

WIN



Journal of the
Irish Nurses and
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August trolley figures up 40%

THE INMO trolley/ward watch monthly comparative survey found that 6,518 admitted patients were left on trolleys in Irish hospitals in August, representing a 40% increase on August 2014. This 40% year-on-year increase continues the very disturbing trend in 2015, which has seen overcrowding increase every month compared to the same month last year.

The INMO has repeated its demand for an immediate meeting of the High Level Implementation Group to agree further measures to alleviate this crisis. "This is the 14th month in a row when, year on year, the level of overcrowding has deepened with patient care compromised, on a daily basis, as a result," said INMO general secretary Liam Doran.

2015 worst year on record for ED overcrowding

A STARTLING total of 63,856 patients admitted to hospitals found themselves on trolleys in our acute hospitals in the period January to August this year, according to the INMO trolley/ward watch (see *Table opposite*).

This figure, which represents a 29% increase on the same period in 2014, is the worst on record since the INMO started compiling figures in 2004.

The figures also confirm that on a month by month basis, the situation has deteriorated significantly over the past 12 months, with monthly trolley figures showing a consistent increase.

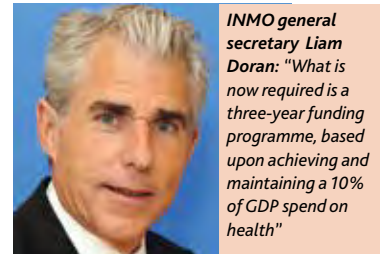
Further analysis of the figures shows that 23,591 admitted patients were left on trolleys in the hospitals in the greater Dublin area and more

than 40,000 were on trolleys in EDs elsewhere in the country.

The figures also confirm that the level of increase has been much greater over the past 10 years outside of Dublin, at almost 100% compared to in the greater Dublin area, where the increase was over 20%.

INMO general secretary Liam Doran said: "The figures for the first eight months of 2015 are startling and cannot be ignored by the HSE, the Minister for Health or the government.

"It is not fair, reasonable or accurate for anyone to say that the additional monies that have been allocated, over the past six months, prove that the health service will absorb money but not deliver improvements. The reality is



INMO general secretary Liam Doran: "What is now required is a three-year funding programme, based upon achieving and maintaining a 10% of GDP spend on health"

our health service is grossly underfunded and €70 or €80 million, however welcome, is wholly inadequate and insufficient to address this crisis.

"These figures confirm, if confirmation were needed, that what is now required is a three-year funding programme, based upon achieving and maintaining a 10% of GDP spend on health, which will, over that medium term, make our health service fit for purpose. Nothing else will suffice and nothing else should be acceptable".

Executive Council calls national meeting of ED reps

THE INMO Executive Council has called a meeting of representatives from the country's 29 emergency departments to discuss all issues arising from the overcrowding crisis, which is continuing unabated. This national meeting will take place on Monday, October 5.

The INMO has invited Minister for Health Leo Varadkar to attend this meeting and, at the time of going to press, it was expected that he would accept this invitation and engage with the representatives from the frontline to hear the reality of the current situation.

The meeting has been called to discuss all issues arising from the deepening crisis and specifically:

- An assessment of whether the measures announced, in mid-September, including the

300 additional beds, will be sufficient to alleviate the current situation

- The failure of management, both locally and nationally, to address the staffing crisis and, despite commitments, to deliver additional nursing staff in ED and other departments over the past number of months
- The overuse of the Full Capacity Protocol which has seen, in a number of hospitals, additional patients placed on inpatient wards on a daily basis, without any hospital-wide response
- To assess the increasing evidence that hospital overcrowding is proving detrimental to the health and wellbeing of nursing staff with increasing levels of burnout

- To determine, in light of the evaluation of all of the foregoing, what actions the Organisation will take, at individual hospital level, to protect both patients and the health and wellbeing of staff as we enter the winter period.

The Executive Council will meet on October 6 – the day after the national meeting – to receive feedback from the meeting and to give formal sanction to whatever actions/initiatives are recommended by ED representatives.

INMO general secretary Liam Doran said: "Despite all of the commitments over the past number of months and years, the recent summer, as confirmed by the INMO's trolley/ward watch figures, has been the worst on record for overcrowding in the country's

EDs and hospital wards.

"Despite many local agreements, hospital managements are failing to ensure adequate staffing levels exist to deal with the very sick patients presenting, resulting in both the compromising of care and, increasingly, negative impact on the health and wellbeing of our members as they struggle to cope and manage excessive workloads.

"As we face the critical winter season, this meeting will determine what actions are necessary, in the interests of both our patients and our members, to protect them in the face of the abject failure of the HSE to provide adequate beds, staffing and the required capacity to deal with the demand presenting on a daily basis".

Table 1. INMO trolley and ward watch analysis January-August 2006-2015

Hospital	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Beaumont Hospital	2,826	4,036	5,586	5,654	5,686	4,797	4,767	4,528	3,899	5,610
Connolly Hospital, Blanchardstown	1,588	1,872	1,789	1,886	1,996	3,048	2,792	3,870	3,216	3,713
Mater Misericordiae University Hospital	2,952	3,416	3,844	3,300	3,873	2,500	3,046	2,051	2,060	3,293
Naas General Hospital	2,500	915	1,291	2,704	1,995	3,528	1,394	1,331	1,728	2,514
St Colmcille's Hospital	1,108	528	384	1,777	1,459	1,384	1,604	1,007		0
St James's Hospital	1,810	709	1,487	1,775	897	1,141	965	1,348	1,111	2,031
St Vincent's University Hospital	2,897	3,856	3,689	3,573	4,117	4,291	3,272	2,478	1,405	3,331
Tallaght Hospital	4,129	2,581	3,768	4,433	4,458	4,152	1,501	2,708	2,504	3,099
Eastern	19,810	17,913	21,838	25,102	24,481	24,841	19,341	1,9321	15,923	23,591
Bantry General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	79	212
Cavan General Hospital	2,239	2,042	1,642	1,030	1,875	3,381	2,001	1,449	374	446
Cork University Hospital	3,071	2,415	2,950	2,873	4,571	4,730	3,232	2,868	2,321	2,918
Kerry General Hospital	855	359	592	200	423	504	399	530	595	955
Letterkenny General Hospital	2,054	1,164	275	266	330	401	363	584	2,133	2,152
Louth County Hospital	137	83	140	109	25	n/a	n/a	n/a	n/a	0
Mayo General Hospital	1,410	1,026	880	881	1,304	502	1,043	946	1,304	1,354
Mercy University Hospital, Cork	1,134	984	1,019	937	1,119	1,307	1,140	1,688	1,337	1,647
Mid Western Regional Hospital, Ennis	575	869	197	329	255	385	144	333	0	78
Midland Regional Hospital, Mullingar	104	76	107	225	1,372	2,000	1,715	2,193	2,702	2,935
Midland Regional Hospital, Portlaoise	322	179	329	218	191	932	481	523	1,164	1,349
Midland Regional Hospital, Tullamore	54	30	20	71	353	1,216	944	954	2,331	1,653
Monaghan General Hospital	72	247	213	119	n/a	n/a	n/a	n/a	n/a	0
Neenagh General Hospital	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	48
Our Lady of Lourdes Hospital, Drogheda	2,231	2,018	1,652	2,654	2,102	4,713	4,698	2,424	3,834	5,480
Our Lady's Hospital, Navan	260	583	519	740	397	1,016	496	707	827	679
Portiuncula Hospital	306	218	288	261	738	558	545	690	489	875
Roscommon County Hospital	340	404	495	547	674	719	n/a	n/a	n/a	0
Sligo Regional Hospital	607	495	484	532	1,217	998	1,346	798	1,260	1,735
South Tipperary General Hospital	516	384	771	329	610	334	1,412	1,819	1,490	1,394
St Luke's Hospital, Kilkenny	n/a	n/a	n/a	n/a	13	626	438	1,115	1,433	2,246
University Hospital Galway	1,190	1,491	2,169	2,205	2,762	3,930	3,086	2,523	3,404	4,549
University Hospital Limerick	1,173	729	974	1,506	2,193	2,215	2,365	4,116	3,952	4,746
University Hospital Waterford	n/a	n/a	290	421	767	838	980	1,401	1,618	1,578
Wexford General Hospital	2,245	627	1,167	1,262	1,461	2,560	623	1,154	594	1,236
Country total	20,895	16,423	17,173	17,715	24,752	33,865	27,451	28,815	33,241	40,265
NATIONAL TOTAL	40,705	34,336	39,011	42,817	49,233	58,706	46,792	48,136	49,164	63,856

Comparison with total figure only:

Increase between 2014 and 2015: 29%
 Increase between 2013 and 2015: 33%
 Increase between 2012 and 2015: 37%

Increase between 2011 and 2015: 9%
 Increase between 2010 and 2015: 30%
 Increase between 2009 and 2015: 49%

Increase between 2008 and 2015: 64%
 Increase between 2007 and 2015: 86%
 Increase between 2006 and 2015: 57%

New sub-committee set up to review format of ADC

THE Executive Council has established a sub-committee to review the current format of the Organisation's annual delegate conference and, through the Executive Council, to report back to ADC 2016, on any changes proposed.

This follows the adoption of a motion proposed by the Cork HSE Branch at ADC 2015, which called for a review of ADC in terms of cost, effectiveness, time management and efficiency, to ensure the Organisation's needs are met.

The sub-committee was due to meet, as we went to

Members of new sub-committee

Officers of Council

- Claire Mahon, president;
- Geraldine Talty, first vice-president
- David O'Brien, second vice-president

Three ordinary members of Council

- Helen Butler
- James Geoghegan
- Martina Harkin-Kelly

Together with:

- Kay Craughwell, past-president
- Breda McHugh, current chairperson of the Standing Orders Committee

press, to examine this broad issue and to bring forward a position paper, for initial consideration by the Executive Council and, thereafter, by the ADC, as to how to ensure maximum efficiency from conference, thus giving direction to the Organisation in all its activities.

Any paper, following consideration by the Executive Council, will be put out to branches/sections early in 2016 to allow for consideration of what is being proposed before going to conference.

Speaking on this important issue, INMO general secre-

tary Liam Doran said: "The current format of conference has remained unchanged for a number of years. In that regard the motion adopted this year is very timely and will allow us to examine what changes are necessary to further improve on the current format.

"Everyone is agreed, at a time of financial constraints, to ensure that while maintaining the strongest, inclusive and democratic forum within the Organisation, that this is done in a manner which ensures its relevance, efficiency and effectiveness".

New pay deal in force immediately

ICTU votes to accept Lansdowne Road Agreement

THE Public Services Committee of the ICTU voted overwhelmingly to accept the Lansdowne Road Agreement at a meeting on Wednesday, September 16.

Following the recent national ballot of INMO members, which resulted in a 71% to 29% vote in favour, the INMO delegates at this meeting voted to accept the agreement which comes into force immediately.

In the context of this now being agreed across the public sector, the main points of the agreement are set out here.

Pay

The proposals involve the first step in restoring the pay of public servants as follows:

2016:

- From January 1, 2016, there will be an increase in the take home pay of all public servants (including nurses and midwives) by exempting salaries from the pension levy on the first €24,750 of income
- Also from January 1, 2016 annualised salaries up to €24,000 will increase by 2.5% and salaries between €24,000 and €31,000 will increase by 1%
- From September 1, 2016 there will be a further increase in the take home pay by removal of the pension

levy from the first €28,750 of salary

- The combined effect of these means that the average full-time public servant (including nurses/midwives) will have an increase in income of €1,000.

2017:

- From September 1, 2017 all annualised salaries up to €65,000 will increase by €1,000.

Issues within the agreement specific to nurses/midwives

• NMBI annual retention fee

The agreement now provides for a freezing of the Nursing and Midwifery Board of Ireland retention fee at the current level of €100 for the lifetime of the agreement, ie. 2015 to 2018.

• Working hours

The agreement does not provide for any reduction in the current working week of nurses and midwives, or any other grade of public servant.

However, specifically with regard to nurses and midwives, the proposed agreement provides for an exercise which will measure all time actually worked, when attending for work, by nurses and midwives.

The INMO will now initiate discussions immediately with HSE management in order to agree where this measurement exercise will take place and

it must be concluded by June 30, 2016. The outcome of this examination will inform how the Organisation will:

- Ensure members are paid for all time actually worked including meal breaks lost due to work pressures etc.
- Prepare for a campaign leading to the reduction in the working week of nurses and midwives to 37 hours, in line with all other health service professional grades.

• Time-and-one-sixth premium and transfer of four tasks

The agreement provides for an intensive engagement, with employers, in an independently chaired process.

This will now move to finalise all matters that will arise, including the restoration of the time-and-one-sixth premium and the additional staffing resource necessary arising from any agreement to transfer the specified four tasks, such as phlebotomy and first dose antibiotics.

• Graduate/undergraduate issues

The agreement provides for direct engagement on the INMO claim for improved incremental credit and increased payments for fourth-year undergraduate students, with this process having to be completed within three months. The INMO will now immediately demand this is progressed.

• Nurse/midwife management structures

The new agreement also provides for a two month engagement on nurse/midwife management structures.

In recent weeks the INMO has completed an adjudication process in relation to an interim payment for the post of group director of nursing/midwifery, which led

to an interim award being made to these post-holders.

• Outsourcing

The agreement also provides a revised framework, with regard to outsourcing, which excludes the totality of labour costs – this will provide greater protection to the continued delivery of services through direct provision.

Multifaceted agreement

The above is a very brief outline of some of the key aspects of a multifaceted agreement, which will now be in place until September 2018.

In tandem with accepting the agreement, the ICTU Public Services Committee has also agreed that some research will now be done on the future mechanism for determining public service pay in this country. Members will be kept advised of this work in the coming months.

Speaking following the ICTU's acceptance of the agreement, INMO general secretary Liam Doran said: "As we said when we announced the result of our own ballot, members have told us, repeatedly, that although accepting the terms of the agreement, they viewed the measures regarding pay restoration as being very small and the absolute minimum that was required.

"The government now has certainty with regard to pay, which, it has argued, is critical for budgetary planning and economic growth. The same government must, therefore, acknowledge this commitment of nurses and midwives by actively recruiting, with very attractive incentives, the 4,000 nurses now required to restore staffing levels back to acceptable levels. This will be our absolute priority in the coming months".



Although accepting the terms of the Lansdowne Road Agreement, INMO members view the measures regarding pay restoration as being the absolute minimum that is required



Dáil protest against cuts to ID services

RNID members from Lettorkenny to Cork and many counties in between joined INMO officials outside the Dáil on September 22 to protest against the widespread cuts in services in the intellectual disability sector in recent years.

This protest was part of the INMO 'Campaign for Excellence' in ID services, which has been organised by the Registered Nurse in Intellectual

Disability (RNID) Section. Full details of the campaign are outlined overleaf (*page 10*).

This campaign was commenced against the backdrop of the overall budget for disability services being reduced by 9.4% since 2008. This reduction in funding has led to a reduction in staffing by up to 15% with a significant reduction in the number of RNIDs – the specialist professional

for Intellectual Disability – employed in the sector.

The Dáil protest gave staff from frontline services across the country the opportunity to make their voices heard and also to engage with a number of TDs/senators and members of the public who joined them. They outlined how these cuts are negatively impacting on the lives of the weakest in society, and must be stopped and

adequate funding restored.

The Campaign for Excellence will now continue with a meeting with Minister Kathleen Lynch who holds responsibility for disability services, further engagement at local level with TDs/senators and with service providers, services users and their families.

If necessary, the campaign will also include further protests at workplace level.

Irish Nurses and Midwives Organisation
Working Together

Recruit a Friend

And We Will Give You
a **€20 One4all**
Gift Card*

Please recruit your friend/colleague and ask them to complete an INMO new member Application Form (*please contact any INMO office for a supply of Application Forms*). Insert **your** name and INMO membership number on the 'Recruited By' portion of the application form at the end of Section 1.

*For every new member or re-joining member recruited, you receive a €20 One4all Gift Card.



Launching the campaign for excellence:
 (l-r): Liam Doran, INMO general secretary; Ailish Byrne, chairperson, RNID Section; Claire Mahon, INMO president; Patricia McCartney, secretary, RNID Section; and Ann Marie O'Reilly, education officer, RNID Section

INMO launches major Campaign for Excellence in ID services

THE INMO has commenced a 'Campaign for Excellence' in intellectual disability services to highlight the negative impact that the severe and damaging cuts to services over the past five years have had on the lives of those with an intellectual disability (ID).

Through the work of the INMO Registered Nurse in Intellectual Disability (RNID) Section, the Organisation has set out to reaffirm the central role of the RNID in the provision of all services to clients in this area.

As part of the campaign members also staged a protest outside the Dáil on September 22 to highlight the severe and damaging cuts that have been imposed on ID services in recent years.

The INMO has also launched a policy document detailing the specialist role of the RNID. The document, *RNID – The specialist in intellectual disability* – summarises the central and essential role that the RNID plays in all stages of the life of a person with an intellectual disability. The document is available on www.inmo.ie

The objectives of the INMO's Campaign for Excellence are:

- To highlight the implications, for service users, arising from the cuts in recent years
- To ensure that the number, qualifications and skill mix of staff is appropriate to meet the needs of service users ensuring their integration into the community
- To ensure the individual is supported, on a personal basis, by the appropriate specialist professionals to achieve their full potential. The RNID is central to this objective
- To ensure proper living and recreational accommodation is put in place by providers with the location, design and layout suitable for its stated purpose meeting residents' individual and collective needs
- Provision of effective frontline leadership and governance, led by the RNID, to ensure that best practice is implemented in a consistent, cohesive and effective way to guarantee the provision of quality care to residents
- To ensure that the person in charge (PIC), required under HIQA standards, is an RNID and has the authority necessary to implement the standards and practices required.

This campaign is commencing in the context of HIQA reports, issued in the past year, stating that the HSE and ID service providers are failing to meet HIQA standards to the detriment of the people in their care.

There have been consistent reports of:

- Insufficient staffing and skill mix that prevented residents from participating in educational, social and recreational activities in accordance with their rights, interests, capacities and development need
- Poor safeguarding practices, inadequate response to allegations, disclosures or suspected abuse and a lack of support in clinical decision making
- Ineffective leadership, governance and management arrangements leading to persistent, repeated and continual failings
- Management systems not ensuring that residents received continuity of care and support
- Living facilities not meeting the needs of the residents due to lack of space and appropriate equipment, aids and appliances.

The INMO will also be

commencing a communications campaign, starting immediately, with all TDs and senators, highlighting the negative impact of the cuts and the need to restore the RNID to a central role in the delivery of all services.

As part of this campaign the Organisation will also meet with Minister Kathleen Lynch, who holds responsibility for disability services, to outline the current state of services on the frontline. As well as presenting the Minister with the RNID policy document, the INMO will be seeking more active intervention from the Department at policy level to support the greater role of the RNID.

As well as the protest outside the Dáil, the INMO has staged local protests at some services, including at St Mary's, Drumcar, Co Louth. Further protests will also form part of this campaign to restore quality and excellence to all ID services.

INMO General Secretary, Liam Doran said: "The INMO, through its Campaign for Excellence, wishes to shine a light on the situation that currently exists within intellectual disability services and to evoke

a public debate on this human rights issue. It appears some providers, with multiple layers of management, are more interested in fiscal or financial targets than the provision of quality. These same providers are also seeking to de-professionalise the provision of services and are attempting to dilute the vital role of the RNID."

Ailish Byrne, chairperson of the INMO RNID Section, said: "The RNID is a graduate of a specialised and unique honours degree programme and is the specialist in intellectual disability. Research has shown that diluting the role of the RNID will adversely impact on the quality of care for people with ID. The RNID is equipped with the competencies to provide a quality service to individuals with ID in all settings and this must be fully utilised as we rebuild services across the country".

Cuts to intellectual disability services – the facts

- The overall budget for disability services has been reduced by €159.4 million or 9.4% since 2008
 - Staffing has been reduced across the sector by up to 15% with a significant reduction in the number of registered specialist (RNID) nursing staff employed
 - The Respite Care Grant was cut by more than €300 in 2013 (19%)
 - The Housing Adaptation Grant Scheme was cut by 56% between 2010 and 2014
 - In April 2015, 21,821 people remained on waiting lists for speech and language assessments and interventions* – 5,200 children with a disability will require speech and language therapy for the first time between 2014 and 2018
 - More than 15,300 people are awaiting assessment by an occupational therapist, with 2,409 children waiting for over a year*
 - 28,749 people were waiting for a physiotherapy assessment in April 2015*
 - There is a growing waiting list for personal assistant services (207) and home help services (296)*
- * It is not known how many of the people, on these waiting lists, have an intellectual disability in addition to these other disabilities*
- Living with a disability in Ireland can have extra costs ranging from €207 to €276 per week
 - Disability Allowance, Blind Pension, Invalidity Pension and the Carer's Allowance were cut by an average of 4.1%
 - Over 3,000 people with disabilities remain accommodated in large congregated settings with roughly only 100 per year moving to live in the community
 - Supplementary Welfare Allowance was cut by 5.1% in 2011

Based on information from: Disability Federation of Ireland pre-Budget 2016 submission, A Manifesto for Community Inclusion – Inclusion Ireland, CIL & Down Syndrome Ireland; and Inclusion Ireland & Down Syndrome Ireland pre-Budget submission 2015

New policy document sets out central role of RNID in care of people with an intellectual disability

AS PART of its Campaign for Excellence in intellectual disability services, the INMO has launched a policy document detailing the specialist role of the RNID.

RNID – The specialist in intellectual disability sets out how the RNID can optimise the lives and health of individuals with an intellectual disability.

It states that "full utilisation of the role of the RNID, across all four stages of life, will ensure the full potential of the individual is realised while enjoying the fullest integration with their family and community.

The RNID who works with people with an intellectual disability has a diverse role, from intensive physical nursing of individuals with profound and

complex disabilities to providing guidance and support in the management of children, adolescents and adults for the purpose of optimising the life and health of the individual.

While the care of people with an intellectual disability forms part of the nursing profession as a whole, it is specialised and very different from other disciplines of nursing.

The policy document states the central role played by the RNID for the past 55 years in the provision of care, education, supports and mentorship, is the key to the strong tradition of excellent service provision in the field of intellectual disability in Ireland.

However, it goes on to say that in recent years service provision has become

fractured, lacks equity and is dependent on individual service providers and local policies, rather than a co-ordinated approach that could utilise the existing highly skilled specialist workforce – the RNID.

RNIDs are graduates of a four-year honours degree programme which has a unique and special focus on intellectual disability. The graduate has the skills, knowledge and competence to support the whole person through the provision of physical/home care, education, and psychological care as appropriate

The RNID is a registered professional, competent and equipped to act as lead professional, educator, advocate,

mentor and friend to the individual with ID providing the appropriate mix of professional care, education, guidance and support.

The document is available on www.inmo.ie



A nurse or midwife for the Seanad?

