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WIN

World of Irish Nursing & Midwifery

Journal of the
Irish Nurses and
Midwives Organisation

Latest INMO CPD education programme
See page 29

INMO pre-Budget submission
page 9

ICN & ICM Congress reports
pages 18 & 21

Breastfeeding support for Travellers
page 26

Managing mental illness with ID
page 42

Safe staffing

Members bring message to Leinster House

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Breastfeeding: The best start

Health benefits for infants

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

Long-term benefits for children

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

Benefits for mothers

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

Support for mothers is essential

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

Work and breastfeeding

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

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The Irish Nurses and Midwives Organisation supports breastfeeding
For more information log onto www.breastfeeding.ie

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Health service needs multi-annual plan

FOR the past six years, the INMO has prepared and submitted a pre-Budget submission to both the Minister for Finance and the Minister for Public Expenditure and Reform. This is an opportunity many trade unions and other non-governmental organisations take to advise and represent the views of their members. As the representative of the largest workforce in the health service, it is crucial for the INMO to highlight the pressing issues facing nurses and midwives working in Ireland based on the mandates set at our annual conference and by our Executive Council.

This year we took a different approach to launching our pre-budget submission by holding an information session for TDs and senators in Buswells Hotel on July 12. We had great attendance from branch and section officers from around the country who set out the situation on the ground for the politicians who attended. Thanks to all the members who participated so professionally, informing the politicians what it's like to work in an overcrowded and under-resourced health service.

Our submission sets out the significant challenges to the health service post-pandemic, including healthcare worker shortages, capacity issues and unmet healthcare needs. We call for urgent critical investment and meaningful reform to address longstanding issues. At the core of our pre-budget submissions, we make the point that the health budget should be formed on a multi-annual basis.

We set out that Budget 2024 must prioritise investment in a strong public health service that aligns with the original principles outlined in Sláintecare to deliver universal healthcare. Central to this priority is a critical investment in nursing and midwifery through a fully-funded workforce plan, recruitment and retention strategies and developing educational capacity. Meanwhile, the housing emergency and cost of living crisis are placing undue pressure on our members, affecting the health service's ability to recruit and retain staff.

We also address the specific issues facing nurses and midwives, including the nursing and midwifery workforce shortages, working environment, health service capacity, the cost of living and societal concerns. These issues must be urgently addressed to ensure a strong public health service that meets the needs of all. We repeat the points that nurse staffing must be calculated based on the Framework for Safe Nurse Staffing and Skill Mix and must be funded and underpinned by legislation.

Please read the submission in full as we will be raising these important issues in the time leading up to the budget in October. You can read more about our pre-budget submission on *page 9*.

The two overarching points we have made and will continue to make are that without sufficient funding in a nursing and midwifery workforce the services simply cannot grow. We need additional services in hospitals and communities and must take a longer-term view in relation to planning the necessary nursing and midwifery staff to provide these services.

We intend to campaign on the issues included in our pre-budget submission over the coming months. The headline issues are:

- A funded nursing and midwifery workforce plan
- Funding for recruitment and retention strategies
- Increasing nursing and midwifery education places
- Investment in optimising nursing and midwifery roles
- Protecting and investing in the welfare of nurses and midwives
- Adequate funding for health service capacity and reform
- Measures to address the cost-of-living crisis.

Please take the time to consider these issues and participate at branch and section level when regional INMO meetings are organised throughout the autumn months.

Phil Ní Sheaghdha
General Secretary, INMO

Irish Nurses and Midwives Organisation
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EXECUTIVE COUNCIL ELECTION 2024

All members are asked to note that 2024 is an election year for election, to the Executive Council, for a two year period (2024-2026). Elections will be conducted under the revised new Rule Book (Rule 8) adopted at the ADC in May 2021.

ELIGIBILITY FOR NOMINATION TO EXECUTIVE COUNCIL (RULE 8)

Nominations for the Executive Council shall be submitted, on the appropriate form, to the General Secretary, on, or before, 5pm on Wednesday, **February 14, 2024.** To be eligible for membership of the Executive Council a member must:

i) have been a paid-up member of the Organisation, for not less than two years prior to the date of her/his nomination, and be on the Live Register of the Nursing and Midwifery Board of Ireland (NMBI); and

ii) be proposed and seconded by Officers of their Branch or Section following endorsement of the candidate by that Branch or Section.

To be eligible for election as an undergraduate student nurse/midwife member of the Executive Council an undergraduate student must:

i) have been a member of the Organisation for not less than six months prior to the date of her/his nomination; and

ii) be proposed and seconded by undergraduate student nurses/midwives who have themselves been members of the Organisation for not less than six months or be proposed and seconded by Officers from their Branch.

COMPOSITION OF THE EXECUTIVE COUNCIL

Clinical: 16 seats

Includes all grades of Registered Nurse and Midwife (other than those eligible to go forward under the Education and Management Categories below), to be filled as follows:

i) **Registered General Nurse - at least two seats**
Registered Midwife - at least one seat
Registered Nurse Intellectual Disability - at least one seat
Registered Sick Children's Nurse - at least one seat
Registered Public Health Nurse - at least one seat;

Please note persons elected, to these reserved seats, must be on that register and engaged in clinical practice in that discipline.

ii) If these reserved seats are not filled, via the 16 candidates with the most votes, then they must be filled with reference to the next highest candidate, from that discipline, who is engaged in clinical practice in that discipline.

iii) If there are no candidates meeting any of the six reserved seats (clinical) then the seats shall be filled by the candidate with the highest vote in the clinical category.

Education: 2 seats

i) One seat to be filled by members from all grades of Nurse/ Midwifery Teachers, Clinical Teacher, and/or others with a Nurse/ Midwifery Teaching qualification who are actively engaged in nurse/midwifery education.

ii) One seat to be filled from members who are working in the wider field of nurse/ midwife education and its management including Clinical Placement Co-Ordinators/Clinical Placement Facilitators/Specialist Co-Ordinators and Nurse/Midwife Practice Development Co-Ordinators.

Management: 3 seats

Includes all members at, or above, Clinical Nurse Midwife Manager 3 who are actively engaged in management.

Undergraduate Student Nurses/Midwives: 1 reserved seat

Includes all undergraduate Student Nurses/Midwives/New Graduates up to 24 months qualified.

- Provided always that only those grades for whom the Organisation has negotiation rights shall be a member of the Executive Council
- In the event of any of the seats allocated to the Education and Management categories not being contested, then those seats shall be filled by the candidates, in the **Clinical Category,** who receive the next highest vote, or votes, after the initial filling of the 16 seats taking into account the six reserved clinical seats.
- In the event of any dispute, as to the category for which a member may be eligible for election, then the Executive Council shall determine the category under which a member is eligible to contest the election.

ELIGIBILITY FOR OFFICE OF PRESIDENT AND VICE PRESIDENTS (RULE 9)

9.1.1 The President, first Vice-President (Honorary Treasurer) and second Vice-President shall be elected at the **2024** Annual Delegate Conference at which elections are scheduled.

9.1.2 A separate election shall be held for President, first Vice-President and second Vice-President, and such elections shall be by secret ballot of all voting delegates at the Annual Delegate Conference.

9.1.3 The elected candidate must secure an overall majority by exceeding 50% of the eligible votes cast. If no candidate has achieved an overall majority, as aforesaid, then the candidate, or candidates, receiving the lowest vote or votes, if their combined vote is less than the total vote of the highest candidate, shall be eliminated and a further ballot shall take place immediately.

9.1.4 If there shall be a tie, another vote shall be taken, and if the result is still a tie, the outcome shall be decided by lot (drawing the name of the successful candidate) by the chairperson of the Standing Orders Committee.

9.2 To be eligible for election to the office of President or Vice-Presidents she/he shall have been an elected member of the incoming Executive Council and shall have been a member of the outgoing Executive Council for the term immediately preceding her/his election.

9.3 Nominations for the office of President, first and second Vice Presidents, together with their written consent must be submitted in writing to the General Secretary not later than 21 clear days before the Annual Delegate Conference for notification to delegates to that meeting at which the election will take place. (Closing date for nominations is 5pm on Tuesday, April 9, 2024).

9.4 The President shall preside at the Annual Delegate Conference and Special Delegate Conferences held during the year and at all Executive Council Meetings. In the absence of the President the first Vice-President shall take the Chair; in the absence of the first Vice-President the second Vice-President shall take the Chair.

