations and at all levels, including government.

The findings of the report call for:

- Nurses to be the designers of healthcare systems
- Health to be included in every government policy and senior nurses to provide leadership in all organisations within health systems and government departments
- Governments to embrace the new global strategy for nursing
- Governments to adopt long-term workforce plans and become self-sufficient in the supply of registered nurses, with transparent data to show their progress towards this goal
- The narrative that describes investment in nursing jobs, education and leadership as a government cost to be changed to acknowledge that such expenditure is an investment in every citizen's health, safety, security and peace.

The report says that nursing has been at the heart of the Covid-19 response and that nurses have witnessed weaknesses that must be addressed for the design of future healthcare systems.

ICN president Annette Kennedy said: "This year we celebrate International Nurses Day and pay tribute to the world's 27 million nurses who have shown exceptional courage, compassion, competence and leadership skills in the face of the pandemic. They have saved many lives but sadly thousands have sacrificed theirs. We remember them today and always.

"ICN research suggests that 80% of nurses are suffering mental health issues, burnout, depression and PTSD, and that 13 million nurses will be needed to fill the global nursing shortages in the next few years.

"It is essential that governments act now to mitigate the risks of increased turnover and improve nurse retention. Investment, improved pay and conditions, and retention strategies are non-negotiable if we are to save our global health systems."

All of the meetings and conferences listed below will take place online

June

Thursday 10
ED Section webinar. 11am via Zoom

Saturday 12
PHN Section webinar. 11am via Zoom

Tuesday 15
Radiology Nurses Section webinar. 7.30 via Zoom

Wednesday 16
CPC Section meeting. 11am via Zoom

Friday 18
ODN Section webinar. 11am via Zoom

Wednesday 23
RNID Section meeting. 11am

Friday 25
Pride webinar. 11am-2pm

Tuesday 29
Care of the Older Person Section meeting. 2pm via Zoom

July

Monday 26
National Children's Nurses Section meeting. 11am via Zoom

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

Condolences

- The Waterford branch would like to offer sincere condolences to the family, friends and colleagues of Josephine Kiely, who passed away on April 11. Josephine was an active member of the INMO in Waterford for many years. We extend our deepest sympathies to her husband Martin. While she retired some time ago she is fondly remembered by all who worked with her
- The INMO Limerick Branch extends its deepest sympathy to Eileen Williams, Marie O'Brien and Triona Neenan, UHL, Noelle Cregan, St John's Hospital and Angela O'Farrell, UMHL, following the recent passing of their mother, Maureen O'Keeffe. May she rest in peace

INMO Professional Library Opening Hours

June

The library is closed to visitors. Please contact us by phone or email if you require assistance

For further information on the library, please contact

Tel: 01 6640 625/614
Fax: 01 01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2021

A Registered nurse/midwife *(including part-time/temporary nurses/midwives in prolonged employment)*	€299
B Short-time/Relief *This fee applies only to nurses/midwives who provide very short term relief duties (ie. holiday or sick duty relief)*	€228
C Private nursing homes	€228
D Affiliate members *Working (employed in universities & IT institutes)*	€116
E Associate members *Not working*	€75
F Retired associate members	€25
G Student nurse members	No Fee

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Cumann Altraí agus Ban Cabhrach na hÉireann
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St. John's Hospital
John's Square, Limerick V94 H272
Tel: (061) 462254 Fax: (061) 415231
Email: hr@stjohnshospital.ie

St. John's Hospital is a Voluntary, Model 2S acute general hospital and a member of the University of Limerick Hospitals Group. The hospital provides a range of services including general medicine and surgery and an Urgent Care Centre. Applications are invited from suitably qualified candidates for the following post(s):

Assistant Director of Nursing (General)
Permanent Whole-time and Pensionable

Staff Nurse(s) (General)
Permanent Whole-time and Pensionable

Application form and full particulars are available at:
www.stjohnshospital.ie/management-and-admistration/recruitment

Closing date for receipt of completed applications:
12pm, Friday 2nd July 2021

Applicants will be shortlisted on the basis of information supplied in their application. It is the responsibility of the applicant to ensure their application is received before the closing date and time.

Irish Cancer Society Nurses

The Irish Cancer Society are seeking registered nurses who can provide a minimum of two nights per week and have some palliative experience. Training will be provided.

- Job description on **www.cancer.ie**
- Email CV to **recruitment@irishcancer.ie**
- Informal enquiries to 01-231 0524 or **mferns@irishcancer.ie**

Irish Cancer Society

Aesthetic RGN Required

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Training and continued professional development will be provided. The ideal candidate must have a passion for skin health and be willing to work in a team environment.

Please send CV to **beautytoaesthetics@gmail.com**

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

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Wednesday 25th – Thursday 26th August 2021
9.30am – 4.30pm

€500 (Including VAT)
12 Continuing Education Units (CEUs)

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Tuesday 2nd – Wednesday 3rd November 2021
9.30am – 4.30pm

€500 (Including VAT)
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