INMO calling on graduates to register to vote in next Seanad elections

THE IRISH people voted to retain Seanad Éireann in a referendum last year despite encouragement from most of the established political parties to abolish it. It seems the people did not believe that political parties would act like turkeys voting for Christmas, and were sceptical about their motives for eliminating the second house of the Oireachtas.

At this year's INMO annual delegate conference, an East Coast Branch motion called on the Executive Council to work towards achieving a Seanad seat for a nurse or midwife proposed by INMO. The motion was unanimously adopted.

Of the 60 members of Seanad Éireann, 43 are elected by five panels representing vocational interests (cultural and educational; agricultural; labour; industry and commerce; and public administration). A further six senators are elected by the graduates of two universities (three each by the National University of Ireland and the University of Dublin, Trinity College). Finally to preserve the government's majority in the Seanad, the Taoiseach

of the day may nominate 11 senators.

In theory, Seanad Éireann does not recognise party affiliations; in practice, however, because of the nature of the electorate, it does. Those elected to the five panels must garner the votes of the incoming members of Dáil Éireann. As election to Seanad Éireann must be held within 90 days of dissolution of Dáil Éireann, the votes of outgoing Seanad members must be garnered along with the votes of county councillors and county borough councillors. Therefore, although the vocational interests are apparently neutral, in effect it is politicians who elect candidates to those panels.

It has always been open to trade unions to nominate members for such panels through the Irish Congress of Trade Unions and some senators have come to Seanad Éireann in that way. However, a much more promising prospect lies in nominating a nurse or midwife for one of the seats elected by the graduates of the two universities.

Nursing and midwifery are now degree professions and graduates to the professions of either nursing or midwifery

Dave Hughes, INMO deputy general secretary: "It is well within the grasp of nurses and midwives to put one of their own in the Seanad"



from the two universities are entitled to a vote in Seanad elections. The vote, however, must be claimed from the university which has awarded the degree. The universities, when they award degree status, send out a claim form for your vote in Seanad elections. This is the first opportunity graduates have to register their vote for Seanad elections; in addition they are entitled at any time following graduation to contact their university to register their vote.

The register is produced each February and this year the INMO is encouraging all degree status nurses and midwives to claim their votes from either the National University of Ireland or TCD, whichever is appropriate. (With some exceptions, most colleges from which nurses and midwives graduate are covered by the NUI or TCD).

Deputy general secretary Dave Hughes said: "The time

has come for nurses and midwives to fight the election for a seat in Seanad Éireann and to have the real advocates of healthcare in Ireland represented in the upper house of the Oireachtas. Barristers, teachers, medical consultants and businessmen are all amply represented there, and nurses and midwives need to take their place among them. At this point thousands of nurses and midwives have graduated since the introduction of the degree level status. It is well within the grasp of INMO members to put one of their own into the Seanad."

The Executive Council, when considering the motion from the East Coast Branch, is now calling on all eligible nurses and midwives to register with their university for Seanad votes while it considers a substantial campaign for election to the next Seanad Éireann.

The timing of the election is determined by the date in which the current Dáil comes to an end. The ability of nurses and midwives to vote in the election is entirely in their own hands. Therefore, the Executive Council calls on all those eligible to vote to register with their university now.

Milestone in EPSU Right2Water campaign

A MILESTONE for the human right to water campaign was marked on September 8, when a vote at the European Parliament demanded that the European Commission make concrete legislative proposals to recognise the human right to water and sanitation, as defined by the United Nations.

A campaign was run by the European Public Services Union (EPSU) of which the

INMO is a member. The vote was taken on the first successful European Citizens' Initiative (ECI) report, on Right2Water, which outlined the demands of 1.9 million people all calling for water to be secured as a human right. This requires the EC to produce a directive which would prevent water from being used as a commodity or privatised. The report also demands that the

Committee on Environment, Public Health and Food Safety ensures that water and sanitation services should not be part of the scope of any trade agreements, such as the Transatlantic Trade and Investment Partnership (TTIP). The EPSU lobbied all MEPs to oppose the amendments put forward by conservative MEPs. The INMO supported this campaign by asking all Irish MEPs to oppose

the amendments and support Right2Water campaign.

Jan Willem Goudriaan, ECI vice president, said: "It is very important that the members of the European Parliament have taken the citizens' demand into account. Water matters to them. The ECI right2water will continue to work until the EU recognises water and sanitation as a human right."

Community and public health nursing

OVER the past few months, there has been a lot of demand on the public health nursing and community health nursing service. The INMO has been in talks with the HSE on several issues, including some measures being introduced without consultation.

The issues addressed at these meetings include:

- A strategy for community nursing

- Community healthcare structures
- Nursing metrics
- The governance of home help
- The Meitheal project, which is a national model for all agencies working with children, young people and their families (this meeting was with the HSE and TUSLA).

While these matters are progressing, further meetings are necessary to bring these

issues to a conclusion for public health nurses (PHNs) and community registered general nurses (CRGNs).

The INMO held a consultative forum in May on the proposed HSE document, *Quality integration and collaboration – a strategy for community nursing*. The aim of this forum was to ensure that the views of PHNs and CRGNs would be reflected in this consultative process and the roll out of this strategy.

However, the HSE recently put this strategy on hold, without giving any reason. The INMO has requested a meeting with the HSE on this and will update members thereafter. In the meantime, the Organisation is grateful to all who participated in the INMO consultative forum in May. A full briefing on the outcome of this forum will be given at the next PHN/CRGN section meeting, which takes place on Saturday, November 14, 2015.

Community healthcare structures

Following a number of requests by the INMO, a meeting has now been arranged with the HSE in respect of community health organisation structures and matters arising for nursing grades. This meeting is due to take place on October 21, 2015, and an update on matters discussed will be issued to members thereafter.

Nursing metrics

Concern has been raised by the INMO, following representation from members, surrounding the nursing metrics that PHNs and CRGNs have been asked by HSE management to compile and complete. The INMO wrote to the HSE setting out the Organisation's position on this on behalf of its members (see letters). These issues were due to be dis-

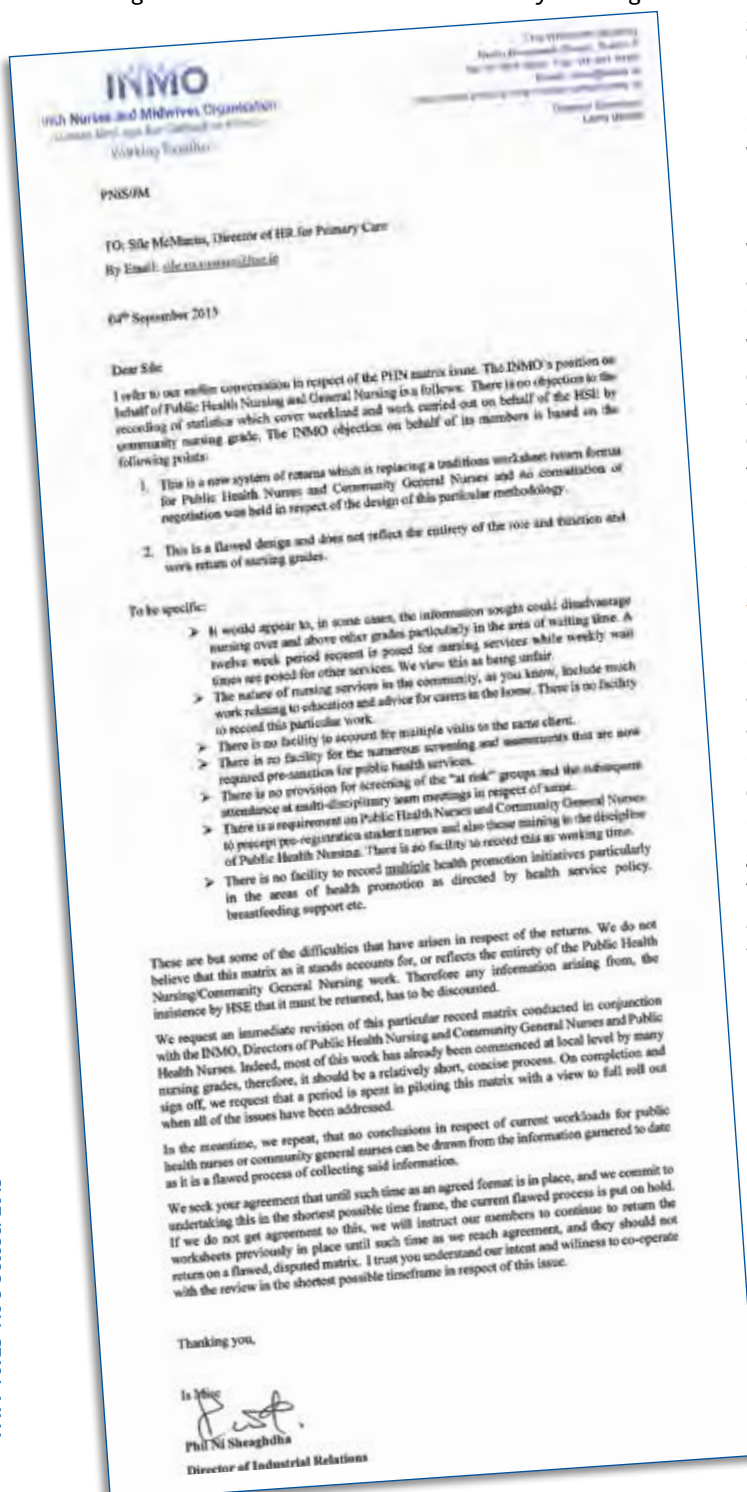
cussed at a meeting with the HSE in late September. INMO representatives were invited to attend this meeting with the Organisation's officials. Ahead of the meeting, the INMO notified the HSE that members of the INMO had been requested to continue to record their activities as they would have done prior to the metrics tool being introduced.

Governance of home help

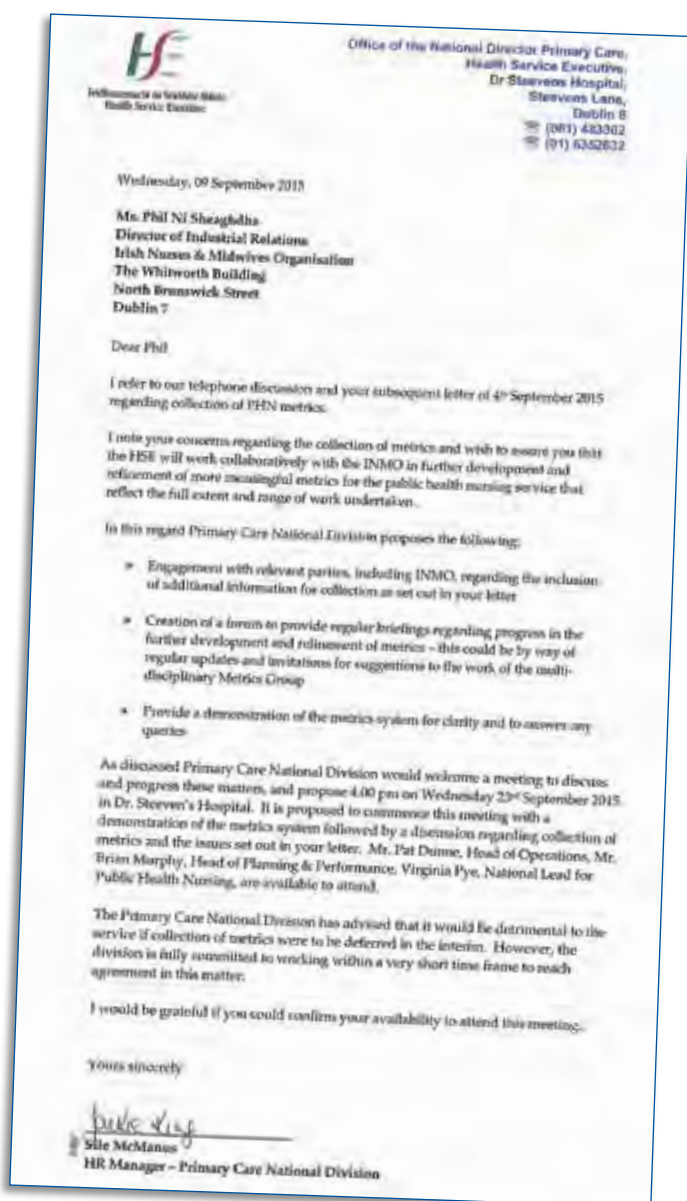
With regard to the governance of home help, the INMO met with the HSE on a number of occasions to discuss current issues arising from governance arrangements that were introduced without consultation in respect of home help governance. The HSE had agreed to respond formally to the INMO following the most recent meeting on April 29. The HSE response was received on September 21, which proposes a consultative meeting, chaired independently. At the time of going to press, this matter is being considered by INMO members. In the meantime, the INMO instruction resulting from the HSE memo of August 27, 2014, which sets out the role of PHNs in relation to governance of home help services (which was not agreed or negotiated with the INMO), requests that governance arrangements that applied prior to that memo be adhered to by members, and that no additional or changes introduced via that memo be complied with.

Meitheal project

The INMO has raised concerns in respect of TUSLA's progress at local level with training of PHNs/CRGNs regarding the Meitheal project. The Organisation has notified both the HSE and TUSLA that no dialogue or discussion has taken place with PHNs/CRGNs in respect of their involvement with this project.



- a time of flux?



The INMO has advised TUSLA that its members will not be engaging in training or with the Meitheal project until full consultation has taken place, due to the implications for their workload.

With a view to same, a meeting was held with TUSLA and their representatives of the Meitheal on September 11. Representatives from TUSLA gave an overview of the Meitheal project and confirmed that negotiations had not taken place with PHNs or their representatives. The INMO notified TUSLA that it should not request, require or insist on any involvement of the PHN or CRGN takes place

until this matter has been fully explored by the INMO on behalf of PHNs/CRGNs with their employer – the HSE.

The INMO reminded TUSLA that it is not the employer of PHNs; it is in fact the primary care division of the HSE that employs PHNs. The INMO has sought a meeting with the primary care division of the HSE to discuss the Meitheal project and until such time as this meeting takes place, PHNs and CRGNs should not engage in any aspect of the Meitheal project.

Members who wish to discuss any of these issues further are asked to contact their regional INMO IRO.

NMBI elections - three nursing seats to be filled

THREE nursing seats fall to be filled later this year, via online election, on the board of the Nursing and Midwifery Board of Ireland, following a decision of the current board and consistent with the Nurses and Midwives Act 2011.

The three seats to be filled are:

- A nurse from the practice of general nursing
- A nurse from the practice of children's nursing – must be engaged in clinical practice
- A nurse or midwife employed in the public health sector and engaged in the education of nurses and midwives.

The INMO, and particularly the Executive Council and secretariat, wishes to thank Linda Phelan (Children's seat) and Mary Connor (Education seat), who have filled those seats for the past three years but have not sought re-election. The Organisation wishes to publicly acknowledge its deep appreciation for the work done by these two members.



Linda Phelan

Mary Connor

The INMO recognises that board membership is a great commitment in addition to everyday work and home pressures.

In the coming weeks, and ahead of the online election which will take place between 9am on November 25 and 4pm on November 30, 2015, the INMO will commence a campaign to support the election of INMO members into the three vacant seats.

Full details on this campaign, and all of the INMO endorsed candidates, will appear in the November edition of *WIN* and in all other communication channels open to the Organisation.

NMBI chief executive resigns

DR Maura Pidgeon, chief executive of the Nursing and Midwifery Board of Ireland (NMBI), has announced her resignation from that position.

It is understood Dr Pidgeon will leave the post on October 8, 2015 and is moving to take up an educational post in Bahrain.

The NMBI has decided, pending the permanent filling of the CEO post, that Ursula Byrne, current director of regulation, should take on the role of acting CEO.

In tandem with these changes, the election of three nursing seats for the board, will take place in late Novem-

ber (see above).

Speaking on this issue INMO general secretary Liam Doran said: "The Organisation wishes Dr Pidgeon well in her new post in Bahrain. We now look forward to a short transition period after which a new CEO is appointed so that the board can re-establish contact with, and the confidence of, the nursing and midwifery professions.

"The INMO is firmly committed to a strong regulatory body and we will work with all stakeholders to ensure the implementation of the Nurses and Midwives Act 2011, in full, in the short to medium term".

Concern grows over patient safety

Staff shortages persist as Waterford fails to fill vacant posts

THE concerns about safe patient care recently expressed by nurses in University Hospital Waterford are shared by the INMO, which represents the majority of nurses and midwives working in the hospital.

The INMO has, on a repeated and persistent basis, raised these concerns about patient care with management in Waterford. The reality is that, due to poor staffing levels, which have been exacerbated by the non-filling of posts due to a recruitment ban, patient care has been severely compromised and frontline nurses and midwives have been severely overworked.

At meetings with the hospital management, it has been confirmed that a significant number of vacant posts continue to exist. Management has also said that, while some recruitment has taken place, it has not proved possible to fill all vacancies even through the



Mary Power, INMO IRO:
"The INMO has raised these concerns about staff shortages and patient safety with management repeatedly"

employment of agency staff.

The net result of this, which the INMO says simply reflects the flawed policies of recent years, is that wards are left short and nurses are unable to meet the total care needs of patients.

In response, the INMO has sought to support its members in Waterford in recent months through the provision of specific professional development courses on critical issues such

as maintaining safe practice, safe documentation and highlighting risk.

In tandem with these INMO programmes, the Organisation has continued, in meetings with management, to record the increased risks arising from unsafe staffing levels and members have recorded their professional concerns in formal documentation to management.

INMO IRO Mary Power said: "It is not acceptable that nurses are having their duty rosters changed and their leave cancelled at short notice due to staff shortages. This attack on the work-life balance entitlements of our members is only exacerbating their stress levels and cannot continue.

"This problem is a legacy of the moratorium, coupled with this acute hospital operating at approximately 120% capacity without the appropriate nursing staff in place to deliver the care that all presenting patients have a right to expect.

"As we enter the winter period the INMO will continue to demand that special incentives are brought forward to recruit/retain nursing staff, or it will be necessary to reduce the bed numbers in the hospital to the level appropriate to the numbers of nursing staff available".

Ms Power said: "We secured agreement that existing approved staffing levels in ED will no longer be reduced to facilitate ward deficits throughout the hospital."

Members are considering all options to ensure that there are sufficient nurses to meet the ED service demand.

Meanwhile, work was due to commence to improve air quality in the maternity wards at the hospital, which is necessary due to high levels of Entonox within the delivery suite. Members are concerned about the impact that over-exposure to leaking Entonox will have on their own health in the long term.

South Tipp staffing levels at crisis point

The issue of poor staffing levels in the operating theatre department at South Tipperary General Hospital and its impact on work/life balance of members has reached crisis point.

A recent ballot result advised, by a substantial majority, that INMO members engage in a work-to-rule to ensure that nursing service is prioritised on direct patient care provision. Negotiations with management on this issue are ongoing.

– Mary Power, INMO IRO

Drogheda nurses struggling to cope

OVERCROWDING and staff shortages persist in the emergency department at Our Lady of Lourdes Hospital, Drogheda.

The situation in ED was so bad on a given day last month that there were 40 patients on trolleys awaiting an inpatient bed. One elderly patient had been on a trolley for five days in the ED awaiting a bed and several patients were on their fourth day waiting.

The ED is currently short five nurses and members of the INMO are struggling to cope with the level of sustained overcrowding.

From January to August this year, 5,480 patients spent

time on trolleys in the ED or on overcrowded wards in Drogheda, which is the highest level of overcrowding in the hospital for that period since 2006.

The INMO is warning that this bodes very badly for the winter period which will only see the situation worsen in the absence of emergency measures.

Despite the issue being addressed at the Labour Relations Commission, management has failed to comply with the terms of the agreement that emerged, particularly with regard to the provision of additional staff

to care for admitted patients.

The shortage of nurses makes the workload intolerable for nursing staff and creates unsafe conditions for patients.

INMO IRO Tony Fitzpatrick said: "The level of overcrowding within Drogheda ED is dangerous and is putting the health, safety and wellbeing of patients and staff at risk.

"INMO members are at breaking point and will not tolerate the incessant overcrowding and unsafe conditions for patients. A further meeting with the Labour Relations Commission has been requested."



Drumcar protest set RNID campaign in motion

INMO members protested outside St John of God North East Services, St Mary's, Drumcar, Co Louth recently to highlight the level of cuts in services in recent years.

Budgets have been cut consistently in St Mary's over the past five years and staffing levels reduced to unsustainable levels. The protest was the first step in the roll out of the

INMO's Campaign for Excellence in intellectual disability services (*full details, page 10*).

"The INMO, through its Campaign for Excellence, wishes to shine a light on the current situation within disability services and to evoke a public debate on it," said INMO IRO Tony Fitzpatrick.

"There is a clear attempt by the powers that be to make

changes. It appears providers with multiple layers of management are more interested in fiscal targets than the provision of quality care. Also these same providers wish to de-professionalise the provision of services and are attempting to dilute the vital role of the RNID, which research shows would impact adversely on the quality of care for people with ID."

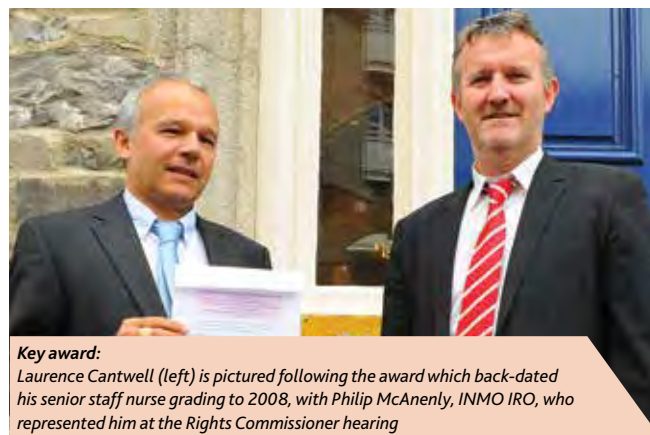
Key award backdates senior staff nurse grade to 2008

A RIGHTS Commissioner has recommended that the HSE should upgrade a senior staff nurse with effect from November 5, 2008 – when he became eligible.

Laurence Cantwell, a staff nurse at St Luke's Hospital, Rathgar became eligible to access the senior staff nurse grade in 2008. However, he did not apply for the post at that time. In the interim, the moratorium on recruitment and promotions suspended applications from eligible nurses and midwives with 20 years' service. The Haddington Road Agreement restored the grade on July 1, 2013 when Mr Cantwell applied and was upgraded to senior staff nurse.

Mr Cantwell sought retrospective application of the post to November 5, 2008 without success. The INMO brought this claim to the Rights Commissioner Service for adjudication, arguing that the claim pre-dated the moratorium, so therefore could be processed.