9.5 The office of President shall not be held by the same person for more than two consecutive terms.

A positive focus with the president

Karen McGowan, INMO president

Summer events

THIS summer has been busy with a number of wonderful events. The Dublin Pride march was very well attended by INMO members on June 24. The INMO also hosted a Pride event on June 26 in the Richmond Education and Event Centre. This was a wonderful day with speakers from specialist areas in healthcare and also from the INTO's LGBTQ+ teachers group and from their equality officer. I wish to extend my thanks to all who assisted with organising particularly Roisin O'Connell, INMO student officer and Steve Pitman, INMO head of education. *For a report on these events* *see page XX*

I attended the Royal College of Nurses awards ceremony in June. It was a wonderful opportunity to meet with our colleagues and show our solidarity considering the difficult time they have been through. It was truly inspirational to observe the work done by all the nominees.

The National Women's Council (NWC) will be marking its 50th anniversary soon. The INMO and NWC have a long history of supporting each other and we will attend their AGM in the Spencer Hotel where the theme will be 'Celebrating the Past – Imagining the Future.'

Representing Ireland at the ICN and ICM

THE INMO attended the Council of National Nursing Association Representatives meeting at the International Council of Nurses (ICN) Congress in Montreal this summer. The ICN represents more the 28 million nurses worldwide. This is a biennial conference which I attended alongside director of professional services Tony Fitzpatrick and Eilish Corcoran who was selected from the Executive Council. Our student officer Roisin O Connell was also in attendance and gave a fantastic presentation to the delegation on the importance of the student officer role. This year's theme was 'Nurses Together: A Force for Global Health'. This is a very important conference to attend as the strategy and planning for the ICN is set by the national nurses associations. The ICN is a federation consisting of 130 national nurses associations representing millions of nurses worldwide. By being a member of the INMO you are associated with the ICN. This is where the INMO can influence and be involved in advocating for better health outcomes while building respect, recognition and support for the nursing profession.

The Congress in Montreal was incredibly well organised with a packed timetable containing very topical seminars on safe staffing, advanced practice and various projects like the Organizational Development of National Nurses Associations ODENNA partnership. This project aims to build stronger and more sustainable national nurses associations in African countries. The national nurses associations will twin with an African country to mentor and support them as they gain strength in representing their own nurses.

The ICN Congress is a wonderful opportunity to showcase the nurses and midwives who are working in Ireland and Ireland was well represented. Our Department of Health's chief nursing officer Rachel Kenna was in attendance and addressed the conference on nursing and midwifery's contribution to delivering on primary health care in Ireland. We also met many nurses attending from Ireland particularly from our International Nurses Section. *See page X for a report from the meeting.*

The International Council of Midwives conference was held in Bali this year and our midwife colleagues on the Executive Council Audrey Horan and Lynda Moore were in attendance accompanied by assistant director of industrial relations Mary Fogarty. Many thanks to those who attended on behalf of the INMO. These events are important opportunities to share what each country has learned and this is key to progressing improvements. *A* *full report on this event is on page X.*

Executive Council update

THE INMO Executive Council met and considered a number of requests for industrial action in various workplaces in August. We will continue to monitor progress in these areas.

The ICTU biennial conference was held in Kilkenny in July. A number of motions were submitted and spoken on by INMO Executive Council members. It is a wonderful conference and its so important to connect with other trade unions and trades councils. We share many of the same goals for workers' rights and trade union activity within our organisation was demonstrated throughout the conference.

We have recently seen the highest number of patients admitted to hospitals nationwide without beds since we began recording the figures with Trolley Watch. This does not bode well for the winter season later this year. Considering the challenges, we face every winter such as RSV and flu, this is concerning and will be discussed at this month's Executive Council meeting. We will continue to put pressure on the HSE as experience has shown us that if immediate action is not initiated, this will prove to be a very difficult time for our members.

I want to thank all the members of the Executive Council for their hard work. I am very grateful for the representatives around me and I wish those on their last term the very best for the year ahead. I urge anyone who attended the recent annual delegate conference to actively get involved and to put yourself forward for any open positions on the Executive Council next May. It is very important that we continue to be represented by those who are specialised and experienced in these specific areas.

Get in touch

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

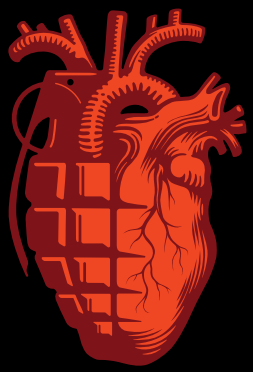
ATTR-CM

SUSPECT & DETECT

UNCOVER THE CLUES FOR DIAGNOSIS

SUSPECT ATTR-CM

(TRANSTHYRETIN AMYLOID CARDIOMYOPATHY)



A LIFE-THREATENING DISEASE THAT CAN GO UNDETECTED

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

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

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

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

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

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

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

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

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

SUSPECTANDDETECT.IE

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

Pfizer Rare Disease

INMO calls for Budget 2024 to address under investment in health

Targeted investment in healthcare recruitment must be prioritised

IN ITS pre-Budget submission for 2024 published in July, the INMO called for urgent action to be taken as part of the budgetary process to bring the health service up to the standard required to meet future challenges.

The INMO submission cites significant challenges to the health service post-pandemic, including healthcare worker shortages, capacity issues and unmet healthcare needs, noting that these issues are symptomatic of years of underfunding, understaffing and under-resourcing. The INMO is calling for urgent critical investment and meaningful reform to address these long-standing issues.

Key to the INMO's pre-Budget submission for the next fiscal year, are the need for a funded workforce plan and a firm commitment to immediately grow the nursing and midwifery workforce by a minimum of 2,000 whole time equivalents (WTEs) annually for the next three years.

The INMO also stated the importance of legislation and funding to underpin the full implementation of the Framework for Safe Nurse Staffing and Skill Mix by 2024, noting the impact that safe staffing legislation has had in other health services, and the improvements it would make in the ability to provide safe care. The union also called for significant advancement of Sláintecare and the commencement of the multi-annual transitional fund to support investment.

Among other measures that the INMO called for, in order to increase staffing numbers, were an increase in nursing and midwifery undergraduate and postgraduate places to reach a sustainable level of domestically educated staff, full implementation of the Maternity Strategy and measures to address the continuing housing crisis, including the provision of affordable accommodation for key workers.

With regard to improving safety standards and working conditions for nurses and midwives, the INMO's submission also called for funding for the establishment of the HSA's Health and Social Care Advisory Committee to ensure adequate protection for nurses, midwives and other healthcare workers.

The INMO pre-Budget submission was launched at a lobbying event held in Buswells Hotel, Dublin, which was attended by nurses and midwives from across the country, who spoke to the many TDs and Senators who took time from Oireachtas proceedings to come and hear accounts of their experience on the ground. The event attracted government TDs and senators, as well as senior Oireachtas members and health spokespeople from the Labour, Sinn Féin and Social Democrat parties, along with some independents.

Members attending the event spoke with politicians working in their geographical area and shared their experiences of working in an overburdened health service year after year, and the impact on them and on their patients. In particular, INMO members provided vivid and detailed accounts of the high levels of stress and burnout being experienced by them and their colleagues, as well as the undignified and unsafe conditions in which their patients were obliged to receive treatment.

Pre-Budget lobbying: *Pictured at the launch of the INMO pre-Budget submission in Buswells Hotel recently were (back, l-r): Róisín O'Connell, INMO student and new graduate officer, with INMO members Christopher O'Dwyer and Kate Kelly and (front) Edwina Gilroy and Tia Cullen*

Against the backdrop of the continuing high levels of hospital overcrowding being experienced in some of the country's hospitals throughout the summer, nurses and midwives made clear to their local politicians the dangers of working in environments where patient-to-staff ratios were not being upheld and patients were waiting on trolleys for long periods, with particular emphasis on the fact that high levels of overcrowding are now being experienced throughout the year rather than being a winter problem.

Members also drew attention to the social and economic issues affecting nurses and midwives, particularly those in the early stages of their careers, noting the significant challenges facing members in finding accommodation that is close to their workplaces, and the effect this is having on the ability to retain much-needed graduates in the Irish health service.

INMO general secretary Phil Ní Sheaghdha said: "This Budget is coming at a time when the country is in a strong fiscal position and that needs to be reflected in the lives and the working conditions of nurses and midwives.

"There is no reason for the health service to be in crisis in the coming year, and with Covid cases under control we are finally in a position to bring the health service up to standard and make it fit to withstand the healthcare challenges of the future.

"We need strong, strategic investment in measures that will bring new nurses and midwives into the system and help us keep the graduates and qualified staff we have. This means getting serious about safe staffing, finally allocating the funding and resources needed to implement Sláintecare and the Maternity Strategy, and ensuring health staff can secure accommodation in cities and near their workplaces.

"Failure to make the right investments in healthcare when we can afford to is simply indefensible."

Trolley numbers up 10% on last year

Summer trolley figures a "red flag warning" for autumn/winter periods

MORE than 7,832 patients, including 138 children, went without a bed in Irish hospitals in July 2023, according to the INMO's TrolleyWatch figures.

As July came to a close, the INMO's analysis showed that 72,391 patients had gone without a bed in 2023, a 10% increase on the same time period in 2022. The INMO has warned that the HSE must view this as a indication of what is now inevitable this winter and must act accordingly.

INMO general secretary Phil Ní Sheaghdha said: "The fact that we saw over 7,832 patients on trolleys in July is a red flag warning for the autumn and winter ahead.

"The HSE must set out very clearly what measures it intends to take to reduce the levels of overcrowding in our hospitals in the coming months. Over 72,391 patients have been on trolleys so far this year, a 10% increase on the same period last year, this is a bleak sign heading into the winter months. It has been reported that the Cabinet has signed off on a year-round plan for the HSE, the INMO is seeking details of the staff support measures it contains, as staff cannot be expected to just endure these conditions for another winter.

"HIQA published inspection reports into some of Ireland's busiest hospitals recently, which show that there is a pattern emerging across the vast majority of hospitals that unsafe levels of staffing are compromising both patient and staff safety. Safe staffing underpinned by legislation must go hand-in-hand with any plan produced to tackle year-round overcrowding.

"As the HSE and individual hospital groups prepare for winter, infection control measures must be assessed ahead of predictable winter infection surges. We have already seen hospitals such as University Hospital Kerry review its mask-wearing and visitor policies because of infection outbreaks in July. A dynamic infection control plan is needed across all hospital sites as airborne viruses will no doubt play a major factor in hospital overcrowding in the months ahead."

INMO assistant director of industrial relations for the Midwest and West, Mary Fogarty said: "Over 23% of patients on trolleys in July were treated in University Hospital Limerick. The level of persistent overcrowding is a serious concern for nurses at UHL. The INMO has raised the concerns of our members again this week with senior management who were not in a position to provide any plan as to how the hospital will manage the winter months.

"The volume of patients on trolleys at UHL this summer is excessively high in comparison to other acute hospitals nationwide. All in-patient wards are overcrowded along with the emergency department, leading to poor outcomes for patients and work-related stress for nurses who have to constantly work in an overcrowded workplace. Care is being compromised for patients in University Hospital Limerick because of severe nursing deficits, with over 48 vacant posts (35% vacancy rate) in the emergency department."

The top five most overcrowded hospitals in July were:

- University Hospital Limerick (UHL) – 1,824
- Sligo University Hospital (SUH) – 615
- St Vincent's University Hospital (SVUH) – 592
- Cork University Hospital (CUH)– 591
- University Hospital Galway (UHG) – 541.

The above five hospitals were also the most overcrowded hospitals in the country from January to July 2023, with the following number of patients on trolleys over the period: UHL – 11,787; CUH – 7,568; UHG – 5,452; SUH – 4,541, and SVUH – 4,351.

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

INMO campaign for new health and social care section of HSA pays off

THE INMO has welcomed the establishment of a new Health and Social Care Advisory Committee of the Health and Safety Authority (HSA).

Minister for Enterprise Simon Coveney confirmed to the INMO that this committee will be established before the year end, following substantial representations from the INMO.

INMO general secretary Phil Ní Sheaghdha said: "We absolutely welcome the confirmation from Minister Simon Coveney that the Health and Safety Authority will establish a new Health and Social Care Advisory Committee. The INMO met Mr Coveney and Minister of State for Employment Affairs Neale Richmond on this issue on May 2, 2023 and they have taken a proactive approach to this very important issue.

"The INMO has long called for this type of action to be taken in light of the often dangerous conditions that nurses and midwives work in. It is not acceptable that over 10 nurses and midwives are physically, verbally or sexually assaulted every single day all while working in overcrowded and understaffed wards.

"The work of the HSA has been transformative in the construction and farming sectors. We look forward to strong worker representation in the work of the new Health and Social Care Advisory Committee.

"Recent INMO surveys show that over 65% of nurses have faced some type of aggression at work. Ensuring a safer workplace will go a long way to improving the retention levels in the health service," Ms Ní Sheaghdha concluded.

As well as several high-level meetings with government officials, trade union leaders and NGOs, the ICTU delegation witnessed the eight-metre high separation wall that traverses the landscape of the West Bank

ICTU high-level mission to Palestine

Delegation calls for Irish recognition of Palestinian State

INMO general secretary Phil Ní Sheaghdha, in her capacity as vice president of ICTU, was part of an Irish Congress of Trade Unions delegation to Palestine recently.

Led by Irish Congress of Trade Unions president Kevin Callinan (general secretary of Fórsa), this was the first high-level ICTU mission to Palestine since 2007.

The delegation also included ICTU executive council member and former president Patricia McKeown, who is also regional secretary of Unison, and ICTU assistant general secretary Gerry Murphy.

The intensive five-day schedule consisted of several meetings with Palestinian government representatives, trade union leaders and non-governmental organisations in Ramallah, Bethlehem, Jerusalem and Tel Aviv. The delegation conducted site visits to hospitals and other health and educational facilities, including at the Aida refugee camp in Bethlehem.

The group made a small presentation to the Holy Family Hospital in Bethlehem in memory of the northern secretary of Trade Union Friends of Palestine (TUFP), Eamonn McMahon, who passed away last year. Mr McMahon arranged many trade union visits to Palestine over the years and dedicated his life to supporting efforts for justice and peace in the region.

Ms Ní Sheaghdha said: "The contribution of Irish trade unionists and nurses and midwives to various health facilities throughout Palestine has been really impressive. We will be looking at how we can deepen these connections".

"If Ireland was to recognise the Palestinian state it would offer real hope for the people there as they have had to watch other events push Palestine down the priority list for the international community."

The delegation also had courtesy meetings with staff of the Representative Office of Ireland in Palestine, led by Don Sexton, and with the Irish Ambassador to Israel, Kyle O'Sullivan.

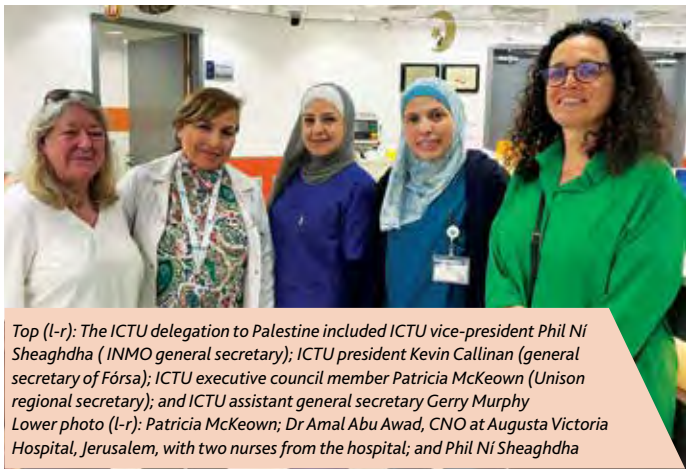
The group witnessed the eight-metre high separation wall that traverses the landscape of the West Bank, often constructed in a way to seize areas of Palestinian land in breach of the peace settlement.

The delegation was unable to visit Gaza and a trip to Nablus was cancelled due to the current level of settler violence that is taking place in the region.

Mr Callinan said: "The accelerating growth of illegal settlements, effectively stealing land from Palestinians, is a flagrant breach of the Oslo Accords. The fact that this can happen with impunity, and an Israeli failure to intervene to prevent it, is an affront to the international community".

Patricia McKeown added: "Israel's military occupation deprives the Palestinian people of basic human rights. The system in which they are forced to live is a form of apartheid."

The ICTU delegation is seeking an urgent meeting with the Tánaiste and Minister for Foreign Affairs to discuss their observations and findings. It is understood that the Tánaiste is due to visit the region soon.



Top (l-r): The ICTU delegation to Palestine included ICTU vice-president Phil Ní Sheaghdha (INMO general secretary); ICTU president Kevin Callinan (general secretary of Fórsa); ICTU executive council member Patricia McKeown (Unison regional secretary); and ICTU assistant general secretary Gerry Murphy
Lower photo (l-r): Patricia McKeown; Dr Amal Abu Awad, CNO at Augusta Victoria Hospital, Jerusalem, with two nurses from the hospital; and Phil Ní Sheaghdha

INMO director of industrial relations **Albert**

Unions ensuring consultation during transition to new HSE health regions

THE INMO is ensuring full consultation throughout the implementation of the new HSE health regions, which is currently underway with a view to commencing under the new structure from February 2024.

Following publication of the HSE Health Regions Implementation Plan on July 31, engagement has taken place between the union and HSE representatives.

The HSE is currently working through the transition outlined in the plan, which will see service delivery being reorganised into six new health regions:

- HSE West and North West
- HSE Dublin and North East
- HSE Dublin and Midlands
- HSE Mid West
- HSE Dublin and South East
- HSE South West.