The Rights Commissioner found in favour of Mr Cantwell's claim and awarded him retrospective application



Key award: Laurence Cantwell (left) is pictured following the award which back-dated his senior staff nurse grading to 2008, with Philip McAnenly, INMO IRO, who represented him at the Rights Commissioner hearing

of the senior staff nurse grade, amounting to more than €10,000 when premia adjustments are made.

INMO IRO Philip McAnenly, who represented Mr Cantwell, welcomed the decision. "This decision is important as many similar claims have already been rejected by the Rights Commissioner Service and Labour Court.

"It stands to reason that where a nurse or midwife has 20 years' experience, they are bringing added value to patient care and the health service for their experience and wisdom. It is only fair that the employer should recognise and reward that additional knowledge and

expertise in a tangible way. I also commend Mr Cantwell for his stamina and perseverance in persisting with his claim. Mr Cantwell has set an important precedent for other colleagues who should now review previous refusals to apply the senior staff nurse grade from an earlier date than it has been awarded."

The senior staff nurse grade arose from the national nurses dispute in 1999 and any nurse/midwife with 20 years post qualification experience is eligible to be upgraded on November 5 each year. The new grade paid 5% above the long service increment when introduced.

Transplant programme nurses claim enhanced on-call rates

ANAESTHETICS nurses on the National Liver Transplant Programme at St Vincent's University Hospital, Dublin have presented a claim to the Labour Court for retrospective application of enhanced on-call rates.

The frequency of on-call work has become excessive following the resignation/retirement of a number of nurses. The employer has been unable to fill the vacancies arising, resulting in an onerous responsibility becoming more intolerable in recent months.

INMO IRO Philip McAnenly argued that enhanced rates had incentivised nurses to commit to training and participation on the Transplant Programme since 1993.

However, he said: "A short-sighted decision to reduce the rates in 2012 has resulted in theatre nurses declining to participate on the anaesthetics side of the liver transplant on-call rota."

Beds reopen at Loughlinstown

UNDER the winter initiative, 13 beds are to reopen on St Brigid's Ward at St Columcille's Hospital, Loughlinstown.

The INMO has welcomed this development after identifying these beds to alleviate overcrowding in the hospital's medical assessment unit and nearby emergency departments.

The INMO has sought a meeting with the HSE to agree staffing levels, skill mix and nurse management structures on the new unit.

46 nations represented at EORNA 2015

Members of the INMO's ODN Section report from Rome



The delegation of 47 perioperative nurses who travelled from Ireland to attend the EORNA 2015 Congress in Rome

THE European Operating Room Nursing Association's (EORNA) Congress theme, 'The Art of Perioperative Care; Eternally Evolving', was truly apparent when 46 nations of perioperative nurses gathered in Rome this May 2015 for the seventh annual four-day congress.

EORNA's mission statement is: 'To promote health and safety in the operating department for patients and staff' and its campaign pledge reads: 'We will make every effort to enhance the culture of working together for risk prevention in the best interest of patient safety and staff welfare'.

To have 1,280 peri-operative nurses in the one place was exhilarating. Sharing our experiences, knowledge and skills, both technical and non technical, and recognising that we are forever evolving and ready for change formed a significant part of the experience.

Ensuring our patients receive the safest care possi-

ble during times of uncertainty and complexity also featured in discussions, as did the risk of routines and the value of simple things.

The moratorium on recruitment in Ireland has had a devastating effect on staff numbers. At the conference we met so many nurses from Australia, New Zealand, Canada and the US, to name but a few. All these countries are enjoying having Irish nurses in their operating rooms and they are not planning to send them home.

Ireland was well represented by 47 nurses. Regionally, Sligo had the largest number of delegates and they also won two prizes. Best speaker was awarded to Teresa Donnolly for her presentation 'Two, Four, Six, Eight; Stop and Count Before it's Too Late'. Margaret Given won best poster in the Arc Sharps Safety online competition for her poster, 'The Safe Sharp Code'. Congratulations team Sligo.

The Operating Department Nurses Section of the INMO was established almost half a century ago. It has 890 members today and contributes in no small way to EORNA's Board. Caroline Higgins is president and has served for six years. Liz Waters is chairperson of the Scientific Committee and Sandra Morton led the way to the launch of the first EORNA *Standards and Guidelines for Perioperative Nursing Practice*, although contributions and assistance were given by most of the board members. This book is a great achievement for EORNA and well worth reading.

Some quotes from the various presentations that stood out included:

- From Penney Smalley's slide: "There are risks and costs to a programme of action, but they are far less than the long range risks and costs of comfortable inaction", a quote from JFK
- To quote Patrick Voight,

"The Operating theatre is the ultimate team sport; individuals play the game, but teams beat the odds. Mutual respect, accountability, outcomes are the work of the team and not just one. Any team member has an equal opportunity to harm the patient. Communication is vital"

- Finally, from Jane Reid's presentation are two quotes from James Reason: "We can't change the human condition, but we can change the conditions under which humans work"
- "Human error is ubiquitous, causes are unknown... Just the downside of having a brain."

The next EORNA Congress will be in 2017 in Rhodes, so members have plenty of time to make plans to be there. I hope I have given you an appetite for the next EORNA Congress and I apologise to those I failed to mention in this report.

Finally, a huge thank you to all my colleagues in my work place and the INMO, especially ODN Section, for all the help and support always.

Allison O'Connell is the vice chairperson of the INMO's Operating Department Section

Eorna scientific programme

The scientific programme was well received by all the delegates. EORNA Congress 2015 was one of the largest nursing conferences ever to be hosted in Italy. This is one of the largest educational programmes EORNA Congress has been able to offer to date with 184 poster presentations, 96 oral presentations and 22 free paper presentations that covered a wide area of perioperative practice, including research and clinically related topics, management and education.

Irish presenters included:

- Grace Reidy: 'Looking Beyond the Double Doors to Theatre: The Power of Connectivity'
- Rosealeen White: 'Nurse Led Pre-Operative Assessment'
- Helen Muldowney: 'Perioperative Nurses: Current Practices and Knowledge of the Pneumatic Tourniquet in the Surgical Setting'
- Grace Emmanuel Maitri: 'Safe Surgery Saves Lives: A Documentary Analysis of the WHO 2009 Guidelines for Safe Surgery and its Implications on Perioperative Practice'
- Grainne Hamilton: 'An Exploration of Adult Trained Perioperative Nurses Practice of Family-Centred Care in an Acute Irish Regional Hospital'
- Hazel Ni Chonchubhair: 'An Exploration of Perioperative Nurses: Knowledge Attitudes and Current Practices in the Prevention of Perioperative Hypothermia'
- Teresa Donnelly: 'Two, Four, Six, Eight Stop and Count Before it's Too Late: An Audit on Swab Needle and Instrument Counts in Theatre at Sligo Regional Hospital'
- Tina Cassidy: 'How Effective



Pictured at the EORNA conference in Rome: Caroline Higgins, EORNA president, launching the first EORNA Standards and Guidelines for Perioperative Nursing Practice



Margaret Givern from Sligo (second from left), who received the ARC Safe Poster Award



Liz Waters, chairperson of the Scientific Committee, delivering the closing speech

is Nurse-led Airway Management Including Extubation in Paediatric Post Anaesthetics Care Unit'

- Sandra Morton: 'Custom Procedure Packs'
- Rebekah Meinders: 'A Cross Sectional Study on Factors

Influencing Perioperative Nurses Occupational Stress in an Irish Healthcare Setting'.

The Irish presenters represented their hospitals and their country extremely well.

Liz Waters is the chairperson of EORNA's Scientific Committee

Section update

• Midwifery Conference

Have you booked to attend the All Ireland Midwifery Conference, which is due to be held in Armagh on Thursday, October 15? To book a place now, go to www.inmoprofessional.ie or contact the INMO at Tel: 01 6640641. See page 54 for programme details.

• Children's Nurses Section

The National Children's Nurses Section met on May 25, 2015. The meeting was attended by children's nurses representing various specialist areas. It was agreed that the Section would arrange meetings outside of the INMO's Dublin HQ for two of the four yearly scheduled meetings. The Section also invites more members to align themselves with the group and welcomes any nurses working in the area of children's nursing, neonatal care or in the community setting. Two members represented the Section at the 2015 ADC and brought forward the agreed motion; *'be it resolved that the INMO, on behalf of the Children's Nurse Section, would engage with the HSE, and all employing authorities, to ensure that nurses, caring for children, have the relevant qualification, in keeping with the best international standards of practice, and those without the relevant qualification but have nursing experience in the specialist area, be afforded the opportunity to attain RCN qualification, whilst ensuring their job security'*. The Section is working on strategies to progress the motion forward and it will be a continuing item on the meeting's agenda. See page 22 for more on this section.

Spotlight on Children's Nurses Section

The mission of the Children's Nurses Section is to promote children's nursing in all settings and the mutual support of all nurses caring for children. We aim to highlight and foster an awareness of the unique needs of children throughout the nursing profession and be the child's advocate and champion. We promote commitment to family-centred care and aspire to a holistic, integrated and seamless delivery of healthcare with the child at its centre.

The objectives of the Section are to:

- Promote the participation of all nursing members working with children in this area
- Provide a forum for networking and the sharing of information and knowledge between nurses caring for children in all care settings
- Hold meetings four times a year
- Develop meaningful partnerships and collaborative relationships with all sectors
- Promote quality best practice and safe standards of nursing care for children
- Contribute to the development of children's nurse career pathways and the promotion of CPD
- Provide regular articles related to children's nursing to WIN
- Promote research and audit in children's nursing.

WIN often includes articles on children's nursing and the Section welcomes articles from interested nurses who provide care for neonates, infants or children. Expressions of interest are welcome should you wish to hold a section meeting in your area .

Section Officers

Chairperson



Catherine Sheridan
catherine@croi.ie

Vice chairperson



Anne Mc Laughlin
anne.mclaughlin@olchc.ie

Secretary



Kathleen Fitzmaurice
kathleen.fitzmaurice@olchc.ie

Education officer



Education Officer
Eileen Tiernan
eileen.tiernan@olchc.ie

Affiliation Form for INMO Section Membership

Name: _____

INMO membership No: _____

Home Address: _____

Tel (work): _____

Tel (home/mobile): _____

Email: _____

Place of employment: _____

Job title: _____

Second section option (to obtain information only):

Forward completed form to:

Mary Cradden, membership services officer,
INMO, Whitworth Building, North Brunswick St, Dublin 7

Tick ONE relevant Section you wish to affiliate with

- | | |
|---|---|
| <input type="checkbox"/> Assistant Directors of Nursing/
Public Health Nursing/
Night Superintendents | <input type="checkbox"/> National Children's Nurses |
| <input type="checkbox"/> Care of the Older Person | <input type="checkbox"/> National Rehabilitation Nurses |
| <input type="checkbox"/> Clinical Placement
Co-ordinators | <input type="checkbox"/> Nurse/Midwife Education |
| <input type="checkbox"/> CNM/CMM | <input type="checkbox"/> Occupational Health |
| <input type="checkbox"/> CNS/CMS | <input type="checkbox"/> Operating Department |
| <input type="checkbox"/> Community RGN Nurses | <input type="checkbox"/> Orthopaedic |
| <input type="checkbox"/> Directors of Nursing/
Public Health Nursing | <input type="checkbox"/> PHN |
| <input type="checkbox"/> Emergency Nurses | <input type="checkbox"/> Retired Nurses |
| <input type="checkbox"/> GP Practice Nurses | <input type="checkbox"/> RNID |
| <input type="checkbox"/> International Nurses | <input type="checkbox"/> School Nurses |
| <input type="checkbox"/> Interventional Radiology
Nurses | <input type="checkbox"/> Student Allocation Liaison
Officers Network |
| <input type="checkbox"/> Midwives | <input type="checkbox"/> Student Nurses |
| | <input type="checkbox"/> Telephone Triage Nurses |
| | <input type="checkbox"/> Third Level Student Health
Nurses |

Quality & Safety

A column by
Maureen Flynn



Clinical Leadership Competency ePortfolio

THIS month, we are focusing on competency development in clinical leadership as this provides a strong foundation for quality and safety. The National Leadership and Innovation Centre for nursing and midwifery, in partnership with key stakeholders, has developed the Clinical Leadership Competency ePortfolio (CLCeP). The CLCeP was launched in May 2015 and consists of seven core competencies.

CLCeP

The CLCeP is an elearning resource for staff nurses, midwives and clinical nurse and midwife managers 1 and 2 (CNM/CMM). It aims to support nurses and midwives to explore and develop their clinical leadership competencies.

Importance of clinical leadership competency development

Competency development is at the core of both the nursing and midwifery professions and is a central component of continuing professional development. Clinical leadership is highly relevant to all nurses and midwives as effective clinical leaders are critical to the delivery of safe, high quality, person-centred care. These seven core competencies provide a solid foundation for competency development in clinical leadership and facilitate staff to meet their professional responsibility and accountability as outlined in the NMBI professional code of conduct and ethics (NMBI 2014).

Benefits of the CLCeP

- This is a flexible, individualised mode of learning that nurses and midwives can use in their own time and at their own pace. It can be used alone or as part of other learning and development initiatives
- The initial assessment aspect of the CLCeP supports nurses and midwives to measure and benchmark each leadership competency and learning needs
- This resource contains formal presentations of the relevant theory and a suite

Figure: Seven clinical leadership competencies



of evidence-based learning resources for each competency

- The work-based activities attached to each competency facilitate nurses and midwives to apply their learning in the real world of practice
- This ePortfolio enables staff to record evidence of their continuing professional development and also demonstrate their leadership development journey.

Process for using the CLCeP

- Step 1: Assess your strengths and development needs against a suite of behavioural indicators
- Step 2: Plan learning and set goals
- Step 3: Record planned and completed learning
- Step 4: Reflect on the application of learning to your practice.

Accessing the CLCeP

To gain access to the CLCeP, enter the HSE elearning portal at www.hseland.ie. The user will be asked to either log in (if

already registered) using a username and password or to register on this site, in which case a username and password will be issued from HSEland via email. When logged in, the user can click on 'my portfolio' and they can click 'GO' on the CLCeP image.

To learn more

Information sessions are now being provided nationally. These will support nurses and midwives to effectively use this resource. For further information contact Marie Kilduff, leadership and innovation advisor at email: marie.kilduff@hse.ie

Maureen Flynn is the director of nursing and midwifery, Quality Improvement Division lead, governance for quality and safety

Acknowledgement: Thank you to Marie Kilduff for preparing this column. The National Leadership and Innovation Centre for Nursing and Midwifery would like to acknowledge our colleagues who worked on the original National Clinical Leadership Development Framework for Nursing and Midwifery and also all those who have been involved in the development of the CLCeP, particularly the National Leadership and Innovation Centre team and the expert group



Bulletin Board

With INMO director of industrial relations Phil Ní Sheaghda



Query from member

Is there any update in respect of retirement on health grounds under the new Single Scheme pension for public servants employed in the public service which came into effect in January 2013?

Reply

As you are aware, the new pension scheme for the public service entitled the Single Scheme is in place since January

2013. Negotiations have now commenced in respect of translating facilities for retirement on the grounds of ill health and other provisions, which are provided in existing public service pension scheme, into this new scheme.

Proposals have been received by the Irish Congress of Trade Unions Public Services Committee and the first meeting on these matters is set to take place on October 7, 2015.

The INMO is represented on this group and is very keen to have the provision that currently exists included in the new Single Scheme.

We will update members in respect of progress in relation to this issue.

Query from member

I understand that the recording of sick leave has now been agreed but my local HR department is not clear in respect of where this currently lies. Can you please advise?

Reply

As you are aware, the INMO has argued that the HSE has incorrectly recorded sick leave in a number of locations. We have sought, and it is now agreed, that sick leave is recorded in days excluding rest days; except where the period of sick

leave is inclusive of rest days, ie. sick leave precedes and continues directly after rest days. The HSE has conceded this point.

However, the HSE sought to implement a start date for this change of August 1, 2015. The INMO is seeking that this correction applies from the date of commencement and that any sick leave incorrectly calculated should be retrospectively reviewed. The HSE has not agreed to this and the matter remains the subject of discussion and correspondence.

We were due to meet with the HSE again on this matter at the end of September. If agreement cannot be reached in respect of this matter, it is very likely that we will refer it as a matter in dispute to the Labour Relations Commission. We will, as always, keep members updated on this issue.



You are not alone

Counselling, legal advice, domestic assistance and bodily injury cover

Free helplines provided by DAS, 365 days a year, 24/7

Tel: 1850 670 407 for counselling or 1850 670 707 for other services

See www.inmo.ie for further details



Irish Nurses and Midwives Organisation
Working Together

Landmark European nursing and midwifery strategy developed

HEALTH ministers from the World Health Organization's European Region met on September 15 in Lithuania, where they formally accepted the five-year strategy 'European Strategic Directions for Strengthening Nursing and Midwifery towards Health 2020 Goals'.



The INMO participated in the development of the strategy at the biennial WHO European Region meeting of European government chief nursing and midwifery officers, WHO collaborating centres and European national nursing and midwifery associations.

The strategy was developed for nursing and midwifery in line with Health 2020, a European policy framework for health and wellbeing, adopted by the 53 member states of the region. The policy framework supports action across government and society to: *significantly improve the health and wellbeing of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality* (WHO 2013).

Health 2020

The Health 2020 policy framework proposes four priority areas for policy action based on the global priorities and aligned to address the special requirements and experiences of the European Region. The four priority areas are to:

- Invest in health through a life-course approach and empower citizens
- Tackle Europe's major disease burdens of non-communicable and communicable diseases
- Strengthen people-centred health systems and public health capacity, including preparedness and response capacity for dealing with emergencies
- Create supportive environments and resilient communities.

The WHO recognises that nurses and midwives form the largest group of



healthcare professionals providing direct care in all countries and therefore they have significant influence in translating policy into reality and making a significant difference to population health.

The *European Strategic Directions for Nursing and Midwifery towards Health 2020* publication was developed to guide member states with strengthening the contribution of nurses and midwives within the context of their own plans to achieve Health 2020.

Across the 53 member states in the European Region, considering ethnicity, gender, socio-economic status, education and geographical area, significant health inequities are evident. The strategy highlights some of the health trends and challenges including that non-communicable diseases are the leading cause of mortality and morbidity in the Region and account for 86% of deaths and 77% of the disease burden.

It is also recognised that social factors and education are a significant factor in affecting health outcomes and inequalities. In addition, the maldistribution of the health workforce



and shortages are associated with poor health outcomes.

There are 12 objectives under the four priority areas of action which include:

- Scaling up and transforming education and training
- Workforce planning and optimising skill mix
- Ensuring positive work environments
- Promoting evidence-based practice and innovation.

The four enabling mechanisms are:

- Regulation
- Research
- Partnerships
- Management and leadership.

Implementation

Implementing and monitoring the framework is a priority of the WHO European Regional Office. The implementation is guided by a plan of work that aligns the 12 objectives with activities for member states and the WHO European Regional Office.

International Labour Office Nursing Personnel Convention, 1997 No 149

One of the key indicators of the 'European Strategic Directions for Strengthening Nursing and Midwifery towards Health 2020 goals' is focused on positive work environments and the ratification by all countries of the International Labour Office Nursing Personnel Convention, 1997 No 149.

Established in 1919, the International Labour Organization (ILO) became the first specialised agency of the UN in 1946. The tripartite structure of the ILO, whose stakeholders involve employers' and workers' representatives along with government representatives, is unique in the UN system. It currently has 178 member countries. The major goal of the ILO is to promote opportunities for women and men to obtain decent and productive working conditions of freedom, equity, security and human dignity.

The ILO mandate emphasises setting and adopting international labour standards to serve as guidelines for national authorities in putting policies into action. Examples of significant achievements include the eight-hour day, maternity protection, minimum wage and workplace safety conventions. All international labour standards reflect tripartite agreements.

ILO standards take the form of international labour conventions and recommendations. The ILO's conventions are international treaties, subject to ratification by ILO member countries. Conventions are legally binding in ratifying countries. Recommendations are non-binding instruments complementing the conventions in providing additional orientation and guidance for national policy and action.

Convention 149, with the 16 articles, is accompanied by the non-binding 'nursing personnel recommendation 157' (R157), which serves as a guideline for the implementation of the Convention with more detailed and practical advice. R157 covers:

- Scope
- Policy
- Education and training
- Practice
- Participation
- Career development
- Remuneration
- Working time and rest periods
- Occupational health protection
- Social security
- Special employment arrangements

Health trends and challenges in the WHO European Region

- In 2012, the infant mortality rate in the poorest countries in the Region was nine times higher than that in the richest countries
- Cardiovascular diseases and cancer are the main causes of death in the European Region, with disadvantaged populations displaying the highest prevalence and mortality
- Mental health disorders are increasing and are among the most common contributors to chronic conditions in Europe
- With the current number of older people and predictions for a continuing rise in these numbers, there are particular challenges for the health and social sectors which require governments to support older people in remaining as healthy and independent as possible
- Preventing communicable diseases such as TB, HIV/AIDS and outbreaks of pandemics continue to be priority areas
- Primary healthcare remains a cornerstone of health systems in the 21st century
- Primary care innovations need to include: extending the use of technologies for communication, decision support, and remote healthcare support
- Interprofessional collaboration in education, practice and research is a priority and a means of fostering team work and mitigating the health workforce imbalances and shortages
- The next ten years will likely be challenging for member states due to the consequences of the international financial and economic crisis and the continued problems of social exclusion, and health inequality
- According to research on recent previous economic downturns, the main impacts tend to be on health and social issues, with poorer areas taking longer to return to previous levels

Source: *European Strategic Directions for Nursing and Midwifery towards Health 2020* (WHO, 2015). The document is a technical guide for member states to enable and enhance the contribution of nurses and midwives to achieve the Health 2020 goals. It provides a strategic framework for action and is the first of its kind in the WHO European Region

- Nursing students
- International co-operation and application.

To date, 41 countries have ratified Convention 149 and the INMO is working with other countries to maximise ratification by all countries. The Convention and other relevant information is available at: www.ilo.org

The implementation of the 'European Strategic Directions for Strengthening Nursing and Midwifery towards Health 2020 goals' framework will be monitored based on the defined indicators.

According to the WHO Regional Office for Europe: "With the member states' support and commitment to implementing the European Strategic Directions, nurses and midwives can achieve a greater voice in national health policy and planning, and an enhanced role in improving health and wellbeing and reducing health inequities throughout the Region by 2020" (WHO Regional Office for Europe 2014).

Further information is available at: www.euro.who.int/en/health-topics/Health-systems/nursing-and-midwifery

Elizabeth Adams is the INMO director of professional development



ICN nursing matters fact sheets



Recently published fact sheets provide quick reference information for nurses

THE International Council of Nurses (ICN), of whom the INMO is a member, has recently published three fact sheets detailing current thinking/research in the areas of nurses and overtime; nurses and ageing workforce; and nurses and occupational stress.

These fact sheets provide some interesting information and reflect worldwide working environments for nurses. The INMO is asking members to read through the following summary and consider the findings.

The ICN nursing matters fact sheets highlight the following:

Nurses and overtime

- With the change in the economic environment, nurses are increasingly working overtime
- This has become a global issue and is reported in the Middle-East, Europe, Africa, Japan and the US
- Working overtime increases the risk of making errors, which reduce the health and safety of both the staff and patients
- Some of the effects of working overtime include organisational consequences; offsetting the cost of hiring additional full time staff and nursing strikes, consequences for nurses; lack of motivation/energy, promotion, financial remuneration and fatigue and consequences for patients; medication related errors and poorer patient care
- The risk of making errors doubles when nurses work for more than 12.5 hours consecutively
- Legislation can prevent and protect nurses from over working; determining limitations of shift length and weekly work hours can aid in prevention and protection
- Nurses can participate in policy development and pressing legislations to design restrictions and awards
- Among some of the methods employers can use to prevent and protect overtime

are the close monitoring of mandatory and voluntary overtime, and promotion of a healthy and safe workplace

- Nurses within the EU are protected by law from being forced to work overtime however, it is still common practice that nurses do work overtime
- Including overtime, the maximum working week in Europe is 48 hours as per the EU directive 2003/88/EC.

Nurses and ageing workforce

- In 2012, one in nine people were aged 60 and older but by 2050, one in five people will be aged 60 and older. The increased length of life results in part from improved medical treatments, this demographic trend also occurs in nursing and is causing a decreasing flow of young nurses into the workforce and an increasing outflow of workforce by reaching retirement age
- In many industrialised countries, the nursing workforce is ageing, eg. in the US, 850,000 nurses are aged between 50 and 64 years of age, which is the equivalent of one-third of the nursing workforce
- The trend, if unaddressed, will deepen the current shortage of employed nurses, particularly in countries where there is a shortage of new nurses entering the workforce
- Aggressive international recruitment efforts may drain the supply of nurses in active practice
- Failures in dealing with the nursing shortage will lead to failures in maintaining healthcare
- There are two crucial consequences reported from the ageing workforce; the need to replace retired nurses and the need to retain nurses beyond the average age of retirement
- Older nurses may be challenged by age-related changes such as chronic diseases and any workplace injuries require longer recovery times, therefore, the work environment requires adjustment

- Older nurses are a potential source to augment the workforce
- Their early/forced exit from the workforce means a loss of much needed experience to care for patients
- Tailoring employment strategies to this group is important to their retention
- The ICN and ICHRN have undertaken actions in relation to the ageing workforce, details of which can be found in full in the ICN fact sheet (*details below*).

Nurses and occupational stress

- Nursing is a stressful profession where nurses are exposed to a great number of stressors
- Nurses' staffing and scheduling problems, dealing with death, lack of staff support and shift work, especially night work and overtime, are some of the main stressors for nurses
- Knowledge and estimation of stressors in nursing can provide a basis for effective intervention, development and implementation of prevention strategies
- Long-term consequences of occupational stress for the worker could include mental health issues, cognitive impairments and cardiovascular diseases
- Headache, fatigue and dizziness are just some of the physical symptoms of stress; burnout, anxiety and depression are an example of the psychological effects of stress
- The physical and psychological effects of stress result in absenteeism, presenteeism, turnover leading to rising costs for employers etc.
- The entire elimination of stress in the healthcare sector is not possible, but employers and employees can manage this burden with the development of stress management strategies.

The above is just a sample of the thinking and research highlighted by the ICN, the full fact sheets can be found at: www.icn.ch/images/stories/documents/publications/fact_sheets



Recruitment & retention round up



In a new series on the recruitment and retention of membership, **Albert Murphy** highlights some activities of interest to members

€20 One4all gift card if you recruit a friend

THE INMO has decided to continue the initiative whereby if you recruit a new member to the INMO you will be given a €20 voucher to enjoy yourself. The voucher is a One4All gift card, which can be used in a large number of retail outlets and it is up to you to decide how to spend this money. All you need to do is recruit a member, indicating on the application form that you recruited this member. There is no limit to the number of members you can recruit and you will receive a voucher for each one you recruit for the duration of the campaign.

We think this is another good reason why you should ask new and existing colleagues to join the INMO. Only the INMO provides the most comprehensive range of services and collective strength for nurses and midwives in Ireland, so do your new colleagues a favour and ask them to join our Organisation.

Training and support for local INMO nurse representatives

At this year's annual conference it was decided that the Executive Council would examine support for elected branch officers and nurse/midwife representatives in the workplace in recognition of their important role within the Organisation. As you will see in this issue of WIN, this includes two free INMO PDC courses/conferences for each representative. Please see page 37 for further details.

In addition, the INMO is committed to providing training for our nurse and midwife representatives. There has been hugely positive feedback from the participants of the new representatives training



New nurse interns at St James's Hospital, Dublin

New INMO representatives training programmes

Project phase	Starting	Ending	Venue
Basic training	Oct 13, 2015	Oct 14, 2015	Sligo
Basic training	Nov 16, 2015	Nov 17, 2015	Limerick
Basic training	Nov 19, 2015	Nov 20, 2015	Cork
Branch officer training	Jan 12, 2016	Jan 12, 2016	Letterkenny
Branch officer training	Jan 13, 2016	Jan 13, 2016	Sligo

programme, which was recently delivered. We are pleased to announce that the INMO will be running more courses for nurse/midwife representatives and also for branch officer training. Please see the Table above for details. If you are interested in attending these courses please contact Martina Dunne by email to: martina.dunne@inmo.ie or Tel: 01 6640624.

INMO meets St James's interns

The INMO recently met the intern students in St James's Hospital Dublin (pictured above). This event was attended by Dean Flanagan, student and new graduate officer and Michaela Gonzales from

the Membership Office. This was a social event for the interns which was hugely successful and enjoyed by all participants. If you have any ideas or would like to organise an event in your area, why not contact your local representative or national Executive Council member who will be delighted to assist you.

Group scheme

Under the INMO group scheme there are new attractions which include special offers and savings available to INMO members. See page 50 for more details.

Albert Murphy is INMO industrial relations officer/organiser; Email: albert.murphy@inmo.ie

Pull Out



Continuing Professional Development

for Nurses and Midwives



Professional
DEVELOPMENT CENTRE



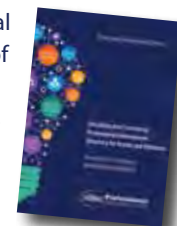
Maintaining your competency – Maintaining your registration



Elizabeth Adams
Director of Professional Development, INMO

It gives me great pleasure to update you on the new suite of education programmes – in addition to over 80 education programmes already available – that has been developed for you by the INMO Professional Development Centre. The INMO Professional Development Centre is a dedicated education and professional development hub for nurses and midwives, offering access to professional networks, educational programmes, conferences, library services and focused research for nurses and midwives. Some of the new education programmes included are:

- **Getting the most from your Library: Advanced Library Searching Techniques:** This assists participants to effectively search and identify relevant information for clinical practice, reflection and policy development (October 22, 2015)
- **Social Media and the Internet:** This covers the opportunities and dangers for nurses and midwives when professional and personal lives collide (November 24, 2015)
- **Exploring the Culture of Compassion in Care:** This focuses on key components of compassion in care (November 6, 2015)
- **Mindfulness and Meditation in Holistic Nursing and Midwifery Care:** This course will assist participants to bring positive change in everyday life (October 19, 2015).



Further new education programmes that have recently received Category 1 approval by the Nursing and Midwifery Board of Ireland (NMBI), with continuing education units (CEUs) include:

- Ethics and Spirituality in Person-Centred Holistic Care (6 CEUs)
- Preparing for HIQA Inspections within Public Health/Community Health Settings (6.5 CEUs)
- Refresh your Life: Bounceability, Resilience and Happiness (6.5 CEUs)
- Assessment and Care Planning in Public Health and Community Nursing (6 CEUs)
- Identity, Personhood, Ethics and Spirituality in Dementia Care (over two days – 12 CEUs)
- Introduction to Information Skills (2.5 CEUs).

This issue also features a range of affordable continuing education programmes covering many topics from academic writing skills and research appraisal to ECG interpretation and wound management. There are also three INMO national conferences coming up including:

- **All Ireland Midwifery Conference**, The Journey from Harm to Norm, Thursday, October 15, 2015, Armagh City Hotel
- **INMO International Nurses Conference**, Retention of Nurses and Midwives in Ireland, November 7, 2015, INMO Head Office, The Whitworth Building, Dublin 7.
- **Retired Nurses Section Biannual Conference**, November 12, 2015, INMO Head Office, The Whitworth Building, Dublin 7.

Conferences are open to all nurses and midwives and further information is available at: www.inmoprofessional.ie website or by contacting the Professional Development Centre. The INMO Professional website service provides access to booking all events, such as education programmes and conferences, 24 hours a day, seven days a week. Additionally, our telephone booking service is available to you during office hours at Tel: 01 6640641 or 01 6640618 or by email: pdcenter@inmoprofessional.ie.

The team and I look forward to welcoming you to our education programmes, conferences and library services.

Book Online



Safe Secure Online Booking System for All INMO Education Programmes and Conferences

www.inmoprofessional.ie



If you require any assistance with booking online please contact the Professional Development Centre on 01 664 0641/01 664 0618

www.inmoprofessional.ie



EDUCATION PROGRAMMES

Venue: INMO Professional Development Centre, The Whitworth Building, North Brunswick Street, Dublin 7

Tel: 01 664 0641/01 664 0618. **Email:** pdc@inmoprofessional.ie

Registration for most courses will take place at 9.45am unless otherwise stated.

All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland (NMBI) with Continuing Education Units (CEUs).

Courses are colour coded for ease of reference.

2 (CEUs)
3.5 (CEUs)
4/4.5 (CEUs)
5 (CEUs)
5.5 (CEUs)
6 (CEUs)
7 (CEUs)
10 (CEUs)
13 (CEUs)

CEUs = Continuing Education Units

Check out our New Courses at the Professional Development Centre!
For more information log onto inmoprofessional.ie

Date	Programme	Fee	(CEUs)
Oct 7, 2015	Strategies for Managing Conflict	€80 members; €140 non-members	6
<p>Conflict in the workplace can be incredibly destructive to good teamwork. Managed in the wrong way, real and legitimate differences between people can quickly spiral out of control. Conflict is not necessarily destructive; managing conflict effectively may result in positive outcomes. This course takes a practical approach utilising a blend of group work, self-evaluation and case-study based discussion.</p>			
Oct 7, 2015	Subcutaneous Administration of Fluids	€80 members; €140 non-members	5
<p>This course will educate participants in the administration of fluids by the subcutaneous route. It will cover topics such as: awareness of the nurse's and midwife's accountability when undertaking this role, the identification of indications for subcutaneous infusion, suitable sites used for subcutaneous infusions as well as identification of fluids most commonly used. Calculation of the rate of infusion and the principles of an aseptic technique and also awareness of complications which could occur before, during or after the procedure will be explored. This course will provide the necessary knowledge and skills to undertake subcutaneous administration of fluids; however, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on subcutaneous administration of fluids in their place of work. 9.15am-3pm.</p>			
Oct 8, 2015	Preparing for Dementia Thematic Inspections: A Practical Approach	€80 members; €140 non-members	6
<p>This one-day programme is designed to prepare participants to implement practices in order to adhere to regulations and standards within person centred dementia care thematic inspection criteria. It will outline national standards and regulations and thematic expected outcomes and how they can be applied to person centred assessment, care planning and evaluation.</p>			
Oct 9, 2015	Healthcare Provider CPR and AED	€125 members; €195 non-members <i>(including cost of book)</i>	6.5
<p>This Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course provides the information, rationale and practical skills training for the 2010 CPR and ECC guidelines. Nurses and midwives are required to adhere to the two-year certification period for both basic and advanced life support, as recommended by the International Liaison Committee on Resuscitation as the best practice standard. Limited to six participants per instructor. A fee of €50 will be charged if you wish to cancel your booking 10 days before the course begins. Time: 9.15am-4pm.</p>			
Oct 12/13, 2015	Identity, Personhood Ethics and Spirituality in Dementia Care	€150 member; €280 non-members	12
<p>The intention of this two-day interactive workshop is to explore the meaning of identity, personhood, ethics and spirituality in any caring relationship and specifically in dementia care, with the aim of recognising how identity formation requires relationships with others and to understand that dementia does not entail loss of self. Self remains intact and is held in this caring relationship with others. Day two of the course will explore the ethical and spiritual dimensions of maintaining personhood in dementia care in an environment where the unique individuality of all the persons involved is valued.</p>			
Oct 14, 2015	Advanced Diabetes Management	€80 members; €140 non-members	5
<p>This one-day workshop is aimed at nurses and midwives who already have a very good understanding of basic diabetes management and who want to build on their knowledge. The workshop will focus on a number of key areas such as: injectable therapies for both Type 1 and Type 2 diabetes, carbohydrate counting for Type 1 diabetes, complications of diabetes, the nursing role and management of diabetes, as well as advances in the future of diabetes management.</p>			



Date	Programme	Fee	(CEUs)
Oct 14, 2015	Delegation and Clinical Supervision	€80 members; €140 non-members	5
<p>This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.</p>			
Oct 15, 2015	Assessment and Management of the Patient with Respiratory Conditions	€80 members; €140 non-members	4.5
<p>The study day is designed to provide nurses from the hospital setting with the knowledge to manage patients with respiratory conditions. Nursing services are now delivered in an environment involving greater complexity and increasing levels of technology. Nurses may have to intervene promptly in response to sudden changes in a patient's respiratory status. This course will provide the skills and knowledge required to carry out respiratory assessment and recognise compromised respiratory function.</p>			
Oct 15, 2015	Caring for a Person with Parkinson's Disease: Challenges and Strategies within the Healthcare Setting	€80 members; €140 non-members	4
<p>This one-day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a patient with Parkinson's. It covers process of diagnosis, clinical features, holistic care approaches, medication therapy, assessment, care planning and evaluation across all activities of daily living. The course outlines the role of the nurse and the interdisciplinary healthcare team in assessment, planning, implementing and evaluating care with the patient and their carer/family.</p>			
Oct 16, 2015	Presentation Skills	€80 members; €140 non-members	6
<p>Presenting yourself and your ideas with confidence, impact and great conviction is of primary benefit for all nurses and midwives. This course provides you with strategies on how to make an effective presentation; how to speak in order to hold interest while remaining professional in your tone; and how to effectively compile and deliver presentations. Time: 9.15am-4.30pm.</p>			
Oct 19, 2015	Mindfulness and Meditation in Holistic Nursing and Midwifery Care	€80 members; €140 non-members	5
<p>Simple mindfulness practice can bring tremendous positive change in everyday life. Mindfulness involves the ability to focus on the present moment rather than on the past or on the future. Topics explored during this course include the role of mindfulness in holistic nursing and midwifery care, the history of meditation, the mindfulness of breathing, the therapeutic use of mindfulness, compassion, holistic communication as well as the power of stillness of mind. There will also be a demonstration of breathing exercises and yoga postures.</p>			
Oct 20, 2015	Dementia Thematic Inspections: Person Centred Care Planning	€80 members; €140 non-members	5.5
<p>This one-day programme is designed to prepare nurses to implement effective care planning for a resident who is diagnosed with dementia or cognitive impairment in line with regulations, standards and Health Information and Quality Authority thematic inspection criteria. The focus of the course is to provide practical strategies for individualised care planning across all activities of living.</p>			
Oct 21, 2015	Peripheral Intravenous Cannulation	€80 members; €140 non-members	4
<p>The aim of this course is to provide guidance to the registered nurse/midwife in the skill of intravenous peripheral cannulation. Instruction will be provided on the sites used. Advice will be given on identifying criteria for evaluating a vein, as well as guidance on adhering to the principles of an aseptic technique. The course will also provide information on techniques for reassuring the individual in relation to the procedure and in gaining their consent. The overall aim is for participants to be able to carry out the procedure in a competent and safe manner. This course will provide you with the necessary knowledge and skills to undertake peripheral intravenous cannulation. However, it will be necessary for each nurse attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work. Time: 9.15am-2pm.</p>			
Oct 22, 2015	Getting the most from your library: Advanced Library Searching Techniques	€80 members; €140 non-members	5
<p>This one-day course is aimed at registered nurses and midwives who would like to develop their searching skills in order to effectively find the most relevant information for clinical practice, reflection, and policy development. This course will also be of benefit to those who are undertaking or about to commence post registration academic programmes.</p>			
Oct 22, 2015	Understanding obesity and weight management	€80 members; €140 non-members	5
<p>This one-day workshop aims to provide a comprehensive understanding of the causes of obesity and knowledge of the physiological principles involved in the onset of obesity and associated illnesses. Lifestyle treatment options such as dietary, exercise and behavioural interventions will be covered in depth on the day, as well as non-pharmacological, pharmacological and surgical interventions.</p>			
Oct 23, 2015	Academic Writing and Research Appraisal Simplified	€80 members; €140 non-members	5
<p>This one-day course is aimed at registered nurses and midwives who are undertaking third-level academic programmes. This course will assist participants in completing their written assignments. The objective of the workshop is to help prepare the student for academic study which requires efficient literature searching, research critique and accurate referencing skills.</p>			

Date	Programme	Fee	(CEUs)
Oct 23, 2015	Heartsaver Healthcare Provider CPR and AED	€125 members; €195 non-members	6.5
<p>This Healthcare Provider Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillation (AED) course provides the information, rationale and practical skills training for the 2010 CPR and ECC guidelines. Nurses and midwives are required to adhere to the two-year certification period for both basic and advanced life support, as recommended by International Liaison Committee on Resuscitation as the best practice standard. Limited to six participants per instructor. A fee of €50 will be charged if you wish to cancel your booking 10 days before the course begins. Time: 9.15am-4.00pm.</p>			
Oct 28, 2015	Retirement Planning Seminar	€10 members; €45 non-members	None
<p>We have designed this seminar to ensure you are fully prepared for a secure retirement. The topics being covered on the day are superannuation, options for increasing your retirement benefits, planning your finances, taxation and budgeting. Time: 9.45am-2.30pm.</p>			
Nov 4, 2015	Management skills for Clinical Nurse Managers and Staff Nurses	€80 members; €140 non-members	5
<p>This course is focused on the key competencies required for ward managers to be effective in their roles as leaders and managers in healthcare delivery. Clinical managers perform both managerial and leadership functions in order to provide effective healthcare delivery to patients. For this reason, this workshop explores both management and leadership functions and how these are applied in practice so as to promote quality and safety of care. It also highlights the importance of the role of ward manager in leading a team and its role in both national and international initiatives aimed at improving care.</p>			
Nov 4, 2015	Caring for Patients with Renal Impairment	€80 members; €140 non-members	7
<p>This study day focuses on developing nurses' competency in the assessment and management of patients presenting with impaired renal function. Common causes of acute kidney injury and chronic renal failure are sepsis, diabetes and hypertension which are extremely prevalent in the acute hospital, older person and community patient populations. This study day will both inform and equip nurses to more comprehensively assess and care for patients with renal dysfunction. 9.30am-4.45pm.</p>			
Nov 5, 2015	Best Practice in Medication Management	€80 members; €140 non-members	5
<p>This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland (NMBI) and HIQA in the area of medication management.</p>			
Nov 5/6, 2015	Management in Practice	€150 members; €280 non-members	13
<p>Stimulate your thinking and be guided through a review and assessment of how you put your managerial skills into practice. People and processes focused on understanding the changing role of management, as well as coaching, motivating and developing yourself and others. This is an intense, comprehensive and participative workshop developed to ensure improved effectiveness in managing. Time 9.15am-4.00pm.</p>			
Nov 6, 2015	Exploring the Culture of Compassion in Care	€80 members; €140 non-members	5.5
<p>This course aims to explore the key components of compassion in care. Compassion is a core value of quality of nursing and midwifery practice and is valued and expected by patients and by the public. This course will provide information and guidance on the general principles of compassion as well as the key principles relating to a culture of compassion in care. It will enhance participants' knowledge on the importance of compassion and will provide practical strategies for promoting a culture of compassion in clinical practice.</p>			
Nov 9, 2015	Pain Management	€80 members; €140 non-members	5
<p>This programme provides a comprehensive approach to assessment and management of pain. It focuses on pharmacological and non pharmacological methods. Overview of ASK & LISTEN approach. It discusses pain types and effective approaches and explores pain assessment tools.</p>			
Nov 10, 2015	Ethics and Spirituality in Person-Centred Holistic Care	€80 members; €140 non-members	6
<p>This one-day workshop is designed to redress the balance and to explore a deeper expression of the Art of Caring. It will explore the meaning of spirituality, which is the heart of person-centred care, in the context of ethics and spirituality.</p>			
Nov 11, 2015	Principles and Practice of Infection Control	€80 members; €140 non-members	5
<p>This study day has been developed in response to the many challenges nurses/midwives face regarding infection control. It is suitable for nurses/midwives working in acute care and community care settings.</p>			
Nov 13, 2015	Wound Care Management	€80 members; €140 non-members	5
<p>This programme will allow participants to ensure professional competency in the area of wounds as per NMBI's Code of Professional Conduct and Scope of Practice for Nursing and Midwifery, which state that nurses/midwives must work within their competence. Furthermore, it will provide participants with continuing professional development to ensure that their practice is founded in the latest research and guidance as per the Health Service Executive National Best Practice and Evidence-based Guidelines for Wound Management.</p>			



EDUCATION PROGRAMMES COMING TO THE CORK OFFICE, Sheraton House, Hartlands Avenue, Glasheen, Co Cork

Date	Programme	Fee	(CEUs)
Oct 21, 2015	Best Practice in Medication Management	€80 members; €140 non-members	5
This programme has been developed to support nurses in providing safe evidenced-based practice in the area of medication management. It supports nurses/midwives by ensuring that they are up to date and meet the requirements of the Nursing and Midwifery Board of Ireland and HIQA in the area of medication management.			
Nov 12, 2015	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	5
This workshop aims to provide nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.			
Dec 2, 2015	Phlebotomy	€80 members; €140 non-members	3.5
This course provides nurses and midwives with the skill, theory and practice of phlebotomy. It will cover topics such as sites used for phlebotomy, criteria for evaluating a vein, principles of an aseptic technique, as well as complications that may arise during and after the procedure. This course will provide the necessary knowledge and skills to undertake phlebotomy; however, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on phlebotomy in their place of work. 9.15am-2.30pm.			