As envisaged under Sláintecare, the HSE health regions will plan and provide all public health and social care services for the population of each region. The health regions, their teams and services will be supported by a smaller national HSE.

Following a transition period, the health region management structure will replace existing CHO and hospital group management structures. The Regional Health Forum structure will remain but will reflect the health regions structure. Under the new structure, operational focus will move from the HSE national structure to the health regions. The HSE nationally will develop and oversee standards and guidelines for implementation at regional level.

The HSE has laid out a detailed plan for how it intends to implement the new structure, including defining the structure of the health regions and the HSE centre, and conducting a health needs analysis, which is due to commence this month.

Many of the current elements of the phased transition involve decision-making and defining structures. The INMO is ensuring that consultation with unions is maintained throughout this process and is currently awaiting an impact analysis of the splitting of hospital groups among separate regional associations. The union will ensure members are kept abreast of all changes relevant to their work, and all relevant responses the union intends to make to these proposals.

The unions have made it clear to management that there must be consultation with the unions on all aspects of this reform affecting members.

This position has been acknowledged and accepted by the management side.

New rights under Work Life Balance Act 2023

NEW employment entitlements have been brought in as part of the recently passed Work Life Balance Act 2023, which came into effect from July 3, 2023.

As part of the legislation, the entitlement to breastfeeding breaks is extended from the current period of six months – a time which coincides with maternity leave – up to two years. An order amending regulations relating to breastfeeding breaks made under the Maternity Protection Acts will also be made.

In addition to this, parents and carers will be entitled to a new right to unpaid leave for medical purposes.

Changes to pension abatement rules

THE Department of Public Expenditure issued a Circular recently, which reinforces the pension abatement rules in the public service that have existed since 2012. In addition the Circular has changed the basis for calculation of the abatement.

Pension abatement concerns former public servant pensioners who return to work in the public service. Under the rules, such individuals cannot have full pension and salary.

The new Circular may have a negative effect on those individuals who are currently working in the service.

The unions met with the HSE on this issue and outlined that there is a clear requirement on the employers to notify the individuals concerned and to support them to understand the effect of these changes.

The unions were unhappy with the response of the HSE and requested a meeting with the national director of HR on the matter. In addition, as it may have effect on service provision, the unions also requested a meeting with the HSE CEO on the issue.

Members will be updated following these meetings.

Have you 17 years' experience?

STAFF nurses and midwives and enhanced nurses and midwives who have 17 years' post-qualification service are eligible for payment of either the senior staff nurse/midwife increment or the senior enhanced nurse/midwife increment.

All genuine nursing/midwifery experience in Ireland and abroad, inclusive of part-time and job sharing service, is reckonable so don't hesitate to apply.

The reference date for determination of service and payment is November 1 each year. Application forms can be obtained from the human resources department in your workplace.

If you have any queries in relation to the above or any other issues relating to your salary, contact the INMO Information Officers: Catherine Hopkins or Catherine O'Connor at Tel: 01 664 0610 or 01 664 0619. Alternatively, email them at: catherine.hopkins@inmo.ie or catherine.oconnor@inmo.ie

Murphy updates members on recent national issues

Campaign of industrial action on the horizon for Section 39 members

DUE TO the recent failure to resolve issues relating to pay increases at the Workplace Relations Commission, it is likely that members working in Section 39 organisations will be asked to ballot for industrial action.

The terms proposed by the government side were laid out to members in a recent notice from the INMO.

In full and final settlement of the pay dispute the official side proposed a 5% increase to workers from January 1, 2024 and a commitment to have further talks about future pay arrangements following any future successor agreement to the current public service pay agreement Building Momentum.

This proposal falls far short of the union side's position of seeking the full terms of the Building Momentum agreement and a process that would ultimately seek to restore the link between Section 39 organisations and public service pay. The unions remain determined to have the previous pay link with the public service restored given the significant recruitment and retention challenge within the services affected by this dispute.

Ultimately the government position has caused a breakdown in talks, resulting in the need to find alternative paths to resolve matters. Members affected across the three unions have been incredibly patient with the process. Unfortunately, it is abundantly clear to the unions that this matter can now only be resolved by resorting to a sustained campaign of official industrial action.

The three unions involved in the dispute will consult initially internally with their respective executives, relevant committees and members prior to meeting to determine the appropriate arrangements for ballots and measures relating to potential industrial action.

All three unions remain more determined and united than ever to achieve a fair and durable settlement for section 39, 56 and 10 members, and to ensure that workers in these facilities are treated with respect and dignity under a settlement that recognises the vital services being provided in these areas of the health service.

The INMO, along with the other unions involved, is now drawing up a plan for a sustained campaign of industrial action to bring an acceptable resolution to this important dispute.

HIQA report underlines need for laser-like focus on UHL overcrowding

THE INMO gave a broad welcome to HIQA's publication of a report on its unannounced inspection at the University Hospital Limerick emergency department recently.

As a follow on from last year's damning inspection into the hospital, this report, which notes some improvements at the hospital, is welcome, said INMO deputy general secretary Edward Mathews.

However, he said: "The inspection report published by HIQA paints a very bleak picture of what patients face on a daily basis and the conditions nurses are working in the Ireland's most overcrowded hospital. The report noted that on the day of inspection that the emergency department was over capacity by over three times the recommended number of patients that can be treated there safely. This comes as no surprise to our union whose trolley figures regularly point out the chaotic levels of overcrowding that occur in UHL every single day.

"UHL has once again been found non-compliant when it comes to protecting the dignity and privacy of patients. This is not the fault of our members who are doing everything they can in a desperate situation."

In addition, Mr Mathews added: "UHL was found not to be fully compliant when it comes to safe nurse staffing. This makes the case for safe nurse staffing to be underpinned by legislation even more pressing. Our members in UHL are working in an environment that has normalised over 9,534 patients on trolleys so far this year. They have had little to no reprieve from overcrowding.

"We need to see a laser-like focus from government and the HSE to tackling the overcrowding crisis in UHL once and for all."

The full inspection report can be found on hiqa.ie/reports-and-publications/inspection-reports (June 23, 2023)

Highest ever summer trolley numbers

DESPITE the outcome of the HIQA inspection, the summer months have seen the highest ever numbers of patients on trolleys throughout University Hospital Limerick.

At a meeting with management on July 26, the INMO requested details of how the hospital will cope heading into the winter months.

At this time, management does not have an available plan on how the winter will be managed.

Concern was raised that despite numerous initiatives throughout the Mid-West in support of UHL, inclusive of extension of the opening hours of the medical assessment units (MAUs) in Ennis, Nenagh and St John's Hospitals, the volume of patients on trolleys has not abated.

– Mary Fogarty, INMO assistant director of IR

Employer failed to follow grievance procedure

THE Workplace Relations Commission has issued a recommendation in a case involving a nurse who was dismissed from her post in the Southern region last year.

The nurse was not afforded the opportunity to appeal her dismissal due to the employer's failure to follow its own procedures and furnish her with all necessary documentation to allow her to make a timely appeal to the NMBI. This resulted in the expiration of her work permit and she was forced to return to her home country.

The nurse suffered financial hardship due to loss of earnings from February to September 2022. She also suffered stress as a result of the employer's failure to investigate her grievance in a timely manner.

The employer stated that the reason for the delay in investigating the grievance was due to resources. They agreed to investigate the grievance as a matter of priority. Time was afforded to both parties to progress the matter. A third-party investigator was appointed to the case and both parties committed to continuing with the investigation without delay.

The WRC recommended that the grievance be investigated until its conclusion in a timely manner and that the sum of €15,000 be paid to the nurse within 12 weeks.

– Liam Conway INMO IRO

Interventional radiology unit granted location allowance

AS A result of local persistence, the INMO has secured the application of a location allowance for nurses working in the interventional radiology unit at University Hospital Limerick.

UHL is the final Model 4 hospital to agree payment of this allowance to nurses. The Organisation has written to management seeking that the payment, which they advise will only apply from July 1, 2023, will be applied retrospectively.

A meeting to progress the issue has been arranged, following which members in the unit will be updated.

– Mary Fogarty, INMO assistant director of IR

Practice development post upgraded

THE INMO has been successful in the claim lodged to management in older persons residential services CHO3 Mid-West for a practice development co-ordinator at assistant director of nursing grade.

The post was in place in the Mid-West at CNM2 grade and has been vacant for some time. The role will provide support to nursing teams in residential services for older people on practice issues and enhancing personal and professional development. The role of nursing is pivotal to ensure the delivery of the highest standard of person-focused nursing care throughout the service in the nine sites in the region.