EDUCATION PROGRAMMES COMING TO TIPPERARY

Rackett Hall House Hotel, Roscrea, Co Tipperary

Date	Programme	Fee	(CEUs)
Oct 1, 2015	Assessment and Care Planning in Residential Care Settings for Older People	€80 members; €140 non-members	5
This workshop aims to provide nurses working in this sector with the most up-to-date information regarding policy and standards in older person care and will focus on the need for comprehensive assessment, including risk assessment and care planning for older people in residential care settings.			
Oct 19, 2015	Delegation and Clinical Supervision	€80 members; €140 non-members	5
This workshop explores the issues surrounding delegation and decision making, including appropriate clinical supervision for delegated functions. Participants will learn what is meant by delegation and how it differs from assignment of a task. The course also provides an understanding of the professional, legal and quality of care issues involved when deciding to delegate a function to a healthcare assistant.			
Nov 3, 2015	End of Life Thematic Inspections	€80 members; €140 non-members	6
The aim of this workshop is to outline the legal and professional requirements for end of life care in designated centres and to identify how to apply this to practice, so as to provide effective, evidence-based care to residents. HIQA standards, regulations and guidance will be used to prepare participants for thematic inspections.			

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If you forget your username / password – Tel: 01 664 0641/ 01 664 0618 or
email: pdc@inmoprofessional.ie

EDUCATION PROGRAMMES COMING TO THE LIMERICK OFFICE, Unit 4B, Courtfields, Raheen, Limerick

Date	Programme	Fee	(CEUs)
Oct 13, 2015	Practical Skills in the Management of People with Diabetes	€80 members; €140 non-members	5
This course aims to provide nurses/midwives with understanding, knowledge and confidence when delivering care to individuals with diabetes. This course offers a practical approach to diabetes, whether based in the hospital or community setting. Many theoretical aspects of diabetes are covered such as: the different types of diabetes, national and international guidelines, how to offer lifestyle advice to patients, treatment options, and understanding blood results, as well as dealing with complications in diabetes.			
Nov 17, 2015	Preventing and Responding to Responsive Behaviours in the Older Person	€80 members; €140 non-members	6
This course outlines a person-centred approach to preventing and responding appropriately to responsive behaviours in elderly residents. The course includes advice on how to conduct assessment and care planning for residents with responsive behaviours.			
Dec 1, 2015	Caring for a person with Parkinson's Disease: Challenges and Strategies within the Healthcare Setting	€80 members; €140 non-members	4
This one-day interactive course is designed to deliver up-to-date information while outlining care practices to all nursing staff with an interest in the management of a patient with Parkinson's. It covers process of diagnosis, clinical features, holistic care approaches, medication therapy, assessment, care planning and evaluation across all activities of daily living. The course outlines the role of the nurse and the interdisciplinary health care team in assessment, planning, implementing and evaluating care with the patient and their carer/family.			

EDUCATION PROGRAMMES COMING TO ROSCOMMON The Property Registration Authority – Land Registry, Golf Links Road, Roscommon

Date	Programme	Fee	(CEUs)
Oct 29, 2015	Retirement Planning Seminar	€10 members; €45 non-members	None
We have designed this seminar to ensure you are fully prepared for a secure retirement. The topics being covered on the day are: superannuation; options for increasing your retirement benefits; planning your finances; taxation; and budgeting. Time: 9.45am-2.30pm.			

All programmes have Category 1 approval from the Nursing and Midwifery Board of Ireland with Continuing Education Units

INMO SAFE PRACTICE WORKSHOPS

The Professional Development Centre is providing a nationwide series of workshops in venues across the country. This programme provides safe practice tools to protect the nurse and midwife and patient within current healthcare settings. This is an awareness session to ensure all staff have an understanding of the process involved regarding patient alerts, clinical incidents and thorough assessment, while remaining focused on patient and individual staff. The programme addresses patient safety and staff safety and provides five key tools on areas of documentation, clinical incident reporting, safety statements, best practice guidelines regarding assessment, and communication practices in a complex multifaceted healthcare arena. 'Tools for Safe Practice' is Category 1 approved by the Nursing and Midwifery Board of Ireland and awarded with 4 CEUs.

Dates and venues for safe practice workshops

Oct 13 - St Finbarr's Hospital, Cork; Nov 23 - Carndonagh, Donegal; Nov 23 - Letterkenny

More dates and venues are available on our website inmoprofessional.ie

If you would like to arrange this workshop in your area and can guarantee a minimum of 25 participants, please contact your IRO.

**TOOLS FOR
SAFE PRACTICE**

Fee: INMO members FREE;
€150 non-members

Log on to inmoprofessional.ie to
book your place



WHAT'S NEW IN THE INMO PDC LIBRARY



The new academic year brings several new additions to the INMO PDC library, including the journal source Emerald, writes **Aileen Garrihy**

The INMO PDC Library is delighted to offer members a one-day course on library searching techniques. This will give you the essential skills for searching for evidence to assist with policy development, clinical guidelines as well as evidence-based nursing. Please contact us for more information and other dates. There are limited spaces so early booking is advised.

New resources and trials

We would like to introduce Emerald to our resources. Emerald is a collection of full text journals covering research, management, leadership and healthcare. Journals include: *International Journal of Health Care Quality Assurance*; *International Journal of Workplace Health Management*; and *Leadership in Health Services*.

The library is currently trialling two new resources: Nursing Reference Center Plus™ and eBook Nursing Collection. Nursing Reference Center Plus™ is an evidence-based information resource designed specifically for nurses. It provides information about diseases and conditions; evidence-based care sheets;



content on nursing best practices and skills and drug information, as well as videos and images to aid in patient care.

The eBook Nursing Collection features over 300 hand-selected, quality titles that focus on the needs of nursing professionals, including clinical guides, evidence-based practice manuals, practical handbooks, and professional growth titles. Titles include: *Critiquing Nursing Research*; *The Art and Science of Telephone Triage: How to Practice Nursing Over the Phone*; and *Dementia Care: A Handbook for Long-term Care Nursing Staff*.

Aileen Garrihy is assistant librarian at the Irish Nurses and Midwives Organisation



Getting the most from your library: Advanced Library Searching Techniques

Category 1 Approved by Nursing and Midwifery Board of Ireland (NMBI) = 5 CEUs

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

Date: Thursday, 22 October 2015

Venue: INMO HQ, The Whitworth Building

Fee: €80.00 INMO members;

€140.00 non-members

For more information go to <https://inmoprofessional.ie> or contact the INMO Library on 01-6640614.



Understanding the Code

In a series examining the new Code of Professional Conduct and Ethics, Edward Mathews discusses professional responsibility and accountability

IN OUR exploration of the Code of Professional Conduct for registered nurses and midwives, this month we focus on the second principle of the Code – professional responsibility and accountability. Previously we considered the principle itself, the associated values, and some of the standards of conduct.

As we know each principle in the Code underpins a set of ethical values, and associated standards of conduct. The ethical values state the primary goals and obligations of nurses and midwives, and the standards of conduct and professional practice flow from these values. They also show the attitudes and behaviours that members of the public have the right to expect from nurses and midwives. It is important for all nurses and midwives to consider the totality of the contents of the Code, and to reflect on the principles, ethical values, and standards, in deciding how to practise nursing and midwifery.

The focus of this principle is professional responsibility and accountability for each individual nurse and midwife, their professional and personal integrity, their duty to advocate on behalf of patients, the professional boundaries which exist within nursing and midwifery, the importance of insurance for practice, and issues surrounding conscientious objections.

Ethical responsibilities

One of the ethical responsibilities of the nurse or midwife is to maintain professional integrity, and key to that area is the standard of conduct which requires

a nurse or midwife to be aware of their professional responsibilities when using social media. The duty of confidentiality and the duty to behave in an ethical fashion in many respects will influence the appropriateness of the use of social media and the matters that may be referred to in social media.

The issue of social media was considered separately in the last issue of WIN, however it is extremely important that nurses and midwives are aware that any references to the workplace, which can identify them, their place of work, their colleagues or their patients, either directly or indirectly, poses a serious risk in relation to the standard of conduct that is expected of them by the Nursing and Midwifery Board of Ireland (NMBI).

Allied to the issue of professional integrity is the expectation of the NMBI that a registrant will take ownership and responsibility and be accountable for their own health and wellbeing. It is important to note that the Board expects that if an individual nurse or midwife becomes aware that their own health is affecting their ability to practise safely, they must get help and manage their condition, so as not to impair their ability to practise their profession or an element of their profession.

Allegations of unfitness to practise on the basis of a medical disability do arise with relative frequency. It is important to remember that not only could your illness represent an impediment to your practice, but if you were aware of your illness and of its impact on your practice,

your standard of conduct may be called into question because you did not effectively manage the illness or seek help to prevent its interference with your ability to practise.

Advocates

It has been long since recognised that it is the duty of nurses and midwives to advocate on behalf of patients to ensure their rights and interests are protected. When we considered Principle 1 of the Code, we looked at the issue of human dignity and its paramount place in the regulation and motivation of the conduct of individual nurses and midwives. A corollary of that right to human dignity is the right to have that dignity protected. If one is unable to protect one's own dignity there is an expectation that nurses or midwives will advocate for individual patients and for the patient group as a whole.

This has always been the hallmark of our professions and individual nurses and midwives themselves who, through the INMO, act as advocates on a day-to-day basis for patients and those they care for.

This duty applies across the range of nursing and midwifery grades, and it is necessary to recognise that this duty arises notwithstanding the organisational pressures and demands that may impact the care of individuals, or in the overall management of the clinical area.

This standard requires that nurses and midwives not be silent participants or observers in practices that violate the rights and interests of those they serve;

they must act as advocates for those rights and interests.

Conscientious objection

We have previously identified the relevance of a conscientious objection in the context of the operation of the Protection of Life during Pregnancy Act 2014, and I would refer to that article in a previous issue of *WIN* (Mathews E. *WIN* Vol 22:9 [24-25]). In more general terms, it is important to note that in terms of one's professionalism, professional responsibility and accountability, the NMBI does recognise that people may hold a conscientious objection based on religious or moral beliefs, which is relevant to professional practice.

In circumstances where this arises, the individual in question is required to tell their employer and, if appropriate, the patient as soon as possible. It is an essential that if a conscientious objection arises – and you cannot meet the patients' needs because of that objection – that you must liaise with your employer and, if appropriate, the patient to make other care arrangements.

No conscientious objection could ever justify placing a patient at risk in circumstances where an alternative care arrangement was not available. Individual nurses and midwives must be cognisant of this. It is an essential requirement and a specific standard within the Code that in an emergency situation where there is a risk to a patient's life that a conscientious objection is not a justification for absenting oneself from the care of a patient.

Professional integrity

Returning to the theme of professional integrity, which is inherent to professional responsibility and accountability, a standard of conduct within the Code recognises that each nurse and midwife must keep professional boundaries with patients. The standards indicate that professional boundaries set the limits of the therapeutic relationship, including acceptable behaviour between the nurse or midwife and a patient in any given situation.

It is not possible to delineate all the appropriate standards of conduct in maintaining a professional boundary, nor indeed the inappropriate actions that can breach a professional boundary. However, it is clear that each nurse and midwife must remember that in order to be a true advocate for a patient – and to ensure that they receive the best possible service in accordance with the professional principles espoused in the Code and inherent

to the professions of nursing and midwifery – there must remain a professional distance between a patient and a nurse or midwife. At the same time you must provide them with the care, compassion and respect that they deserve, allowing you to undertake your functions in a professional, responsible and accountable fashion.

A breakdown of a nurse-patient relationship could facilitate types of conduct that would be regarded as inappropriate. Nurses and midwives are less vigilant to the breaches of expected standards of conduct in circumstances where they have allowed the professional boundary to break down.

In particular, the Code stipulates that a nurse or midwife must never use their professional position to form a relationship of an emotional, sexual or exploitative nature with a patient, their spouse, partner or close relative. This in some sense is an easy standard of conduct to understand but it is important to recognise that what is referred to here is the use of one's professional position in the formation of a relationship. While relationships may develop outside of the workplace – unrelated to one's interaction with a person as a patient, or connected person to a patient – each such circumstance would be judged on its own merit, in light of the degree of proximity to the therapeutic relationship.

The more difficult position is the use of professional position to form an emotional relationship with a patient, their spouse, partner or close relative. To properly analyse this standard of conduct, I think it is important to pay careful attention to the language used, and in particular the standard prohibits the underlying use of a professional position in the formation of such a relationship.

The formation of some type of emotional relationship with a patient and connected persons is a normal part of nursing and midwifery, but it is crucial that an appropriate professional boundary is maintained. You must ensure that the emotion that is part of day-to-day practice does not violate that boundary in any way that might be beneficial to oneself, or be seen to be exploitative of the patient or the connected person.

It is prohibited for a nurse and midwife to accept loans or money from patients. While individual situations may emerge where a nurse or midwife find themselves in a difficult situation, it must be under-

stood that it is absolutely prohibited for them to accept money from patients nor ask for such loans. It is our experience that where a nurse or midwife allows the professional boundary to become clouded they are more likely to fall foul of this prohibition.

There is also a prohibition on the acceptance of gifts or favours from patients, or healthcare and pharmaceutical companies. This could give the impression that you are providing someone with preferential treatment, that the gift or favour was influencing your professional integrity, or cause a conflict of interest where your private interest might interfere with your professional responsibility to your patient.

These standards specifically recognise that most employers will have a policy about the acceptance and reporting of gifts and these should be adhered to. This is very important in terms of professional integrity and indeed avoiding any suggestion of corruption or misuse of resources. Moreover, the acceptance of any benefit from any party, should only occur in circumstances where it was absolutely clear that this gift or favour is in no way related to your present or future conduct as a nurse or midwife. It must be evident that it will not influence the priority and treatment that you provide to any individual, that it will not influence your professional integrity and that it will not influence you in any act or omission in relation to patient care.

Clearly, circumstances will arise where minor gifts are given to individual nurses or midwives, and this is common practice, and in many instances will not be offensive. It is important that you abide by the policy of your individual employer and is essential that you are able to account for your practice. You must be able to explain how the receipt of this gift did not in any way influence your professional integrity. *De minimis* gifts are common and are representative of the excellent service provided by nurses and midwives, however the important thing is to maintain professional boundaries and to be able to explain to all concerned that the receipt of any gift did not in any way influence your professional behaviour.

Increasingly, nurses and midwives are employed by commercial entities that are designed not only to provide care to patients but also to provide a particular product, in preference to another product. In these circumstances the Code

recognises that if a nurse or midwife is promoting or advertising a product or services for professional purposes, that they should be aware of their professional, ethical, and legal obligations to provide accurate and impartial information. So, while one may be employed by a particular company to provide a particular service or product, it is important that in accordance with the professional, ethical, and legal obligations of the professions that every patient receive the best possible, evidence-based and impartial advice in relation to the suitability of a product for their condition, in their circumstances, considering their means.

Respect for goods and property

The final two standards of conduct under this principle deal with the requirement for nurses and midwives to effectively use healthcare resources and the requirement to respect patients and employers property.

The effective use of resources includes, but extends beyond, the prohibition on theft and requires each nurse and midwife not to be wasteful in their day-to-day practice and to bring elements of waste to the attention of their employer.

In addition, it is imperative that nurses

and midwives understand that not only is it prohibited by law but also by the Code of Conduct for them to interfere with or steal property belonging to patients or employers.

Professional indemnity

The final standard indicates that a nurse or midwife is responsible for ensuring that they have professional indemnity insurance. This indicates that patients have a right to expect that the nurse and midwife will hold this insurance in case there is a claim of professional negligence against you.

It should be noted that nurses or midwives working within the public health service are automatically included in the Clinical Indemnity Scheme, which is a State-administered insurance scheme, governing professional indemnity matters.

For many nurses working in private practice, who are members of the INMO, their practice will be covered by the professional indemnity insurance included in the INMO membership. However, and this is extremely important, you should check to ensure that your individual field of practice is included in the professional indemnity scheme offered by the INMO.

Conclusion

In essence, principle two is all about professionalism; what it is to be a professional, the hallmarks of a profession, and the ethical values of standards of conduct that should be expected of all professionals, and in particular nurses and midwives. It is all about us taking responsibility for what we do or do not do and being in a position to account for what we do and do not do.

Principle two refers to the maintenance of our professional integrity, following the guidance of our registering body, and others; the maintenance of appropriate relationships with our patients and those who might influence our conduct. We must ensure that we respect the human dignity of those we serve, our integrity as professionals, the integrity of our professions as a whole. We must ensure that those we serve can expect a high quality service, provided by professionals who make decisions for which they are happy to take responsibility; regarding which they will be held to account and are happy to be held to account within a fair and transparent process.

Edward Matthews is INMO director of social policy and regulation

Operating Department Nurses Section Conference 2016



Call for Abstracts

The INMO ODN Section conference planning committee welcomes submissions from members on current Irish perioperative research, to form part of the conference programme.

Abstracts (between 250-300 words) to be submitted to jean.carroll@inmo.ie

Closing date for abstracts: November 27, 2015



For all enquiries email: jean.carroll@inmo.ie, Tel: 01 664 0648

Website: www.inmoprofessional.ie

Introducing Executive Council members



Deirdre Munro

Midwifery seat, Executive Council,
Education officer, Midwives Section
Project co-ordinator QID, HSE

I represent midwives on the INMO Executive Council alongside Naomi O'Donovan. This is an elected seat and a voluntary position in the INMO. This role involves a whirlwind of activity, responsibility and steep learning during an era of multiple challenges

and change for midwifery. The executive role is complex and diverse.

It involves multiple scheduled and unscheduled meetings countrywide with INMO, HSE, government, NMBI, teleconferences and conferences. This means having an ear for colleagues and keeping a finger on the pulse of change (good or bad). You develop skills you never knew you had; supporting and representing colleagues, listening, writing, public speaking, media calls and networking with multiple stakeholders. I have an opportunity to provide a voice for the midwifery profession, influence policy, challenge strategies and question proposed changes that may potentially impact our profession.

Representing your profession is an honour and an enormous responsibility

at one-to-one, local, national and international levels. Midwifery is not just a job, it is my passion. I find personal criticism, negativity and trial by social media the most difficult element, yet all voices are heard and this enhances resilience and boosts problem solving skills. I try to represent midwives with professionalism, respect and kindness.

The future is bright with fantastic opportunity for midwives and future midwives. I am truly honoured to play a small part. Special thanks to you for voting for me, to Liam and all dedicated staff in the INMO, Midwives Section, UL, QID HSE, my friends and family. I wouldn't survive this journey without all of you.

Twitter: @Deirdremunro



Darren Ó Cearúill

Student seat, Children's & General
Nursing, DCU, Temple Street, Dublin

I am currently in my third year studying integrated children's and general nursing in DCU. For clinical practice I am based in Temple Street Children's Hospital and have also trained in Bon Secours Hospital Dublin.

I was elected to the Executive Council for 2014-2016. I became

involved in the INMO because I am committed to seeing the nursing and midwifery professions organised and our interests represented from an individual to a national level and I believe the INMO is the best vehicle to achieve these goals.

As a student I am acutely aware of the challenges facing students and new graduates. Unfortunately, too many of our eminently qualified nurses and midwives are taking their valuable skills and training out of Ireland. I do not believe the current HSE recruitment incentives are anywhere near good enough to attract nurses/midwives home and I am opposed to them as time wasting half measures.

I am pleased with the demise of the

abhorrent graduate scheme, which failed due to the strength of nurses/midwives acting collectively to boycott it. I also welcome that 2015 will see all graduates being offered positions on the full rate of pay.

We must continue, as a matter of equity and fairness, to fight for an increase in the derisory internship pay rate, which ensures that this nursing/midwifery grade is by far the lowest paid employee in the health service. We will also continue to negotiate for the restoration of the incremental credit for new graduates and I recently participated in a meeting with Minister for Health Leo Varadkar to lobby him in this regard.

Email: darren.océaruill3@mail.dcu.ie



Bridget O'Donnell

Staff nurse, Emergency Department,
University Hospital Limerick

I currently work as a staff nurse in the emergency department University Hospital Limerick. I have been the INMO rep in this department for many years, and was involved in the 2011 industrial action taken by our emergency department to high-

light patient safety. I have had the privilege of being a member of the Executive Council since 2012. I am on the industrial relations subcommittee and use this as a place to highlight the concerns and plight of nurses and midwives. I am a vociferous INMO activist, both locally and through the Executive Council at a national level.

My priorities lie in ensuring adequate and safe staffing levels in all departments to ensure safe and effective patient care in line with their dependency and acuity levels. I also want a safe working environment for staff to carry out their tasks. This is being addressed nationally through the ED Taskforce.

I realise in today's climate with gross overcrowding and understaffing and the expectation to give more for less it is hard to remain optimistic. Nurses and midwives are frustrated and demoralised but to achieve anything we need to remain strong and unified. We need to promote the health and wellbeing of each and every nurse and midwife. This can be achieved by each and every one of us realising our self-worth and the major contribution of our professions to the health service.

I would urge more members to come forward and be an activist or rep in your area. Remember you the members are the INMO.

Email: bgtod@hotmail.com

On the ground with the president



Campaign for Excellence in ID services

AS COVERED elsewhere in this issue, we have launched a Campaign for Excellence in intellectual disability services. We had a very good protest at the Dáil when it resumed after the summer break on September 22. A number of politicians came to meet us as well as members of the public.



INMO president Claire Mahon pictured at Campaign for Excellence protest outside the Dáil

The campaign will continue until the cuts to services over the past five years have been reversed. A person with an intellectual disability has the same rights as other members of society. They have a right and a need to live within the community like other people, and they have a right to receive those services necessary to meet their specialised and changing needs. They should receive, if and when necessary, professional assistance and services that will allow recognition, development and expression of the individuality of each person. I would like to congratulate and sincerely thank the officers of the RNID Section: Executive Council member Ailish Byrne, chairperson; Patricia McCartney, secretary; and Ann Marie O'Reilly, education officer; and indeed all members of the section for highlighting the issues in the area of intellectual disability and for all their hard work in putting the campaign together.

We will continue with the campaign until ID services are rebuilt across the country, with the registered nurse in intellectual disability (RNID) at the core of the service. Log on to www.inmo.ie to see more about the campaign and to read the policy document on what the RNID can do to optimise the lives and health of individuals with intellectual disabilities.

NMBI and Seanad elections

THERE are three seats to be filled on the NMBI board later this year (*further details, page 15*). Please keep an eye out for updates on this election as it is important that INMO members are elected to the three vacant seats. I would like to take this opportunity to thank INMO members Linda Phelan and Mary Connor for their sterling work on the board on behalf of INMO members. They will finish their term later this year.

I would also like to draw your attention to a piece on *page 12* by deputy general secretary Dave Hughes for important information about Seanad elections. It is now time for nurses and midwives to fight the election for a seat in Seanad Éireann as proposed in a motion at the annual conference by the East Coast Branch.

Branch/section meetings

AT THIS time of year branch and section activities get underway with renewed vigour. I would like to thank you all for your hard work and commitment and remind you that if you would like me to attend any of these meetings, feel free to contact me on claire.mahon@inmo.ie

Dying to talk

I ATTENDED a conference on 'end of life' in Dublin Castle, run by the Irish Hospice Foundation, with the theme '*Dying to talk? – conversations about end of life in Ireland*'. The day was excellent with fantastic speakers. It was about us having that conversation about dying, not just with those dying but also about our own death and what we want. Check out the website www.thinkahead.ie for more information and complete the 'think ahead' questionnaire.

ED overcrowding crisis

WE ARE all aware that the ED crisis has reached unprecedented levels. In this regard, we have called a national meeting of ED nurse representatives from all over the country on October 5 to which Minister for Health Leo Varadkar has been invited. The Executive Council will meet the following day to receive feedback from this meeting and give formal sanction to whatever actions or initiatives are recommended by our ED representatives. Despite all the commitments, the crisis is worsening with record levels every month this year, and it is long past the time that the government as a whole takes action to resolve this problem once and for all.

Get in touch

You can contact me at the INMO headquarters at Tel: 01 6640 600, through the president's corner on www.inmo.ie or by email to: president@inmo.ie

Claire



Ring of steel meets protest

Ann Keating reviews recent media coverage of INMO activities, including the 'ring of steel' that met the RNID protest at the Dáil

Campaign for Excellence

Ring of steel up at Leinster House as a small group of nurses stage protest was a headline over an article on the campaign in the *Irish Independent* (September 23) which also included a photo. "The big barriers were out in force... Molesworth Street was blocked off at both ends and lined with big steel grilles... A protest by the Irish Nurses and Midwives Organisation (INMO) was among the variety scheduled to take place yesterday to mark the return of the Dáil from its summer holidays... Ailish Byrne, chair of the Registered Nurses Intellectual Disability group (RNID), said that "massive" cuts had decimated the sector. "We've lost 15% of staff, and the budget has been reduced by €159m in the last five years... With 30,000 people with intellectual disabilities on the national database, a crisis is coming." Liam Doran said: "The blunt budget cuts are really affecting the quality of life of families who silently bear the burden. If they can't speak for themselves, we'll speak for them."

The Irish Times (September 23) also carried a photo of the protest with the caption "Staff from frontline services across the country took part in a protest organised by the Irish Nurses and Midwives Organisation yesterday as part of its 'campaign for excellence' in intellectual disability services. The campaign is designed to highlight the cuts to intellectual disability services over the past six years, and the 'resulting negative impact upon the lives of those with an intellectual disability'."

Emergency department crisis

Regarding the ongoing ED crisis *The Daily Mail* (September 15) covered the announcement by the Minister for Health Leo Varadkar of 300 extra beds – **Nurses scorn plans for 300 extra beds – Leaders say hospitals cannot staff current**

services. "A total of 300 patient beds announced yesterday to ease A&E overcrowding over winter may stay open permanently, Leo Varadkar has signalled. However, the largest nurses' union, the INMO, immediately cast doubt on the Health Minister's plan and said management cannot find staff for existing services... Mr Doran said finding the physical space for an additional 300 patient beds was a difficult enough challenge – but would be easier than finding staff. They cannot staff existing services sufficiently so how are they going to find staff for an additional 300 beds." The story was also covered in *The Examiner* (September 15) – **Staffing crisis in hospitals may scupper plan for 300 beds.** "The INMO is to hold a national meeting of emergency department nurse representatives on Monday, October 5, to discuss hospital overcrowding. Nurses will assess whether the additional measures announced by the minister, including the 300 additional beds, will be enough to alleviate the situation. Mr Doran said all of the hospital managers have been trying to recruit more nurses but all were acknowledging that they were having minimal response."

Meanwhile, Dr Ruairi Hanley writing in the *Irish Medical Times* (September 18) questioned Irish people's priorities under a headline **Sweating the small stuff.** He "laments the public's sometimes warped sense of political priority, which results in mass protests against water charges rather than over the crisis in our EDs... 'patient advocacy' for those screaming in pain on trolleys appears to be largely left to the INMO and the occasional medical letter writer to *The Irish Times*. It is hard to escape the conclusion that as a nation our sense of political priority is very warped indeed. Relatively small issues in the grand scheme of things cause the biggest uproar."

Nursing shortages

The Daily Mail (September 19) carried a headline **Nurses stay in UK despite HSE package offer.** "A HSE campaign to lure 500 nurses back from the UK has managed to secure just one tenth of that figure so far. The health authority confirmed that just 56 nurses have accepted contracts of employment since the recruitment campaign was launched during the summer... Mr Doran said the HSE is offering an overall €1,500 package to nurses who return home to cover relocation costs, including their flights. But he said UK hospitals are attracting nurses with €3,000 sign-on bonuses, free uniforms, free parking and access to further specialist education."

University Hospital Waterford

Patient care at UHW 'severely compromised' was a headline in the *Waterford News & Star* (September 22). Mary Power, INMO industrial relations officer, said: "This problem is a legacy of the moratorium coupled with this acute hospital operating at approximately 120% capacity without the appropriate nursing staff in place to deliver the care that all presenting patients have a right to expect."

St Raphael's Centre, Celbridge

The INMO raised concerns about a number of issues at a meeting with the board of management at St Raphael's Centre, Celbridge recently. *The Liffey Champion* (September 19) reported on a **Positive outcome from Union meeting at St Raphael's.** "INMO industrial relations officer, Derek Reilly said: "It was a positive meeting and we were pleased...it followed a meeting between the Union and 40 staff members... about concerns regarding the staffing levels and adequate training for support staff to ensure the safety of residents with intellectual disability."

Ann Keating is the INMO media relations officer, email: ann.keating@inmo.ie

New eRoster system for the HSE launched

Just six months into the new cloud-hosted eRoster system at Letterkenny General, Michelle Donnelly reflects on its progress to date

LETTERKENNY General Hospital is the first in the Republic of Ireland to launch HealthRoster, the eRostering product for nursing staff on a cloud-hosted platform. The launch is a milestone following the commitment from the ONMSD and the Donegal steering group, which made the vision of eRostering a reality for the HSE in April 2015.

The project objectives for Letterkenny are to:

- Improve service delivery and clinical safety by having the right people in the right place at the right time
- Improve rostering practices and access to rosters
- Provide accurate management information regarding staff that will facilitate an effective workforce across all wards and departments
- Improve the planning of leave management
- Improve the reporting and management of unscheduled absences eg. sick leave
- Enable the legal requirements of the EWTD to be balanced with the needs of service delivery.

Allocate Software won the tendering competition for the HSE and the current rollout of 'HealthRoster' to Letterkenny General Hospitals' nursing staff is demonstrating early successes. As a cloud-hosted system, one of the most notable early successes has been with 'Employee OnLine'. All staff on HealthRoster can login from the comfort of their own homes on any internet-enabled device or phone to view their rosters, make duty requests, make leave requests and receive confirmation from their managers when any aspect of their roster has been approved or changed.

The rollout of HealthRoster and Employee OnLine is well on the way to meet its target of just under 900 staff who fall within the nursing budget at Letterkenny General Hospital.

HealthRoster allows for specific skills to be logged against a shift ensuring that



Pictured (l-r): Gareth Rowley, business development manager, Allocate; Dr Anne Drake, director of nursing, Letterkenny General Hospital; Jan Pady, programme manager, Allocate; Dean Vincent, implementation consultant, Allocate; Deirdre Keown, eRoster systems administrator, Letterkenny General Hospital; and Michelle Donnelly, eRoster project manager, Letterkenny General Hospital

the right member of staff with the specific skill will be rostered on that shift, maximising safety for patients. 'BankStaff' is a module within the HealthRoster suite and is planned to go live in October 2015.

It will help improve and streamline the process of identifying and deploying staff to fill available shifts. All modules of the application have prompted reviews of current business processes within the nursing department, and opportunities to improve and streamline resources have been welcomed.

'SafeCare' is the latest module of the HealthRoster suite to be launched and will allow nursing staff to capture patient numbers by acuity and dependency, and see if their staffing levels match this demand. SafeCare will be of significant value to all members of the senior nurse management team enabling day-to-day operational changes to the roster in real time and facilitating the redeployment of staff across wards to avoid over or understaffing and promote and maintain safe and compliant care.

Analysis workshops between the HSE, Allocate, ERPS and the technical implementation team have also commenced exploring how interfacing the HealthRoster suite with HR and payroll systems can be developed for the HSE and pave the way for future rollout across the various disciplines and divisions within the organisation. It is

expected that a specification and proposal document from the analysis workshops will be available in the near future that will inform the next steps that will make the interface a success.

Dr Anne Drake, director of nursing and midwifery at Letterkenny General Hospital, chairs the eRoster steering committee at Letterkenny. This monthly committee meets to provide high-level governance to the project team. Successes to date are due to the commitment of Deirdre Keown, systems administrator to the project, and the strong governance support and direction from the steering committee, alongside the engagement and support from all staff using the application every day in Letterkenny.

As a software product, the functionality and transferability of HealthRoster to other disciplines makes it clear to see how as an organisation we can demonstrate accountability, and efficiently manage resources – ensuring that wherever care is delivered, our patients can be sure that the right people are in the right place at the right time. For further details contact: Michelle Donnelly, eRoster project manager at email: michelle.donnelly1@hse.ie or Deirdre Keown, eRoster system administrator at email: Deirdre.Keown@hse.ie

Michelle Donnelly is eRoster project manager at Letterkenny General Hospital

Over use of technology

Is there an over reliance on CTG in maternity practice and are midwives at risk of losing the art of intermittent auscultation, asks Karen Hill

INTERMITTENT auscultation (IA) by means of a foetal stethoscope or pinard can be traced back as far as 1818. The advancement of technology in the form of the cardiotocograph (CTG) came into widespread use in the 1960s. It was believed that cardiotocography would detect foetal hypoxia earlier thus decreasing the neonatal morbidity and mortality rates. So strong was the belief, that the technology of the CTG was widely embraced without rigorous scientific evidence of its effectiveness.^{1,2}

Evidence base

Today we have international and national guidelines on the use of CTG monitoring for the foetal heart. It is recommended that IA is used for low-risk pregnancies only.^{3,4}

This recommendation has come about from randomised controlled trials as far back as 1985. The well known Dublin trial looked at more than 12,000 women in labour of mixed low and high-risk pregnancies and monitored the foetal heart by either IA or CTG.⁵

It concluded that neonatal mortality rates were similar for neonates in both the IA and CTG groups. The significant finding was in the morbidity for the IA group, more neonatal seizures occurred. However, the long-term neurological development of the neonates who suffered seizures in the immediate postnatal period was of no significant difference compared to the CTG group.⁵

This evidence even back in the 1980s showed that the use of IA was appropriate midwifery care for monitoring the foetal heart rate in labour. Further meta-analysis of multiple RCTs are consistent with this finding.⁶

Crisis point

The effect of CTG monitoring on midwifery skills has reached a crisis point now where midwives are rarely given the opportunity to practice IA in the clinical setting. We educate our midwifery students on the importance of listening with

a pinard and yet they do not see this as common practice in the clinical setting.

Reasons for this are complex. Midwifery staff shortages have contributed to using the CTG as a 'midwife-by-proxy'.^{7,8,9} Technology has advanced so that several CTG monitors can be observed from a central point, thus removing the midwife from the labouring mother's side. Fear of litigation and having 'proof of the foetal heart' in labour is common place in many midwives' minds.⁹ A fear that is difficult to determine the origin of.

We know that interpretation of CTG recordings is fraught with difficulties. Intra-observer and inter-observer reliability of CTG recordings has been shown to be unreliable, thus creating a more menacing liability threat than IA.^{10,11} With IA, our ears will hear the foetal heart rate, the proof we have heard the foetus. In no other clinical skill would a midwife doubt her own hearing.

Guidelines have been created to support our midwifery practice. NICE, RCM and RANZOG support IA in isolation for monitoring the foetal heart rate in labour in low-risk pregnancies.^{4,12,13} The current Irish HSE guideline does not offer support for the practice of IA on the same level.³ The HSE guideline explicitly states that women admitted with low-risk pregnancies should be offered IA. However, if the pregnant mother is to be discharged from midwifery care to await onset of labour, a discharge CTG should be performed.³ This is a recommendation without rigorous scientific support. This recommendation serves to support the fear of litigation and undermine the midwifery skill of IA.

Support

In order to retain the clinical skill and art of IA we need to promote its use. We can achieve this through antenatal education of expectant mothers. Women should expect to have IA unless a risk factor is identified that would indicate the use of a CTG.¹² Our midwives and student midwives should be supported in the use of IA.

They need to have appropriate, supportive and scientific-based guidelines on the use of IA. They need the equipment to perform IA (pinards and dopplers).¹³ Pregnant women need midwifery staff to provide one-to-one midwifery care and educate our student midwives on how to interpret the foetal heart through IA.

We need to give midwives confidence to practice their midwifery skills. And, lastly, we need to use technology appropriately in clinical midwifery care.

Karen Hill is a clinical tutor at the School of Nursing and Midwifery at Trinity College Dublin

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LEITRIM

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- St Patrick's Community Hospital, Carrick-on-Shannon
- St Ciaran's, Summerhill
- Aras Carolan, Mohill
- Public health nurses, community RGNs and RNIDs

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Latest news

The Leitrim Branch was honoured to have the INMO president visit our AGM in February.

Branch delegates attended the INMO annual delegate conference in May. A motion from the Leitrim Branch highlighted the severe contraction of staffing resources in community hospitals, older person units and intellectual disability services.

The contraction of RGN posts has placed pressure on remaining staff. The difficulties caused by having to 'do more with less' is to the detriment of safe standards of nursing care provided to patients. The recruitment moratorium had decimated the RGN complement in these units, facilitating the HSE to perpetuate a 'race to the bottom' in pushing different care ratios in place.

The Branch very much welcomed the provision of safe practice workshops held locally over the past year with nurses from all sections/specialties attending.

Industrial relations update

Maura Hickey is the IRO for the Leitrim Branch. She is currently involved in the following on our behalf:

St Patrick's Care of the Elderly, Carrick-on-Shannon

We are fighting the reduction in staffing levels in the hospital where this situation has arisen due to a number of factors:

- Failure of the HSE to recruit additional nursing staff
- The HSE's failure to recognise the risks to patients as identified by nurses
- The hospital's reliance on the provision of care by off-duty nurses
- The hospital's reliance on an insufficient number of nurses to deliver appropriate nursing care to patients.

A very successful lunchtime protest was held on June 23, 2015 with more than 80 people attending including nurses, HCAs, family members, local politicians and members of the general public. On August 11, 2015 the INMO attended a follow-up meeting with management seeking to establish what action or plan management had in place to address the staffing shortages. The INMO was informed by the general manager that St Patrick's Hospital was one of the best staffed hospitals on paper with a ratio of 1.01 staff per patient as opposed to other care of the elderly units in the country which have a ratio of .6 to .8. On further discussion it was established that the general manager was including staff who were on long-term sick leave and short-term sick leave. The INMO highlighted that this is not an accurate reflection of the staff on the wards on a daily basis and the INMO advised that patients were being put at risk on an every-day basis. The question must be asked, if there are safe staffing levels why are agency staff being employed and staff contacted on days off and asked to come in and work extra shifts? The INMO stated that key decisions are being made by senior management who are not involved in the day-to-day delivery of nursing care and whose priority is to balance books and not patients.

Individual members continue to be represented on issues such as hours of work, time in lieu, roster changes, investigations, and parental leave.



Striving for excellence

Dean Flanagan discusses the new INMO Campaign for Excellence in ID services and his visits to universities around the country

THE INMO recently launched a Campaign for Excellence in intellectual disability (ID) services. The INMO has, through the work of its Registered Nurse in Intellectual Disability (RNID) Section, commenced this campaign to:

- Highlight cuts to services over the past five years and the resulting negative impact on the lives of those with an intellectual disability
- Re-affirm the central role of the RNID in the provision of all services to clients/service users.

This is a fantastic time for ID nursing students to get involved with the RNID Section of the INMO and also to contribute to the protection of this vital discipline. If you would like to become more involved in the RNID Section contact Jean Carroll, email: jean.carroll@inmo.ie, for further information.

Visiting first year students

I have started my visits to the colleges and universities around the country meeting first year students. I would like to say a huge hello to everyone I have met so far and a big thank you to the busy lecturers and allocation staff who allotted time for the INMO. I know I haven't got to meet everyone yet so if you or your friend missed out, you can always join online at: www.inmo.ie/Membership.

Visits to fourth year students

Congratulations to everyone who will be graduating over the coming month. The INMO wishes you all the very best in whatever path you choose. Some may travel, specialise or stay here in Ireland and we at the INMO wish to help you through whatever might arise as new graduates in uncertain times. However, it is at this time that your four-year student membership is coming to an end and we would like to invite you all to join as full members. The benefits of having full INMO membership include:



Dean Flanagan, INMO student and new graduate officer (front right), pictured with new graduates from the Moore Abbey ID Service, in Monasterevin, Co Kildare

- Essential to ensuring appropriate representation in relation to fitness to practise hearings
- Your support at work – offering advice and guidance on employment and industrial relations issues
- Offering tailor-made courses, in the professional development area, with discounts to INMO members
- Free access to the INMO Library and Information Office services. This is the only dedicated library service for nurses and midwives in Ireland and is invaluable for postgraduate students
- Special offers and discounts available to members via Groupscheme www.inmo.ie/Groupscheme

Please contact the membership office at Tel: 01-6640600, go online or fill out a membership form. Don't forget the Recruit a Friend scheme – if you help recruit one person you receive a €20 One4all gift card.

Over the past few weeks I have been lucky to visit some fourth year students around the country, and over the past year in particular it has been great to meet all the fourth years who have helped the INMO at various events.

During the year I am aware that some internship students and INMO members

have taken part in *Nurses*, an RTÉ series, in which six students are followed during their internship work. The series will be an eight-part documentary starting in October and I would encourage everybody to watch it.

Preceptor Award

The popularity of the INMO's annual 'Preceptor of the Year' award keeps growing every year. The award is given to an INMO member who has inspired and motivated a nursing/midwifery student to reach their potential. Students can nominate their preceptor before April 15 online or by email via the form on the INMO website: www.inmo.ie

The winning preceptor will be invited with a guest to receive their award at the annual awards dinner at the INMO ADC in Killarney in May. They will also receive a €1,000 cash prize sponsored by Cornmarket. The student member who nominated the winning preceptor will also be invited with a guest to the awards dinner. The INMO Executive Council hopes that this award will give recognition to the vital and essential work of preceptors, which is a fundamental component of nursing and midwifery education. Please start getting your nominations filled out.

A nurse who tried to do her duty

This month marks the centenary commemoration of brave and inspirational nurse Edith Cavell, writes Michelle Cresswell

AS THE autumn leaves begin to fall this October and the sun starts to fade to a mellowing light, it will bring with it the centenary commemoration of a brave, deeply inspirational nurse felt by many to be the most famous woman executed in the first world war. On October 12, it will be exactly 100 years ago that the body of nurse Edith Louisa Cavell fell to the cold, bare floor at 7am in the stark, early morning light having faced two firing squads of eight men at the national firing range, Tir national in Brussels.

Edith Cavell was a deeply religious nurse, brought up by a loving family in the quiet Norfolk village of Swardeston, where her father was an Anglican vicar for 45 years. As a young girl, Edith had not thought her religious upbringing to be much fun, which is reflected in a letter once written to her cousin asking her to come over to stay, but not for a weekend as "father's sermons are so long and boring!"

However, as she got older, Edith developed into a caring, dutiful daughter. The high social and religious principles she upheld were a direct result of her parents' influential upbringing which encouraged her from a young age to help those less fortunate. An example of her defining nature may be illustrated by the way Edith, with her sister Florence, helped to raise enough money to build their father's Sunday school by selling their own sketches, watercolours and self-designed Christmas cards.

Nursing vocation

After a brief career as a governess and tutor in both England and Belgium, her father became ill and Edith found her vocation while caring for him. Guided by her strong sense of faith and purpose, in 1896, at 30 years of age, Edith decided



Nurse Edith Cavell who was killed in Brussels in October, 1912

to train as a nurse at the London Hospital. Nursing as a profession for young respectable women was still a relatively new concept at this time and had previously been done by nuns and women who had 'lost their characters'. Florence Nightingale's influential work had helped to transform the nursing profession in England following her revolutionary nursing care in the Crimean war.

Following Edith's nurse training and subsequent employment in various English Hospitals, it was the offer of a post to work in a Belgian Hospital that was to inadvertently and dramatically change her life. In 1907, a Brussels physician, Dr Depage, was seeking a visionary nurse to raise the standard of nursing care by setting up a training school for nurses in Belgium. Edith's name was put forward to fill this position because of her capable and determined reputation. With a medal

merited to her for her diligent work during a typhoid outbreak and her steadfast devotion to the profession, she began gaining recognition and stature. Her recommendation for the position also came from being known previously in Brussels in her role as a governess.

Edith was subsequently appointed as matron of the Berkendael Medical Institute in Brussels, Belgium. During this period, she worked tirelessly to improve nursing care to the highest standards by systemically changing the way nurses were trained. No attention to detail was overlooked, including cleanliness, conduct of manner and major improvements to hygienic aspects of the uniform. By 1910 she had commenced the publication of one of the first nursing journals, *L'infirmière*. Her highly regarded nurses had become the backbone of hospitals, nursing homes and communal schools

throughout Brussels. Within just five years, her dedication meant nursing as a profession for women in Belgium had truly been transformed.

Beginning of the war

Always the loving daughter, Edith wrote home regularly and returned to England to spend the tranquil, warm summer holidays with her family. It was during such a break in the August of 1914, while Edith was peacefully attending to her mother's back garden, that an urgent telegram arrived informing her of the startling news that Germany had invaded Belgium.

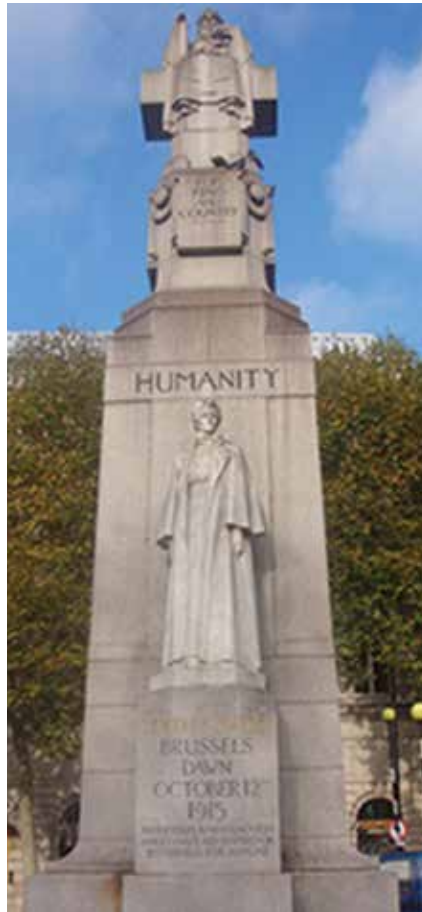
Edith's own sense of duty demanded her immediate return to the Belgium hospital where she stated "I am needed more than ever". She was never to return to England or see her mother again.