– Karen Liston, INMO IRE

WIN Vol 31 No 6 September 2023

SIGNS OF SMA

Designed and funded by Novartis Gene Therapies Ireland

KNOWING THE SIGNS OF SPINAL MUSCULAR ATROPHY (SMA) WILL SAVE INFANTS' LIVES, SAY EXPERTS

In this new treatment era, Dr Samantha Doyle, Geneticist at The National Maternity Hospital, and Jonathan O'Grady, Director of SMA Ireland say that awareness is the key to vigilance, rapid referral and diagnosis, ultimately saving infants' lives.

What is SMA and what are the signs and symptoms?

SMA is a rare and devastating genetic disease caused by a lack of a functional survival motor neuron 1 (*SMN1*) gene. The result is a rapid and irreversible loss of motor neurons, affecting muscle functions, including breathing, swallowing and basic movement.[1]

SMA affects approximately 1 in 10,000 – 12,000 live births,[2] but as Dr Samantha Doyle, Geneticist at The National Maternity Hospital, points out,

> *"Whilst rare, SMA is the leading genetic cause of death among infants."*

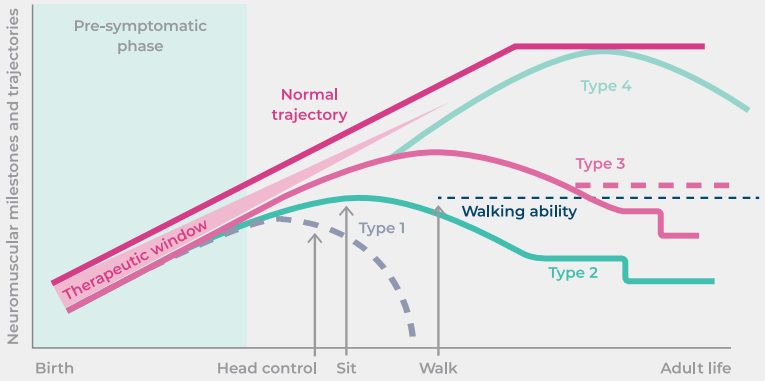
SMA is typically classified into 4 phenotypes (Types 1 to 4) that range in severity.[1] In SMA Type 1, the most severe and common form, most lower motor neuron degeneration occurs in the first few months of life causing rapid and irreversible damage. The majority of untreated infants do not reach their second birthday.[3–5]

Jonathan O'Grady, Director of SMA Ireland and living with SMA Type 2, highlights the need to act quickly, "It is imperative to diagnose SMA and begin treatment as early as possible to halt irreversible motor neuron loss and disease progression."

Healthcare professionals are uniquely placed to identify whether a baby is developing as they should. The following signs below should be checked at routine check-ups or if parents or caregivers raise any concerns:[6]

- **In babies 0–6 months:** very early signs of SMA are typically seen up to 6 months of age, often by age 3 months and symptoms include; hypotonia, areflexia/hyporeflexia, head lag, difficulty breathing, difficulty swallowing, tongue fasciculation, weak cry and cough.
- **In babies 6–18 months:** signs to look out for are; hypotonia, areflexia, hyporeflexia, fine tremor, progressive scoliosis and joint contractures, respiratory symptoms and delayed/ lost motor milestones. Babies with these signs remain alert.

IMPORTANCE OF EARLY DIAGNOSIS[7]:



Adapted from Serra-Juhe C and Tizzano EF[7]

Dr Doyle emphasises,

> *"If you're looking at a baby that is hypotonic, has poor feeding, unusual breathing or head lag, they should be immediately referred to a paediatrician for genetic testing."*

What is required for better treatment outcomes?

Without diagnosis and SMA awareness, patients cannot have access to new treatments, Dr Doyle explains, "We now have an agreement on funding for these treatments, but we must be able to identify the babies in time."

Diagnosed when he was 8 years old, Jonathan provides personal insight,

> *"Without treatment a child will lose the use of their arms. When I was in my 20s I had functionality in my arms, now I don't. My condition is more obvious now and that's because I couldn't get access to these treatments at a young age and my motor neurons are declining."*

Jonathan acknowledges that nurses are under resourced and contact time with infants is limited. As the instances of SMA in Ireland are so rare, "you're probably talking 6–8 babies a year", the ability to recognise the symptoms will be far less likely. As a result, it is imperative that parents, health visitors, GPs and practice nurses work collaboratively to be aware of the early signs. In absence of a nationwide screening program, diagnosis is generally prompted by the clinical signs of SMA, so unless healthcare professionals treat suspected cases as a clinical emergency, babies will miss out on early treatment and the chance of optimum treatment outcomes.[8]

As Dr Doyle poignantly highlights,

> *"The reality of the situation is that when dealing with an infant with severe SMA without treatment, early infant death is the outcome."*

Despite this, Dr Doyle has a more positive outlook when considering the future of treating infants with SMA if healthcare professionals, parents and caregivers are made more aware of the signs and the urgency to refer. "The sooner you begin treatment, the sooner you have the opportunity to alter the destruction of the motor neurons, therefore providing the child a better outlook in life."

For more information on the signs and symptoms of SMA, please visit: **www.signsofsma.com/ie**

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IE-UNB-22-0015 | Date of preparation: January 2023.

NOVARTIS | Reimagining Medicine

INMO
Irish **Nurses** and **Midwives** Organisation
Working Together

Nurse and Midwife Representative Training

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

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

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

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

**Please note that the dates and locations are subject to change*

20 & 21 September Dublin — FULLY BOOKED

27 & 28 September Sligo — FULLY BOOKED

03 & 04 October Cork — FULLY BOOKED

12 & 13 October Dublin — BOOK NOW

Places available
Please contact your official

CONTACT YOUR INMO OFFICIAL

Dublin: 01 6640600, Cork: 021 4703000, Galway: 091 581818 and Limerick: 061 308999

Louth Meath Disabilities opens state-of-the-art residential facility

THE INMO was invited to the housewarming of a new residential facility in Co Meath in early August. As IRO for the region, I was delighted to attend this momentous occasion for the service.

The residents of this state-of-the-art facility were originally living in a two-storey semi-detached house which was not suitable for their needs. This facility was purchased by the HSE in the Co Meath countryside and was converted to a home for life for these residents. It is now fully adapted for their individual needs now and into the future and it has a real homely feeling. Paint colours were chosen by residents and every detail has their individual needs and comfort in mind.

Director of nursing Gillian Roddy supported the residents with Kate Hand, assistant director of nursing and the PIC, to celebrate their new home with a housewarming with their friends and families. There was a great atmosphere with refreshments and entertainment.

The ethos of Louth Meath Disability Services is to promote person-centred planning and encourage individuals to make choices about how they want to live their lives. They also provide a high-quality standard of care to all individuals who use the service, and this facility is a shining example of what the future of disability services nationally should aspire too.

– Noelle Hamilton, INMO IRO

Cork Indian Nurses Summer Fest

CORK Indian Nurses (COINNS) formed in 2019 in Cork with a view to building a wide social circle where nurses from India can share professional information and link with their union regarding work issues.

COINNS has already established a social presence in Cork where they celebrate regional festivals, and organise sports events and music concerts. One such event was Summer Fest 2023 which took place in June at St Finbarr's GAA Club.

INMO general secretary Phil Ní Sheaghdha, who attended along with Kathryn Courtney, IRE, addressed the crowd during the festival. At this event various sports and games were organised for both children and adults. The stage was colourful with a variety of dances, music and entertainment, including belly dance and a tug-of-war competition. There was also a wide variety of food stalls and stalls exhibiting and selling Indian costumes and accessories.

COINNS summer Fest organising committee with INMO guests (l-r): *Vishnu Manohar, Al Shameer Shamsudeen, Arun Augustine Kuzhuppilly, Sajeev Nair, Jithin Ganesh,Phil Ní Sheaghdha (INMO general secretary), Reema Antony, Feba John Reju, Remyamol Radhakrishnan, Emie Ann James, Janet Baby Joseph, Kathryn Courtney (INMO IRE), Binish Benny and Jibin Mattathil Soman*

Ms Courtney said: "COINNS executives and volunteers worked hard in order to make the event a great success. COINNS have been able to reach into the hearts of the public because of the immense support from both the Indian and Irish community."

– Kathryn Courtney, INMO IRE

INMO Cork team stands with Pride

The Southern team of the INMO was delighted to participate for the first time in the Cork Pride Parade. INMO officials, members and families who attended enjoyed the festival atmosphere from Grand Parade to the Port of Cork. Pictured (from right) are: Executive Council members Lynda Moore and Annette Keating, IRE Kathryn Courtney and Ruth and William Deane (Lynda Moore's daughter and husband)

Update

Annual leave entitlement when retiring on grounds of ill health

AN INMO member who was on extensive sick leave for approximately four years was supported by the INMO to seek retirement on the grounds of ill health. This request was supported by her treating consultant and occupational health. Once agreed with her employer, the member was advised to request annual leave accrued over the period of sick leave, following which she was informed by the employer she was not entitled to any. On seeking further assistance from the INMO in relation to this issue, the union conducted a review of her various types of leave, including sick leave (paid and unpaid), temporary rehabilitation remuneration (TRR) and certified/uncertified sick leave. With the application of relevant circulars, the member's leave was calculated and she was entitled to almost two months' annual leave, which was then approved.

– Karen Clarke INMO IRE

Medical assessment units

The INMO has agreed with HSE management to the extension to a seven-day service in the medical assessment units (MAUs) in St John's Hospital, Limerick and Nenagh General Hospital, Co Tipperary. These MAUs now accept greater numbers of referrals, inclusive of weekends and public holidays, to assist in alleviating overcrowding at University Hospital Limerick.

– Marian Spelman, INMO IRE

Ambulatory gynae unit

The INMO secured application of the location allowance for nurses working in the ambulatory gynae unit in Nenagh General Hospital with retrospection to March 2022.

– Marian Spelman, INMO IRE

ICN Congress 2023

Workforce investment and ethical recruitment needs top agenda

Tony Fitzpatrick reports from the recent ICN meetings in Canada

A WIDE range of issues that affect nurses and confront healthcare providers internationally were discussed at the recent meeting of the International Council of Nurses' (ICN) governing body held in Canada ahead of the annual Congress.

An INMO delegation comprising INMO president Karen McGowan, INMO Executive Council member Eilish Corcoran and myself, director of professional services Tony Fitzpatrick, attended the Council of National Nursing Association Representatives (CNR) meeting. The meeting was also attended by representatives of the ICN's national associations from over 130 countries from June 29 to July 1, just prior to the ICN Congress on July 1-5. The congress was also attended by many Irish nurses including INMO members from a wide range of specialties.

Pictured at the ICN Congress in Montreal were: Karen McGowan, INMO president; Dr Pamela Cipriano, ICN president; and Tony Fitzpatrick, INMO director of professional services

Tony Fitzpatrick, INMO director of professional services, and Dr Amelia Latu Afuhaamango Tuipulotu, WHO chief nursing officer

The desperate need for investment to boost the workforce and enable nurses to contribute optimally to the creation of sustainable health systems that will finally be able to deliver the global goal of universal health coverage was a central theme.

The proceedings were chaired by ICN president Dr Pamela Cipriano who noted that patient care is a priority for nurses globally, but that sustaining adequate workforce numbers to ensure this safety means prioritising the wellbeing, safety and financial stability of nurses.

Dr Cipriano noted the need for governments around the world to implement policy actions including universal health coverage, ethical recruitment, investing in the health workforce, protection of migrants and refugees, and respecting the rights of nurses in conflict and disaster zones.

Key messages

Key messages from the discussions included:

- Governments must follow the UHC 2030 action plan to create strong, responsive, and resilient systems which support, grow and protect the global nursing and healthcare workforce
- Strengthen the WHO Global Code of Practice on the International Recruitment of Health Personnel and ensure fair and meaningful benefits to both "source" and "recipient" countries. Respect a moratorium on recruitment from the most vulnerable countries
- Healthcare organisations and governments must work vigorously to boost their nursing supply and not rely on substitution of registered nurses with lower skilled support workers as a cost-cutting measure or as the solution to a shortage of registered nurses. There are four serious unacceptable patient safety implications of such measures, which should be stopped immediately
- All countries should be investing more in healthcare, including the education of additional registered nurses as well as the professional development and protection of nurses to address chronic staff shortages, all of which will turn nursing from invisible to invaluable
- Urgent action is needed to address the healthcare needs and respect the rights and safety of migrants and refugees, as well as other vulnerable populations
- Nurses must be included in planning and policy making to ensure future pandemic preparedness. We must turn lessons learned into actions
- It is essential to recognise nurses as leaders and gamechangers in creating sustainable health systems. All countries must appoint a chief nursing officer and more nurses in key leadership positions
- Respect the rights of nurses in conflict and disaster zones. The international community can no longer turn a blind eye to abuses of human rights against healthcare workers
- Collect accurate data on the global nursing workforce and develop a second State of the World's Nursing report to confirm the global distribution of nurses, clarify

how many more nurses are needed, and take action to meet the world's health-care needs
- Actively engage nursing students and early career nurses – the future leaders of the profession
- Ensure appropriate skill mix and that the International Labour Organisation Nursing Personal Convention 149 definition of nursing is updated to align with ICN's definition
- Advocate for gender equity and protect nurses from workplace violence.

ICN Congress

On completion of the CNR the INMO delegates then attended the ICN Congress which was hosted by the Canadian Nurses Association with the theme of, 'Nurses: A Force for Global Health'.

Many matters raised at the CNR were examined in full detail in numerous sessions at the ICN Congress. The congress consisted of plenary sessions where attendees heard from leading experts changing the world of healthcare, as well as world renowned healthcare leaders and experts from the field who shared their thoughts for the future and covered timely topics spanning the breadth of healthcare and nursing.

Plenary sessions included discussions on delivering on universal health coverage, investing in nursing, and the future of mental health care, including an address by ICN chief executive Howard Catton on 'Caring with Courage'.

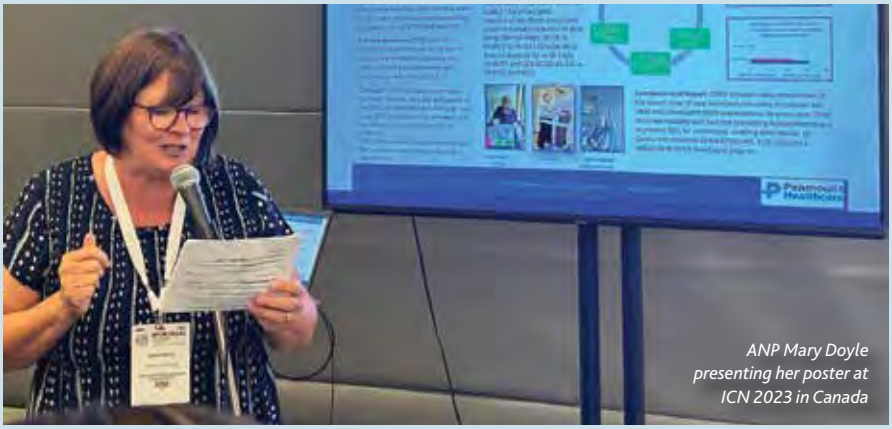
Concurrent workshop and Q&A sessions included regional, main sessions, policy cafés, masterclasses and the NNA symposia. The symposia focused on one specific theme with international speakers working together thoughtfully to highlight the latest nursing practice, research, education and professional issues.

Cutting edge nursing and health topics were explored from a global perspective, including nursing leadership, nursing in emergency and disaster management, growing the nursing workforce, training and regulation, and improving the quality of healthcare delivery.

The final day of congress was addressed by Canadian prime minister Justin Trudeau, who welcomed attendees to Montreal and noted the "unique experiences from all over the world" that congress attendees brought to the conference.

Tony Fitzpatrick is director of professional services with the INMO

INMO member **Mary Doyle** discusses her e-poster which featured at ICN Congress 2023



ANP Mary Doyle presenting her poster at ICN 2023 in Canada

MORE than 6,000 delegates from 132 countries attended the ICN 2023 Congress in Canada this July. The e-poster discussion session at which I presented was entitled 'Advancing nursing practice: pushing the boundaries', and my own abstract was entitled 'Community rehabilitation inpatient specialist programme (CRISP): an advanced nurse practitioner-led programme for frail older adults'.

I applied for sponsorship to attend the meeting through *WIN* and was lucky to be selected as one of the recipients, making it possible for me to attend this conference. It was an amazing experience to showcase the role of advanced nurse practitioners in older persons care in Peamount Healthcare.

CRISP programme

CRISP provides direct access to short-term in-patient rehabilitation for community-dwelling older adults. CRISP supports an integrated and cohesive approach to care in line with the National Clinical Programme for Older People (NCPOP) by providing person-centred care at the lowest complexity level. The programme's goal is to provide timely access to comprehensive geriatric assessment for frail older adults who experience functional decline in the community, in order to reduce acute unscheduled care episodes and promote maintenance of well-being and independence.

This short and intensive programme is advanced nurse practitioner-led and offers a multidisciplinary approach to rehabilitation. During the two-week programme, patients undergo a comprehensive geriatric assessment with consultant review, and attend daily physiotherapy and occupational therapy sessions. Patients have access to a pharmacist for medication reconciliation, speech and language and dietitian review if required. They also receive a personally tailored programme of activities, including art, games designed to promote brain health, a walking challenge and instruction in self-directed weight training.