British nurses were instructed to return home but Edith somehow remained. The hospital soon came under the flag of the Red Cross and preparations were busily made for the wounded. By late August 1914, Brussels was under strict military German occupation and the silencing hum of heavy marching was to echo from the cobblestones for many weeks to follow.

Fear shrouded the city like a grey mist and life inevitably changed. As war blazed through the country and casualties lay dying from all sides on nearby battlefields, Edith felt a sense of hopelessness as the enemies made their own arrangements for the wounded and her staff concentrated on making garments for the refugees and the homeless. However, an unexpected visit from a stranger one miserable, overcast night in the closing days of autumn was to change events for Edith irrevocably. A young Belgian engineer asked Edith to help assist two wounded and disguised British soldiers who had escaped their German captors. Her decisive response to assist and provide the soldiers with food, medical care and a retreat to rest was to be the start of a pattern that would bring her into the underworld of the resistance movement.

Arrest and death

Edith continued with her official duties at the hospital, and unbeknown to most of her staff, for fear of incrimination, she secretly began sheltering British, French and Belgian soldiers and assisting them to escape to neutral land. She provided a place of refuge and cared for the men until they were well enough to escape and on doing so, she provided each man with money and occasionally helped provide false papers to enable their escape. Edith



Statue commemorating Edith Cavell in Trafalgar Square, London

knew this was violating German military law but continued out of a sense of duty and patriotism.

By the summer of 1915, the German authorities were becoming increasingly distrustful of nurse Cavell and activities suspected during routine military inspections of the hospital. Two soldiers from the Royal Irish Rifles were among the last soldiers Edith was able to assist to escape, dramatically disguising them as monks from a silent order and enabling them to escape on a tram.

Time was running out and each day brought more danger as the Germans became more suspicious. On August 5, the inevitable happened and Edith was finally arrested. Between being arrested and going to trial, Edith spent 10 weeks in St Gilles Prison. Charged with being instrumental in 'conducting soldiers to the enemy', she did not try to defend herself but simply stated that she felt compelled by duty to help all those who came to her in need.

The trial lasted just two days but the final judgement to be imposed was delayed by desperate attempts to save her from the grim outcome of execution. After many futile attempts, three days later,

there was to be no clemency and Edith was sentenced to death.

The news that she had been condemned to death by firing squad came late in the evening for Edith. Her last words conveyed to her Anglican chaplain in those bleak final hours "patriotism is not enough, I must have no hatred or bitterness to anyone" were to become symbolic to her memory and ultimate prominence throughout the world.

Edith's last entry to her diary simply read 'died at 7am October 12th 1915'. She was just 49 years of age.

The shock relating to the solemn news of nurse Cavell's death caused outrage and consternation across the globe. To this day, she is remembered throughout the world for her heroism and sense of duty to care for and help others with myriad places being named after her. In total, Edith was credited with caring for and assisting more than two hundred allied soldiers to escape from occupied Belgium to the safety of neutral land. Each year she is remembered for her compassion, bravery and humility by a simple service on the Saturday before her anniversary at her final resting place in the ancient cathedral of Norwich

Edith's devotion to her job was instrumental in bringing about change to the training of nurses throughout Belgium. Her focus on hygiene and cleanliness, meticulous administration and capable lecturing were all pivotal in the implementation of improved nursing practices and thus immeasurable advances in levels of nursing care. While insisting on high standards and strict discipline, her tenacious spirit and capacity for care also stretched to the welfare of her nurses whom she regarded greatly.

Nurse Cavell is remembered as an illuminating, formidable lady, as stalwart as the statue of her in her nurse's cloak, which stands proudly in London's Trafalgar Square. The statue, certainly a stark reminder of war, is also a reminder of an accomplished nurse who brought prestige and growth to the nursing profession by good practice and true dedication; laying the grounds for what nursing has become today.

Despite the heroine and martyr that many nations have made of her, Edith in her own words wished only to be remembered as "a nurse who tried to do her duty."

Michelle Cresswell is a member of the INMO's Third Level Student Health Nurse's Section

Preventing falls and fractures



With an ever-ageing population, a pro-active approach is necessary to prevent and manage falls, write Daragh Rodger and Louise Brent

GLOBALLY, the population is ageing and with the fastest growing age-group being those over 60 years old,¹ one of the greatest challenges facing healthcare providers is the prevention of falls and fractures in this ageing population. In 2006, there was an estimated 688 million people in the over-60s age group and this figure was projected to grow to two billion by 2013.¹

Statistics show that one-third of people aged over 65 and half of people aged over 70 suffer falls each year. In Ireland, more than 7,500 hospital admissions are a result of injurious falls.² According to the State Claims Agency, in 2013 falls were second only to road traffic accidents in terms of the highest number of claims made to the agency.

Many aspects of falls can be predicted and therefore prevented. Preventative measures require immediate attention across the spectrum of healthcare. The WHO has defined a fall as an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.³ Falls are not an inevitable part of the ageing process.

Causes of falls are multifactorial and outlined by the WHO to be either one or a combination of the following factors:

- **Behavioural** – eg. multiple medication use, excess alcohol intake, lack of exercise, inappropriate footwear
- **Biological** – age, gender, race and chronic illnesses (Parkinson's, arthritis, osteoporosis); physical, cognitive and effective capacities decline
- **Environmental** – eg. poor building design, slippery floors or stairs, loose rugs, insufficient lighting, cracked/uneven footpaths
- **Socio-economical** – low-income and education levels, inadequate housing,

lack of social interactions, limited access to health and social services and lack of community resources.

These factors confirm the complex nature of falls and the necessity for a proactive collaborative approach to their prevention and management.

The National Strategy to Prevent Falls and Fractures in Ireland's Ageing Population² highlighted that in 2004 the cost of falls and fall-related injuries to our economy was €404 million. With the population projections outlined above, this is expected to rise to €2 billion by 2030.⁴ In 2014, the Irish Longitudinal Study on Ageing (TILDA) report indicated that the prevalence of falls has increased since the 2011 TILDA report, confirming these projections.⁵

Most injuries from falls are attributed to fractures, lacerations and head injuries. Fractures caused by a low-trauma fall, ie. a fall from standing height or less, indicate compromised bone health. Osteoporosis is a condition where bones become weak, break easily and are termed fragility fractures.

Hip fractures are the most devastating injury resulting from a fall. Since 2012, the Irish Hip Fracture Database has been informing us of the true extent of hip fractures.⁶ In 2014, there were more than 3,400 hip fractures in the over-60s age-group in Ireland. Hip fractures are associated with high morbidity and mortality. The 30-day mortality is estimated to be 7-10%, and 12-month mortality is estimated to be 18-35%.⁵ The Irish Hip Fracture Database (IHFD) is a clinician-led audit measuring internationally defined clinical standards across the spectrum of the patients hip fracture journey through to the acute hospital services. Currently, the

cost of inpatient hip fracture care for this group is estimated to be in excess of €45 million annually.

Hip fractures can be used as a surrogate maker of the efficiency of a trauma service. Hip fracture patients are dealt with by ambulance, emergency department, radiology, theatre, nursing, surgeons, medicine, and allied health professionals.

In total, 95% of hip fractures are attributed to a low-trauma fall.² Evidence shows that clinical audit can drive measurable improvements in the care and outcomes of hip fracture patients.⁷

As nurses, we aim to identify the patients at risk, to quantify that risk and minimise the risk of falls regardless of the care setting. To do this across many different services is challenging but achievable. Along with smoking cessation or healthy eating, fall prevention and bone health has to be high on the agenda in relation to health promotion.

A uniform approach is required nationally to improve the bone health of Ireland's population by promoting bone health as a lifelong process while also introducing measures to highlight the risk of falls in later life. Education across the spectrum of care – primary, acute hospital and residential – can ensure the delivery of falls and bone health information to all age groups.

Primary care

Falls mostly occur in the community. Primary care centres and GP surgeries are key areas to promote bone health and raise awareness of falls among all age groups. For adults who suffer a fracture as a result of a fall, they need further investigation and assessment of their bone health to rule out osteoporosis regardless of age.

Many falls often go unreported due to

fear and embarrassment. Early interventions have the potential to reduce the risk of further falls, but a lack of awareness among the general population prompts the need for education. Key messages should include:

- Bone health is lifelong and requires assessing and monitoring in later life
- Falls can be prevented
- Falls are not an inevitable part of ageing
- How to recognise falls risk
- How to increase their ability to reduce the risks of falling
- What to do in the event of a fall
- Identifying services in the community that can act as a support network.

Screening and multifactorial assessments in the community are effective measures to identify people at risk of falling and preventing subsequent falls. They have shown that age-related conditions have the potential to increase the risk of falling, however, interventions can be effective in reducing that risk.

Research has shown that falls can be reduced by 20-30% through multifactorial assessments and interventions.⁸ Responsibility for screening for falls lies with all healthcare professionals with onward referral for multifactorial assessment as appropriate.

Acute care

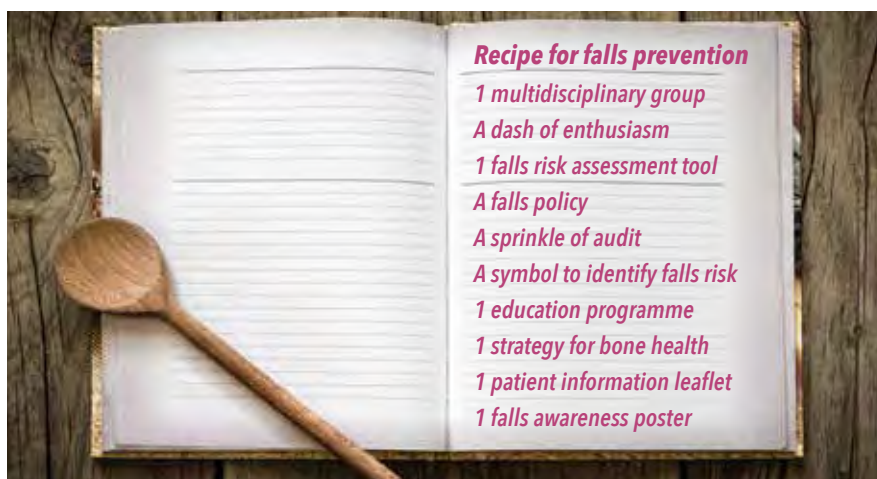
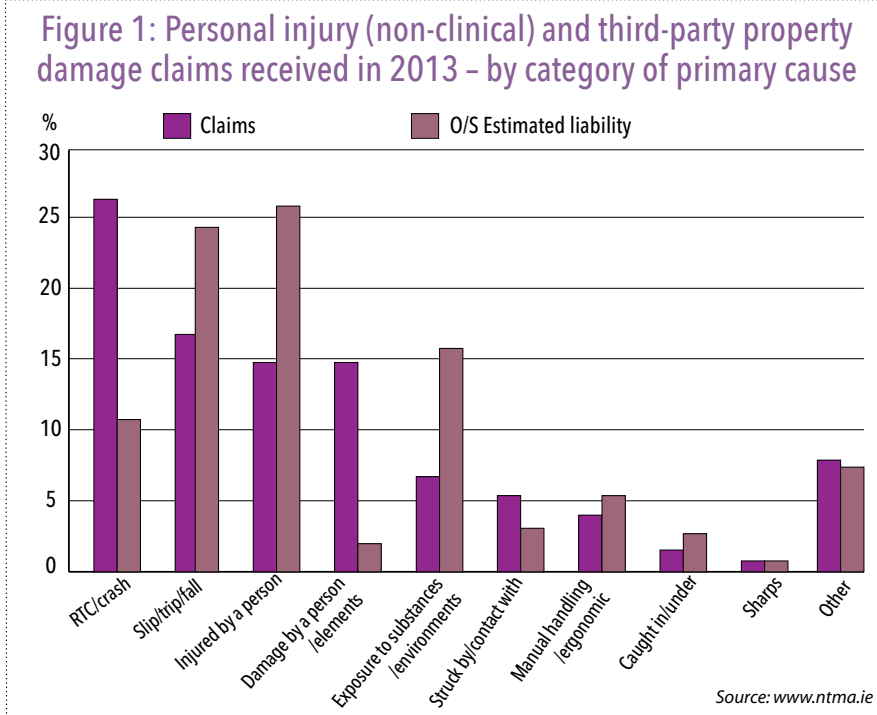
Patients admitted to an acute hospital are unwell and often frail. They are very likely to experience treatments, procedures, surgery or multiple medications. The incidence of hospitalised-acquired delirium for older patients is also high, increasing the risk of falls. It is imperative that when an adult patient is admitted to hospital they receive the following:

- A falls risk assessment on admission and re-assessment as their condition changes
- A falls prevention care plan
- A falls alert symbol
- A falls, prevention and management policy
- A falls risk-free environment
- Intentional rounds
- A falls algorithm
- A post fall review or 'huddle'
- A bone health assessment to prevent future fractures from falls.

Patient education on the prevention of subsequent falls is recommended as part of the discharge planning process and should involve collaboration with the multidisciplinary team with follow up in the primary care setting.

Residential care

Due to illness, multiple morbidities and frailty, some older adults require admis-



sion to residential care settings. Currently, 5.2% of Ireland's older adult population reside in nursing homes, with most being more than 85 years of age. With advancing age, the potential for falls in this age group is increased. According to the IHFD, 10% of hip fractures are in older people residing in residential care settings.⁶ Fall prevention and management programmes from a multidisciplinary approach are also a priority in residential care settings to reduce the risk of falls. Elements of such a programme should include:

- Fall prevention and management policy
- Fall risk assessment tool
- Fall reduction measures
- Fall education for all staff, residents and families.

Research highlights that most falls in these environments are not witnessed and the cause of the fall is often undetermined.¹⁰ By raising this awareness among all staff groups, carrying out assessments and put-

ting measures in place, the risk of potential falls among our frailest population can be reduced. In order to promote a life free from falls and injuries, these measures need to be uniform practice across all care settings for the safety, wellbeing and healthy ageing of our fastest growing population group.

For further information, email the authors directly at daragh.rodger@hse.ie or louise.brent@hse.ie

All resources mentioned are available at: www.bonehealth.co; www.foreverautumn.co; and www.happybones.ie

The fourth National Hip Fracture Conference will be held on the November 18, 2015 in the RCSI, Dublin. Contact Louise Brent for details, louise.brent@hse.ie

World Osteoporosis Day is on October 20.
 Daragh Rodger is an ANP in care of the older adult community at St Mary's Hospital, Dublin and Louise Brent is a clinical nursing lead in the trauma and orthopaedic programme and Irish Hip Fracture Database at University Hospital Waterford

References on request from nursing@medmedia.ie (Quote Rodger D, Brent L. WIN 2015; 23(8): 60-61)

Home care at time of need



Marie Bowen outlines the role of the specialist children's liaison nurse with the Jack and Jill Children's Foundation

THE Jack and Jill Children's Foundation is a registered charity. Established in 1997 by Jonathan Irwin and his wife Mary Ann O'Brien, this charity was set up because of their own experience in caring for their son Jack at home until his death at the age of 22 months. This experience became the blueprint for the Jack and Jill model of home nursing care for children.

The service offers support to families who have children up to four years of age with severe to profound developmental delay. The Foundation also provides end of life home nursing support and care for all children up to the age of four. Referrals to the service are accepted from professionals and families alike.

The Jack and Jill nursing team consists of 12 specialist children's liaison nurses (SCLN), who provide a nationwide cohesive service. The nursing team brings a wealth of experience in numerous disciplines including disability, neurology, cardiac, renal, ICU, respiratory, primary care, bereavement and risk management.

The role of the SCLN within the Jack and Jill Children's Foundation is multifaceted, providing expert specialist care and advice. Direct funding is provided to families to source in-home nursing or home support hours. This has been described as the 'gift of time'. This is a flexible, family-led service giving choice and autonomy to families. The respite enables parents to partake in normal, everyday activities with siblings, family and friends.

Much of the SCLN's role involves emotional support, advocacy, practical advice and guidance. Often, we can and do provide 'hands-on' care for the child. We work as part of the inter-professional teams, linking and liaising with the public health nurses, GPs, children's outreach nurses, disability teams, hospital, hospice, home care teams and voluntary organisations.

We assist parents in organising and co-ordinating their respite service, while

also liaising and supporting the nurses and carers working in the home. We are enormously grateful to the nurses and carers who provide the care of our respite services.

Each SCLN manages their own caseload within a designated geographical region. Home visits and regular telephone contact are part of the service provided allowing us to develop good therapeutic relationships with the families.¹

Families of children with life-limiting conditions and complex care needs are often overwhelmed by the situation in which they find themselves following a devastating diagnosis. The SCLN acknowledges the unique nature of each child and their family, guiding and empowering them to access all entitlements, services and supports available to them. The role of the SCLN is a constant in these families' lives where everything else appears unfamiliar and uncertain.

Children with life limiting conditions may also have complex medical care needs thus the trajectory of their illness is unpredictable. Many of the children we support require palliative care and end of life specialist care. Excellent listening and communication skills are essential in order to adequately support families, empowering them to make informed choices around their child and family's wishes.²

We aim to provide effective and personalised end of life care for the child and their family. Our care extends beyond death and into bereavement as long as the family require this support. Families are also informed of bereavement supports available via the community or hospital/hospice services.

The SCLN receives clinical supervision in line with continuous professional development recommendations. This is an important element in the provision of self-care by allowing the SCLN an opportunity to reflect on practice.³ It also aids in both

personal and professional growth while providing professional support and reducing the risks of burnout.

The team operates a 'buddy system' to cover each other's annual leave and to be available out of hours if a family with a child at end of life needs assistance. The team has been involved directly in the development of national policy and has been instrumental in the evolving paediatric palliative care movement.

The Foundation has also been influential in lobbying the government to amend the entitlement for domiciliary care allowance from two years of age to birth or time of diagnosis and we are currently negotiating the rights to medical cards for all sick children in their own right.

Jack and Jill hosts an annual family day in Kilmainham, specifically designed for siblings and families to meet. This is a wonderful day out for the whole family. We also hold an annual 'Remembrance Day', facilitated by trained personnel. Parents, siblings and extended family are invited to attend.

Our 18 years' experience in the community enables us to empower families to care for their sick child at home and assists them to make informed choices around their care throughout their lives and at the end of life. We would like to acknowledge that parents are the experts in the care of their child and they are often the only people who fully understand their child's needs.

The Jack and Jill mission statement is: "We endeavour to help families' lives by engaging with the child and family to empower them and give them the choice to care for the child at home, often in extraordinary circumstances with extraordinary responsibilities".

Marie Bowen is a liaison nurse with the Jack and Jill Children's Foundation, www.jackandjill.ie

References on request from nursing@medmedia.ie (Quote Bowen, WIN 2015; 23 (8): 63)



Labour hopscotch: Supporting physiological births

Sinéad Thompson and Denise O'Brien discuss the labour hopscotch framework and its benefits for mothers-to-be and midwives

MATERNITY care has consistently become more medicalised with women in Ireland more likely to experience caesarean section than previously.¹ Similar to international findings, Ireland has seen a decline in the rate of normal or intervention-free births.

The rate of women having a singleton live birth delivered spontaneously in 2012 was 57%, this represents a decrease from 61.8% in 2003.² The National Maternity Hospital (NMH) is one of the largest maternity hospitals in Europe where 9,106 babies were born in 2014.³ Of these 9,106 women, 6,968 achieved a spontaneous vaginal birth without intervention, representing 70% of the total population. The caesarean section rate was 23% and the epidural rate was 45%. Both the rates of caesarean section and epidural are increasing annually and highlight the medicalisation of childbirth in the current context.

Active management of labour

The NMH is internationally recognised for the development of the active management of labour (AML), which is based on the premise that effective uterine action is the key to a physiological birth.⁴ This approach to the management of labour, introduced in Dublin in 1963,⁵ has had a significant influence on both obstetric and midwifery practice internationally. The success of AML in reducing the length of

labour for women is apparent as it is now a feature of obstetric care internationally.

DOMINO

The National Maternity Hospital also introduced the first piloted DOMINO and homebirth service in 1999. DOMINO stands for DOMicillary IN and OUT; the midwifery care provided includes antenatal and intrapartum care in both the hospital and the home setting. In addition, women are provided with postnatal care and support in their own homes for a period of five to seven days. The philosophy of this approach to childbirth is to encourage and support normal childbirth with minimum interventions. Following positive evaluations from women and their partners in 2001,⁶ the service was formally established and offered as a midwifery-led service in a specific geographical area, namely south Dublin. The service was expanded further in 2008 to include north Wicklow. The driver for this expansion stemmed from recognition of an increased demand from well-informed women.

The DOMINO midwifery team provides an ethos of care that is women-centred and holistically underpinned by the following principles: supporting choice, shared decision-making, and facilitating empowerment for women during pregnancy and childbirth. A central feature

of this model of care is the importance of ensuring mutuality and partnership in the relationships between women and midwives.

In response to the increased numbers of interventions reported, particularly epidural rates, senior midwifery management in the NMH encouraged midwifery practitioners to consider introducing and developing innovations that could reduce the rate of interventions and facilitate normal physiological birth for women.

Labour hopscotch

Subsequently, one of the community midwives designed and produced a visual framework entitled 'labour hopscotch', which is intended to inform and empower women and their birth partners about the steps that will facilitate a physiological birth.

The framework was designed as a tool to support women on their labour journey. Additionally, the framework was developed to support midwives as an alternative means of assisting women to achieve a physiological birth. The fundamental principle of the labour hopscotch is to inform both women and midwives of the importance of the steps necessary to remain active during labour and in this way possibly reduce interventions such as epidurals.

A key benefit of the framework is its transferability, because women can under-

take the steps in their home environment and are provided with an opportunity to avoid early admission to a hospital setting. This is important as the setting for early labour is immensely powerful, and can be the difference between a fulfilling or a traumatic childbirth experience.⁷ A notable benefit is the opportunity it provides for partners to become involved during the birth experience.