Referral criteria

- People aged 65 years and older who are living in the community
- Patients who are experiencing functional decline in their daily activities
- Patients who experience falls and have decreased balance and confidence.

Referral pathways include:
- Integrated care teams for older persons (ICPOP) Tallaght University Hospital (TUH)
- Geriatric outpatient clinics/day hospital
- GEDI team emergency department, TUH
- Pathfinder team
- Local GP services.

Programme benefits for the older adult

- To maximise safety, functional independence and mobility, enabling older people to achieve as much independence as possible and continue living in their own home and community
- Support people to regain or retain skills
- Rebuild confidence after a fall, deterioration in health, deconditioning or a hospital admission
- Avoidance of acute hospital admission or premature move to nursing home care.

Patient feedback

Following attendance of CRISP, patients report an improvement in their mobility and an increase in confidence. Speaking about the programme, one woman reported that it had "given me the confidence to walk outside again by myself, something I haven't done in months."

A man with a new diagnosis of Parkinson's disease said: "(CRISP) gave me confidence to face my new condition… and it also helped my family to understand my 'new normal'".

Outcome measures

In addition to patient feedback, functional and mobility outcome measures are collected on admission and discharge and at four months following completion of the programme. There have been statistically significant gains made in performance in activities of daily living and mobility on comparison of admission and discharge measures recorded. Patients also reported better health-related quality of life on completion of the programme.

Longer-term gains include reduction of fall rates for the four-month period pre and post completion of the programme as well as self-reported improvement in quality of life at four months post discharge.

Mary Doyle is an advanced nurse practitioner in rehabilitation at Peamount Healthcare, Newcastle, Co Dublin

Building a better society

The INMO celebrated Pride with the aim of building momentum towards greater allyship and a more inclusive health service for staff and patients

INMO members, staff and Executive Council members attended the 2023 Dublin Pride march and parade on June 24, and Cork Pride parade on August 6. Both events recognised the significant history of Pride, as well as the importance of continuing to make a bold statement of courage and inclusion in Ireland. INMO attendees at both events represented nurses and midwives from across the country, flying the INMO flag for diversity and inclusion in nursing and midwifery.

On June 26, the INMO hosted a special Pride event in the Richmond Education and Event Centre, promoting and celebrating diversity in healthcare, workplaces and trade unions. The event was opened by INMO president Karen McGowan, who stated that there is no place for discrimination in healthcare or workplaces and welcomed both the size and festive atmosphere of the Pride celebrations of 2023.

Attendees were addressed by chief executive of LGBT Ireland Paula Fagan and LGBT Ireland's chair Sean Denyer. Ms Fagan noted the pivotal role nurses and midwives play in embedding LGBT+ inclusion in the healthcare setting. She also spoke about the considerable work that remains to be done in Ireland to ensure inclusion and the dismantling of the legacy of homophobia and discrimination among sections of Irish society.

Noting that 40% of LGBT+ people are not out to their healthcare providers, with stigma particularly affecting older people, Ms Fagan remarked that this has a significant effect on the ability to provide individualised health and social care to meet people's needs.

Ms Fagan also discussed the importance of inclusivity measures in workplaces and called for the release of staff for training programmes and the inclusion of tailored LGBT+ education in nursing and midwifery curricula.

Mr Denyer talked about the persistent obstacles and discrimination that face LGBT+ people, and the fact that recent survey results showed only 53% of LGBT+ people were fully out at work. He also underlined the importance of intersectionality and generational differences in approaching the discrimination experienced by LGBT+ people in Ireland.

INMO members and president Karen McGowan (centre)pictured at the special Pride event held in the Richmond Education and Event Centre, promoting and celebrating diversity in healthcare, workplaces and trade unions

Attendees heard a presentation by Shane Ruane of the INTO's LGBT+ Teachers Group and INTO equality officer Maeve McCafferty. Mr Ruane discussed the INTO's LGBT+ Teacher's Group, founded in 2004, and the work it carries out in promoting visibility and inclusion for both students and teachers. The group provides a forum for social interaction and peer support and encourages visibility in classrooms and staff rooms. Mr Ruane and Ms McCafferty outlined the ways the group promotes diversity in families and provides resources for teachers to support diversity among students. The speakers also discussed the importance of the use of gender-inclusive language that allow staff, members and activists to demonstrate solidarity throughout the year.

Attendees also heard a panel discussion featuring: Aoife Dillon, advanced nurse practitioner (ANP) in gerontology at St James's Hospital; Aoife O'Brien, former nurse and Dublin South/Kildare/West Wicklow sexual health promoter; David Field, ANP; and Maxine Radcliffe from Nurses and Midwives in Inclusion Health.

The panel highlighted the role of unions in supporting and protecting workers in care roles and Ms O'Brien discussed the importance of a top-down approach to assuring competency in supporting LGBT+ colleagues and patients in healthcare settings. Ms Dillon discussed the importance of her work as a champion of LGBT+ supports in older person settings and ensuring active allyship for older patients in healthcare practice.

On behalf of Inclusion Health, a presentation on supporting LGBT+ asylum seekers was given by clinical nurse specialist Dr PJ Boyle, who addressed attendees on the importance of unions supporting principles of social justice across their communities. Dr Boyle also detailed the significant trauma and fear among LGBT+ people seeking asylum, noting in particular the intersectional risk of social exclusion for LGBT+ asylum seekers.

Attendees at the event also heard from ICTU's equality officer, David Joyce speaking on LGBT+ inclusive trade unions, and Maria Barry, diversity, equality and inclusion manager, speaking on behalf of the HSE Diversity, HR and Reach Out Network.

Attendees and speakers agreed that active inclusion measures are an essential part of ensuring visibility, safety and wellbeing in workplaces, healthcare settings and trade unions, and that as frontline workers nurses and midwives play a pivotal role in ensuring healthcare is inclusive and safe. Attendees also agreed that trade unions must play an active part in combating the rise of divisive and discriminatory rhetoric, to build on the momentum of social progress in Ireland over recent years, and build an inclusive and safe society.

Sharing perspectives on the midwifery profession

An INMO delegation reports from the first conference of the International Council of Midwives held in six years

THE global shortage of one million midwives was dominant at the recent International Council of Midwives (ICM) congress held in Bali, Indonesia. It was the first Congress held in six years and the theme was 'Together again: from evidence to reality', emphasising the unique opportunity provided by in-person international gatherings of maternity and midwifery specialists.

Attendees joined from across the globe representing national midwifery organisations and discussing the most important current themes in midwifery and maternity. The congress was attended by an INMO delegation made up of midwives and INMO Executive Council members Lynda Moore and Audrey Horan, as well as INMO assistant director of industrial relations Mary Fogarty.

The 33rd ICM Triennial Congress kicked off with a plenary session based on the joint ICM and White Ribbon Alliance report *Midwives' Voices, Midwives' Demands*, which details the top demands of more than 56,000 midwives from 101 countries. The report made clear that a decent wage with benefits was a top priority for midwives globally and highlighted successful international campaigns for improved pay and conditions for midwives.

Workshops ran concurrently throughout the conference with topics ranging from sexual and reproductive health in remote islands, stress and burnout among midwives and the importance of self-care, leadership and critical thinking, to digital midwifery.

A workshop on midwifery regulation explored the barriers and enablers to strengthening regulation of midwifery as distinct from nursing. The premise for this is that evidence from the *State of the World's Midwifery (SoWMy) 2021* published by the WHO, shows that fully educated, licensed and integrated midwives supported by interdisciplinary teams and an enabling environment, can deliver about 90% of essential sexual, reproductive, maternal, newborn and adolescent health interventions across the life span.

The INMO delegation at the ICM Congress in Bali, Indonesia in June (l-r): Lynda Moore, Executive Council member; Mary Fogarty, assistant director of industrial relations; and Audrey Horan, Executive Council member

The final plenary session entitled 'The next 100 years of ICM and midwifery – strategies for ensuring greater support, inclusivity and representation for our global community of midwives', considered the future of midwifery globally, with discussion on the role of the ICM in advancing midwifery and supporting midwives to deliver the best possible care to women and all community members, respecting their race, sexual orientation, religion, other social identities and individual needs. The session also explored the strategies needed to ensure that the next generation of midwives reflects our increasingly diverse communities and provides inclusive care.

Train and retain

A significant theme over the three days was the need to train and retain midwives across the globe. Congress heard of a global shortage of almost one million midwives and that closing this deficit would aid better outcomes for women, in particular marginalised women in society.

The ongoing medicalisation of pregnancy and childbirth dominated many workshops and rising Caesarean section and induction rates globally was countered with the need for midwife-led units with referral pathways to obstetricians from the midwife as deemed necessary. Ireland stood out as one of the few countries that has regional directors of midwifery in place. Ireland has a maternity strategy that supports midwifery-led care. The National Women and Infant Health Programme was set up to implement this strategy and a budget has been allocated to implement midwifery-led care.