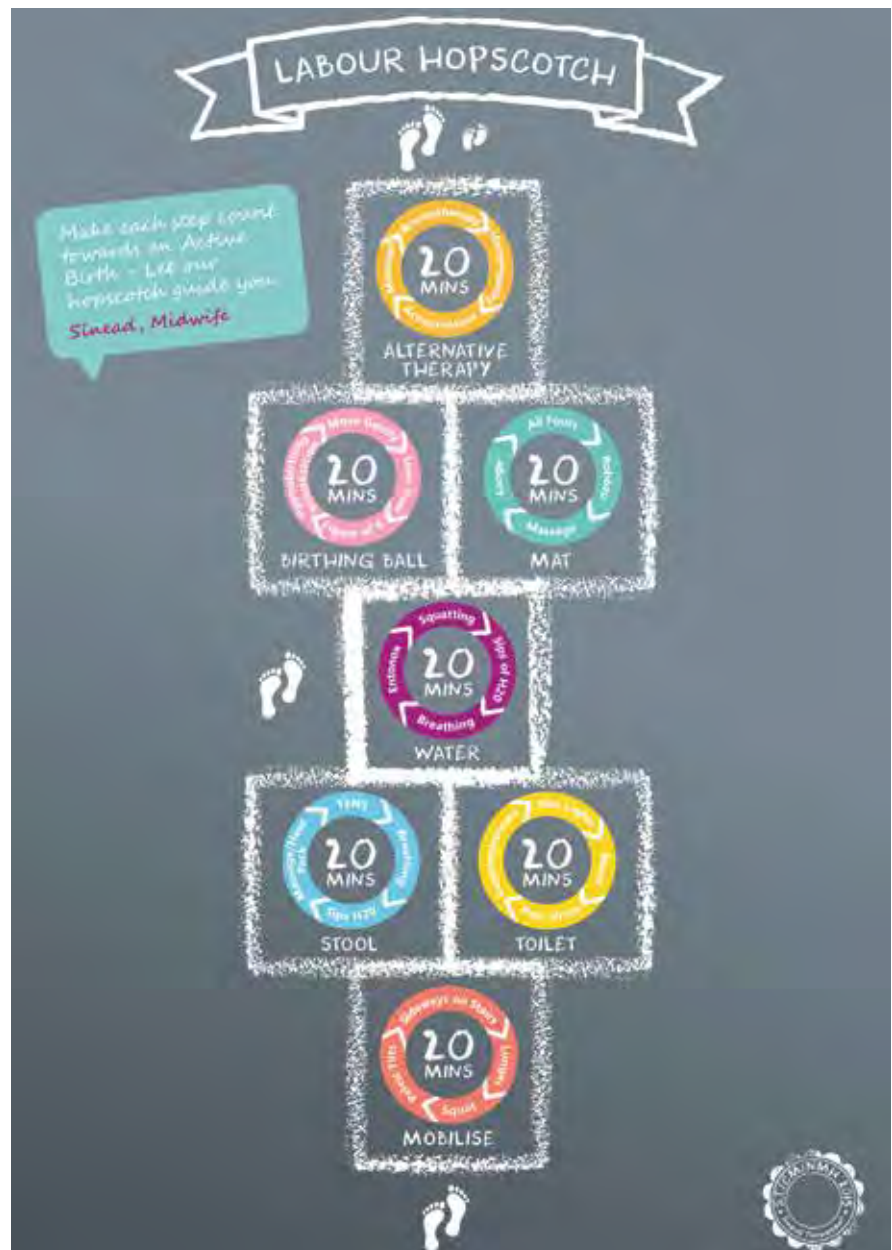
This new initiative of supporting women will contribute to the ongoing education of student midwives and is being incorporated into midwifery curricula. Another benefit of the framework is that it focuses on the important role of the midwife in supporting women in labour and makes the mother-midwife relationship more visible. This is important because there is significant evidence to suggest that in the current configuration of maternity care, midwives are given little recognition or acknowledgement for either the care they provide or the autonomy of their practice.⁸ This results in women during pregnancy and childbirth receiving care that is fragmented and the international evidence highlights that fragmented midwifery care impacts negatively on the mother-midwife relationship.⁹

Promoting a physiological birth

The labour hopscotch framework provides women and midwives with a visual depiction of the steps they can undertake to remain active and in this way promote optimal foetal positioning, which is paramount to achieving a physiological birth. These steps include the use of mobilisation, positioning, water-therapy and non-pharmacological methods of pain relief. An appropriate time-frame is provided for each step and is illustrated in a sequential manner that is matched with the progression of labour, as demonstrated in *Figure 1*. Women start at the bottom of the hopscotch as they are more active and mobile. As labour progresses, they advance towards the baby's footprints. This is a motivational image for them to visualise and facilitates them to maintain focus during labour.

To maximise the beneficial effects of the labour hopscotch women need to be informed of the various steps needed from early pregnancy. Because of this, the following measures have been undertaken: firstly, the framework is readily available online from the hospital webpage for women to download. Visual images of the framework are also displayed in each area of the hospital.

Figure 1: Labour hopscotch diagram



Details are available about the initiative in all of the antenatal clinics and midwifery staff are informing women about the framework at the booking appointment. It is currently incorporated into the antenatal education classes with the intention of enabling women to prepare mentally and physically for labour, eg. they can practice the use of the Rebozo scarf, breathing techniques, lunges and squats, all of which are important for active birth. Education and training sessions about the labour hopscotch have also been provided to the midwives and other members of the multidisciplinary team.

At present, the framework is being utilised by women in labour and the feedback is very positive from women, their partners and midwives. A decision was made

to promote and evaluate the framework formally to ascertain the outcomes for women. The current evaluation is assessing the usage of the framework; the benefits reported by women, their partners and an assessment of the epidural rate since the framework was introduced. The intention is to publish the findings in the near future.

Sinéad Thompson is a clinical midwife manager and community midwife at the National Maternity Hospital and Denise O'Brien is a lecturer in midwifery at UCD

Acknowledgements

We would like to acknowledge the support and assistance of: Mary Brosnan, director of nursing and midwifery; Martina Cronin, clinical midwife manager, labour ward; Teresa McCreery, clinical midwife manager, community midwives; Katie Orton, community midwife; Sarah McCourt, administrative officer; and the community midwife team

References on request from nursing@medmedia.ie (Quote Thompson S, O'Brien D, WIN 2015; 23 (8): 64-65)

A less-than-classic classic

TIRED of the soul-destroying whoop of chick-lit, the spirit-draining ponderousness of fantasy fiction, the impenetrable tracts favoured by Booker prize judges, or even, God help us, *50 Shades of Grey*? Yes, me too. So we return to the good old classics to show us how literature is written properly. In other words, to try to read a book you can actually read without developing a crippling migraine, and perhaps, learn something about life at the same time.

Many people have perceptions about Ernest Hemingway which might get in the way of an attempt to read his books. You know the sort of thing: bragging, bulls, boxing, boozing and broads.

Well, having read *Fiesta: The Sun Also Rises*, you come to the conclusion that Hemingway's obsession with bragging, bulls, boxing, boozing and Cro-Mangon attitudes to women do get in the way of enjoying the book.

But, I hear you point out: "He was a 'man's man', you know" (yawn). "He wrote in very simple sentences that carry very, very deep meaning" (yawn, yawn, yawn and thrice yawn).

The problem is Hemingway. Granted, he probably kept personal demons as pets and tragically took his own life, but he was



not a very nice person; this seeps through his prose.

Fiesta is about a band of largely feckless people in the 1920s, flitting around France and Spain, getting drunk and talking in a irritating fashion; sometimes they use the six-letter 'n' word about black people.

A thread is the tedious relationship between Jake, a man who had his privates shot off in the war, and Brett, a

woman and an upper class twit.

There are reams of this type of thing:

"What's the matter?"

"Nothing. Just looking for you"

"Been out to the races?"

"No. Not since Sunday"

"What did you hear from the States"

"Nothing. Absolutely nothing"

"What's the matter?"

Ah here, as they say in the best literary circles.

And how's this for attitudes to women?:

"The lady who had him, her name was Frances, found toward the end of the second year that her looks were going, and her attitude towards Robert changed from one of careless possession and exploitation to the absolute determination that he should marry her."

This transcends the misogyny of the era, and leans towards the type of ubersexism that sees females as almost exclusively devoted to a conspiracy in which unintelligent men are constantly being asked to boil an egg now and then.

Come to think of it, *50 Shades of Grey* is beginning to look good.

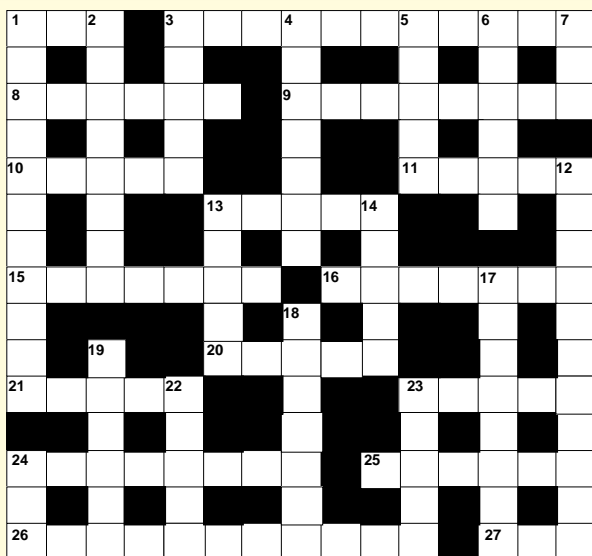
— Niall Hunter

Fiesta: The Sun Also Rises is published by Random House Vintage Classics. ISBN: 978-0-099-28503-8. RRP STG€8.99

Crossword Competition



WIN A €30 BOOK TOKEN



Across

1. Maker of honey (3)
3. Such sport – jumping out of perfectly good aeroplanes! (11)
8. Having a low pH value (6)
9. Masses of floating frozen matter (8)
10. British unit of currency (5)
11. Requirements (5)
13. Of which old records were made (5)
15. A meal is possibly the source of such sickness (7)
16. Top prize – in which to cook a knave? (7)
20. Wanders with some sheep around the ring (5)
21. Cut (5)
23. Bearskin hat for Sir Matt? (5)
24. Sweat (8)
25. Standing with hands on hips (6)
26. The directors of manicure firms? (5,6)
27. Perish (3)

Down

1. It's profane, the way it lobs up shame (11)
2. Is April due, possibly, to require such in injection? (8)
3. Snooped (5)
4. US state, capital Phoenix (7)
5. Not rural (5)
6. Middle-Eastern country (6)
7. Oxygen, for example (3)
12. Steamy hotel transformed into a big house (7,4)
13. Eye-protector (5)
14. Jumps (5)
17. Took for granted (8)
18. Lustrous material (7)
19. Opposed to some poetry (6)
22. Answer (5)
23. Makes bread (5)
24. Tart or pastry (3)

Solutions to September crossword:

Across:

1. Sugar daddy 6. Mild 10. Pinch 11. Sorrowful 12. Problem 15. Scrub 17. Ogre 18. Eats 19. Never 21. Chemist 23. Sarah 24. Bolt 25. Avon 26. Newel 28. Sceptic 33. Balaclava 34. Thine 35. Easy 36. Bronchitis

Down

- Sips 2. Generator 3. Rehab 4. Aisle 5. Dark 7. Infer 8. Deliberate 9. Consent 13. Lash 14. Mormons 16. Reasonable 20. Violinist 21. Chalice 22. Safe 27. Walks 29. Chain 30. Pitch 31. Fair 32. Mews

The winner of the September crossword is: **Bernie Golden Mullingar Co Westmeath**

Name:
Address:

The prize will go to the first all correct entry opened.

Closing date: Tuesday, October 20

Post your entry to: Crossword Competition, WIN, MedMedia Publications, 17 Adelaide Street, Dun Laoghaire, Co Dublin

Nurses working long shifts at risk of burnout

Study finds many Irish nurses working shifts longer than 12 hours

A NEW European study involving Irish nurses has found that nurses who work shifts lasting more than 12 hours are at an increased risk of experiencing burnout. It also found that shifts lasting more than 12 hours are increasingly common in Ireland.

Burnout is characterised by emotional exhaustion, loss of purpose and depersonalisation – treating people as if they are objects. It can lead to personal issues such as depression and alcohol abuse, but may also impact patient care. It can also result in increased absenteeism and people leaving their jobs at an earlier stage than originally planned.

UK researchers surveyed more than 31,600 nurses in 12 European countries, including Ireland, England, Germany, Poland, Finland and Sweden. The survey looked at the demands of the job and the nurses were also assessed for burnout.

Most of the respondents were women

and their average age was 38 years.

Almost two out of three respondents worked in high-tech or teaching hospitals.

The study found that the most common shift length was eight or fewer hours (50%), followed by eight to 10 hours (31%). However, it also found that shifts lasting longer than 12 hours were more common in certain countries, including Ireland; 79% of Irish respondents stated that they worked shifts of this length. Almost all respondents in Poland (99%) also admitted to working these long shifts, while 39% of respondents in England worked them.

The researchers found that overall, 27% of nurses reported high emotional exhaustion, 17% reported low personal accomplishment and 10% reported high levels of depersonalisation. Approximately one in four of those surveyed said they were unsatisfied with their job and a third

said they planned to leave their current job.

Meanwhile, an analysis of the findings revealed that those working shifts longer than 12 hours were much more likely to show signs of burnout. For example, those working the longer shifts were 40% more likely to be dissatisfied with their jobs compared to those working eight hours or less.

"Current literature tends to report that 12-hour shifts represent a way to retain nurses in hospital clinical practice because it is believed to be the preferred shift length and that nurses are more satisfied with their jobs. Our results suggest the opposite. Therefore, our findings pose substantial questions for managers, most notably because job satisfaction is a consistent and robust predictor of remaining in a job," the researchers said.

Details of these findings are published in the journal *BMJ Open* and are available online at: www.bmjopen.bmj.com

Diabetes Ireland 2016 trip to Kilimanjaro



Diabetes Ireland is heading back to Mount Kilimanjaro. Join them on this trip of a lifetime and help raise vital funds for the charity. Diabetes Ireland was the first national charity for diabetes in the world to bring a group of people with diabetes to the summit of Mount Kilimanjaro almost 15 years ago. Open to all, this is a four-day trip up to the summit and a day-and-a-half trip down on the Marangu route. The fundraising target is €4,999 per person (costs included) and help will be on hand to all registered participants with their fundraising activities. For full details, contact Gary at Tel: 01 842 8118 or email: info@diabetes.ie

Clarification

In addition to the universities and colleges listed in last month's article on higher diploma in midwifery programmes offered in Ireland (page 57), Dundalk Institute of Technology also offers such a programme.

White Ribbon Ireland joins forces with the INMO

WHITE Ribbon Ireland has been working closely with the INMO to raise awareness on issues of gender-based violence.

White Ribbon Ireland is the national movement of the world's largest male-led campaign to end men's violence against women, with a presence in over 60 countries. White Ribbon Ireland's annual conference takes place on November 25, International White Ribbon Day, and is followed by 16 days of action to end men's violence against women. In preparation for the 16 days, White Ribbon Ireland is keen to have nurses and midwives involved and hear their voices on this issue. It has teamed up with a film-production team to shoot short video interviews with nurses and midwives about their experiences of treating survivors of domestic violence and other forms of gender-based violence.

As healthcare professionals, White Ribbon Ireland feels nurses and midwives are in a unique position as first responders to shine a light on an issue that thrives in darkness and silence. Anyone interested should email: wri@mens-network.net and you will be contacted.

White Ribbon Ireland aims to encourage education and leadership around

these issues by speaking directly to those in power, those who educate, and people on the ground to change the attitudes and behaviours that lead to and perpetuate men's violence against women, by engaging boys and men to lead social change, and to achieve gender equality.

White Ribbon's partnership with the INMO offers a unique opportunity for the campaign to create awareness and education through the scope and profile of the INMO. This issue affects one in five Irish women. The lack of gender equality and the consequences of violence against women are deeply damaging for our communities. Violence against women cuts across all cultural and socio-economic divides and usually exists under a veil of silence. The aim is to create and nurture environments where any tolerance of violence and abusive behaviour is replaced with empathy, equality and compassion. These values should be embedded in our institutions and social interactions. The INMO has shown its commitment to these values by continuing to support the White Ribbon campaign and by focusing on these issues at a community and national level.

MONEY MATTERS

Choosing a life insurance policy

Ivan Ahern advises on how to get the best insurance cover to meet your needs

FOR most of us it is not a case of *if* we need life insurance, but rather *how much* life insurance we need. Before taking out a policy or renewing your existing one it's vital to know what type of policy makes the most sense for you and will best protect your loved ones.

It is a topic that can be difficult to delve into, but the fact is that the practical protection and peace of mind that this cover provides is too important to ignore. Life insurance and mortgage protection are two options, but how do you know exactly what type is right for you?

Answering just two very straight forward questions can be a great way to establish where your needs lie:

- Do others depend on you financially?
- Do you own your own home?

If you have answered yes to either of these questions, then you need some form of protection.

Life insurance

Life insurance is designed to provide you with the assurance that your dependants will be looked after financially if you're no longer there to provide for them. Without a life insurance policy, your loved ones may face great financial difficulty if something should happen to you. It provides a lump sum that can ensure that your debts are taken care of. The amount of money your policy will pay out depends on the level of cover you take out.

Mortgage protection

Mortgage protection is designed to pay the outstanding balance of your mortgage in the event of your untimely death. If you have a mortgage the probability is that you will already have one of these policies because your lender would have insisted on it at the time you took out your mortgage.

However, the likelihood is also that you are paying more than you should be, as most banks and brokers only deal with one insurance company that offers neither the best rates, nor the best terms. You are

entitled to review this policy at any stage to see if there is a better deal available. If you are in the process of taking out a mortgage, you are free to shop around for your own mortgage protection policy. You are not obliged to take out the policy your mortgage provider offers you.

Protecting your income

Life insurance covers the worst-case scenario but it's also important to consider how you might pay your bills or your mortgage if you couldn't work because of illness or injury. Other questions you should ask yourself are:

- Could you survive financially if your salary was halved or, worse still, stopped altogether due to illness or disability?
- Are you financially prepared should that happen to you?

INMO Income Protection Scheme

The INMO Income Protection Scheme helps you to protect your salary against the impact of illness or disability. When you're feeling fit and healthy you may not see the need to plan for an unexpected illness or injury that could leave you out of work but could you manage to take care of your bills or loved ones if you fell ill and couldn't work for a long period of time?

This Scheme provides you with a replacement income of up to 75% of salary, less any other income (eg. early retirement pension, temporary rehabilitation remuneration, State illness benefit) to which you may be entitled. Not only does the scheme provide you with disability benefit, it provides you with an element of life cover and serious illness cover also. The INMO income protection scheme is only available from Cornmarket Group Financial Services Ltd and is exclusively available to INMO members.

Weighing up your options

Once you know what type of cover you require, the next step is to shop around for the best policy at the best price. INMO members can avail of Cornmarket's free



comparison service. This free service compares six life insurers to bring you the cheapest price on the market, plus an additional 5% discount.

Thanks to Cornmarket's unique price-match guarantee, this service ensures that INMO members enjoy the lowest possible price on the policies that we quote. The lowest pricematch offer is €13.13 for mortgage protection plans and €15.15 on term-level plans per month. The 5% discount on the lowest price quoted is subject to a minimum premium of €20 per month. To avail of the free comparison service or to find out more about the INMO income protection scheme you can phone us at Tel: 01 408 6283 today or go to www.cornmarket.ie/inmo.

Ivan Ahern is a Director of Cornmarket Group Financial Services Ltd.

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October

Wednesday 7

Assistant Directors of Nursing Section meeting. INMO HQ from 11am-1pm. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 10

School Nurses Section meeting. INMO HQ on Preparing for HIQA inspections. From 10am. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for details

Thursday 15

All Ireland Midwifery conference Armagh City Hotel. Go to: www.inmoprofessional.ie to book. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 17

ODN Section meeting, Sligo Regional Hospital at 11.30am. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 17

31th Annual ENT Nursing Conference Category 1 approved by NMBI. 4.5 CEUs. Education & Conference Centre, Royal Victoria Eye & Ear Hospital, Dublin 2. Contact: Sabrina Kelly, nurse tutor, sabrina.kelly@rveeh.ie or Tel: 01 6644652

Thursday 22

Student Allocations Officers meeting. INMO HQ from 12-3pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 22

CPC Section meeting. INMO HQ 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

November

Saturday 7

International Nurses Section conference and Culturefest at INMO HQ commencing at 8.30am. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details see page 79

Thursday 12

Retired Section conference. INMO HQ. 10am-4pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Thursday 12

IRNN 8th annual conference 'Changing times in Healthcare Research'. 10am-4pm. Centre for Learning and Development, St James's Hospital, Dublin. See www.irnn.ie for agenda details and to register. For further information contact mary.clarkemoloney@ul.ie. Attendance is free for IRNN members; €20 for non-members

Friday 13 and Saturday 14

Third Level Student Health Nurses Section meeting. INMO HQ from 10am-4pm Friday, 10am-2pm Saturday. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 14

PHN Section meeting. INMO HQ. From 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Saturday 14

CRGN Section meeting. INMO HQ. From 11am-1pm. Contact: jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Monday 16

Nurse/Midwife Education Section meeting. INMO HQ. From 11.30am. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Friday 27

Home oxygen therapy workshop and study day. Centre of Learning and Development, St James's Hospital. €60; early bird registration (before Oct 1) €50. Make cheques payable to 'Airways Account Research Fund' and post to Roisín Kennedy, Respiratory Assessment Unit, St James's Hospital, James's Street, Dublin 8. Tel: 01 4103763

Friday 27

Beaumont Hospital 4th Annual Transplant and Nephrology Conference. 'Focusing on quality & safety standards in renal care'. Hilton Hotel. €30. NMBI accredited. Contact: Petrina Donnelly, tunconference@beaumont.ie or Tel: 01 8528340 for further details

December

Tuesday 1 to Friday 4

INMO Retired Nurses Section Christmas break. See box on right for details

INMO Professional DEVELOPMENT CENTRE Library Opening Hours

October
Monday-Thursday: 8.30am-5pm
Friday: 8.30am-4.30pm

For further information on the library and its services, please contact:
Tel: 01-6640-625/614
Fax: 01-01 661 0466
Email: library@inmo.ie

INMO Membership Fees 2015

A Registered nurse (Including temporary nurses in prolonged employment)	€299
B Short-time/Relief This fee applies only to nurses 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

Tuesday 1

Care of the Older Person Section two-hour workshop on delegation. 11am. INMO HQ. Booking essential. Contact jean.carroll@inmo.ie or Tel: 01 6640648 for further details

Wednesday 2

Orthopaedic Nurses Section meeting via teleconference. 11am. Contact jean.carroll@inmo.ie for access number and PIN required to participate

Retired Section

INMO Retired Nurses and Midwives Section

- ❖ Annual Christmas break Tuesday 1 to Friday 4 December
- ❖ Venue: Abbey Hotel, Co Roscommon
- ❖ Price for dinner and B&B for Dec 1 and 2 is €119pps. Single supplement available at €15 per night. Cost of a third night B&B is €35.
- ❖ You can book directly with the hotel by phoning Tel: 090 6626240 and requesting reservations

Condolence

- ❖ Sincere condolences from the Retired Section to Myra Garahan on the death of her husband, John Garahan. RIP

Condolence

- ❖ Condolences from RNID Section and Dublin Northern Area to Ann Doogue's family and nursing colleagues in St Joseph's Centre, Clonsilla on Ann's sudden passing. RIP

Thanks

- ❖ Deirdre McGuone wishes to highlight her appreciation to INCA, from whom she won an educational bursary of €1,000. She also extends her thanks to her workplace, St James's emergency department, whose co-operation made it possible for her to attend the Euroheart conference in Dubrovnik. She went on to win a European award for clinical excellence, a prize of €2,000 and admission to the ESC conference in 2016