Congress also heard from midwives working in extraordinary situations. A plenary session explored the role of midwives in humanitarian and fragile country settings, with attendees hearing from Ukrainian midwife Vira Tselyk who spent 42 days in a bomb shelter without heating or supplies, where doors were removed to make beds for women in labour. A total of 136 babies were delivered including several sets of twins and triplets. Ms Tselyk highlighted the psychological strain of working in such an environment.

This Congress was a refreshing opportunity to share insights into advancing care and advancing the midwifery profession at a time when global maternal healthcare faces unique challenges and opportunities. INMO attendees were able to provide a unique Irish perspective on midwifery-led care and maternity services, but also took away significant evidence-based insights into their profession and innovations in clinical care. We hope that the high energy of resumed in-person events like this will continue into the coming year and look forward to the All-Ireland Midwifery Conference taking place later this year in Monaghan.

INMO assistant director of industrial relations Mary Fogarty, and Executive Council members Lynda Moore and Audrey Horan attended the ICM congress on behalf of the INMO

INMO Professional

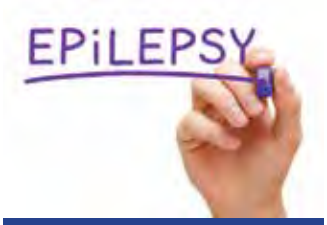
INMO
Irish Nurses and Midwives Organisation
Working Together

September Education Programmes

Below are some of our online courses coming this month.
All online courses run from 10am - 1pm with a fee of €30 INMO members and €65 non members.

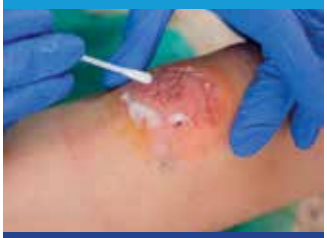
CLINICAL COURSES

Understanding epilepsy



Tuesday, 12 September

Wound management



Wednesday, 13 September

Diabetes CBT and general well-being

Thursday, 28 September

Tracheostomy care

Friday, 29 September

CARE OF THE OLDER PERSON COURSES

Safe administration of medicines in residential care

Thursday, 14 September

Falls reduction, assessment and review

Wednesday, 20 September

End of life care in residential care settings

Friday, 22 September

Person centred care planning

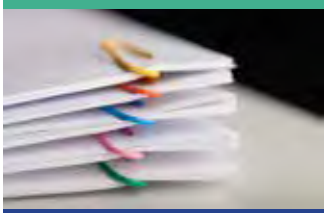
Tuesday, 26 September

SELF IMPROVEMENT COURSES

Competency based interview preparation

Thursday, 14 September

Become more assertive



Wednesday, 27 September

SKILLS COURSES

Telephone assessment and advice skills

Tuesday, 19 September

Improve your academic writing and research skills

Thursday, 21 September

SCAN HERE

To book a place
Call 01 6640618/41
For more information www.inmoprofessional.ie/course

INMOPROFESSIONAL

Looking back on 50 years of the NWC

WIN reports on the recent AGM of the National Women's Council of Ireland, which noted the persistence of many issues affecting women

AN INMO delegation including the first-vice president Mary Tully, attended the AGM and 50th anniversary celebrations of the National Women's Council (NWC) on June 15. The event was held in the Spencer Hotel in Dublin and was attended by representatives from many of the NWC member organisations representing women from all around the country who are involved in carrying out research, advocacy and community work for women in Ireland.

As part of the NWC's anniversary celebrations, the event included two panel discussions, followed in the afternoon by voting on motions. NWC director Orla O'Connor opened the event, welcoming members, reflecting on the need to mark the 50th anniversary of the organisation, and noting the persistence in 2023 of many of the issues that women in Ireland were facing 50 years ago.

In particular Ms O'Connor reflected on the prevalence of gender-based violence in Irish society, on the racism experienced by Traveller women and on the continued undervaluing of the care work undertaken by women in Ireland.

The first morning's panel was made up of former NWC director Joanna McMinn, feminist activists Gráinne Healy and Caroline McCamley, and former NWC vice-chair Dr Salomé Mbugua, and was chaired by writer and activist Martina Devlin.

Panellists reflected on the history of the NWC, noting personal and widespread experiences of discrimination that women had faced since the organisation was founded and its important role in empowering regional and marginalised women's groups through their membership of the organisation.

The panel discussions prompted questions from the floor on a range of issues facing women in Ireland in the coming years, including the under-representation of women in Irish politics, the need for greater recognition of care work, and the related referendum planned for November 2023 on article 41 of the Constitution.

Questions and comments from the floor prompted a discussion of the campaigning opportunities presented by the upcoming referendum and the need to campaign for career and pay structures for all care workers, including a significant increase in the national budget for personal assistants and the need for pension equality measures.

A celebratory event was also held on June 21 in Áras an Uachtaráin in honour of the NWC's 50th anniversary, celebrating women's advocacy and activist groups. Among attendees at the garden party from across the NWC's 190 member organisations, were INMO president Karen McGowan and second-vice president Caroline Gourley

The second panel of the day included Dublin Rape Crisis Centre's Sarah Monaghan, disability activist and representative of Independent Living Movement Ireland, Paula Soraghan, Traveller activist Rosemarie Maughan and the NWC's Collette McEntee.

The discussion focused on the gendered impact of environmental change, and the need for a gender lens in climate policy, the need for increased investment to accommodate women living with disabilities, and the additional obstacles faced by women in marginalised communities. The panel also discussed in detail the extreme discrimination experienced by Travellers in Ireland and noted the need for the feminist movement in Ireland to stand behind Traveller women.

In the afternoon, members heard proposers from a range of member organisations on 16 motions relating to women's healthcare, sexual exploitation, legislation and court processes faced by women leaving abusive relationships, and workplace protections for women experiencing long-term illnesses.

With regard to women's health, attendees heard from speakers on the importance of women's capacity for self-advocacy in healthcare settings, on the importance of eradicating HPV-related cancers, and the need to increase uptake of cancer screening services by women in Ireland.

Seconding a motion on promoting positive images of older people in Irish society, SIPTU's Ethel Buckley noted that the current pension model is not suitable for modern Irish family and household structure, and is unfairly affected by the gendered division of unpaid or low paid work. Members also heard from speakers on a motion proposed by the Irish Cancer Society relating to the protection of postponed maternity leave in the event of a cancer diagnosis or treatment for serious illness, and a further motion calling for greater support for women returning to work following serious illness.

Community Intervention Teams Section: Siobhan McCrudden, section education officer; Olivia O'Halloran, section secretary; and Noeleen Kelly, section chair; pictured l-r at the INMO ADC in Killarney this May

Acute care in the community

Freda Hughes spoke to the officers of the Community Intervention Teams Section about how their work is revolutionising acute care

COMMUNITY intervention teams (CITs) aim to facilitate early hospital discharge in patients who are clinically well enough to be treated in their homes. These patients must meet specific criteria before they are discharged to the care of the CIT. Once this occurs they can return to their own homes, freeing up hospital beds, which helps to keep patients moving through the healthcare system rather than getting stuck in an acute care setting.

CITs are specialist nurse-led services that not only facilitate early and prompt discharge of patients from acute hospitals, but which also provide care to patients who otherwise would have to attend hospital for treatment so they actively reduce hospital admissions as well. They provide rapid response acute care in the community to anyone in need regardless of whether they hold a medical card or not.

There are approximately 21 CITs nationwide. Some multidisciplinary CITs offer physiotherapy and occupational health support while other teams are entirely made up of nurses, with some administrative support. Some teams also have healthcare assistants who work alongside nurses in the community. Some CITs are run privately and others by the HSE.

The work of these teams is spread out between their clinics or hubs and home visits, and most CIT nurses work eight to 12-hour shifts.

Most CITs offer a range of services including dealing with the administration of IV antibiotics, phlebotomy, medication management, symptom monitoring, liaising with the heart specialist nurse or heart failure team in the local acute hospitals, catheterisation, managing blocked catheters, peg tube insertions, wound care and home support visits to patients, including newly diagnosed patients with diabetes, asthma, COPD and so on. This list is by no means exhaustive.

Education is also a significant part of the CIT's role. This could relate to anything from insulin administration, blood sugar monitoring, medication management, inhaler technique, home oxygen therapy, BiPAP, anticoagulant injection technique or medication compliance.

Olivia O'Halloran is a CIT nurse working in Carlow/Kilkenny. The CIT she works on opened in 2011 and originally covered Carlow and Kilkenny but this has since expanded to provide care to people in their homes throughout Carlow, Kilkenny, Waterford, South Tipperary, Wexford and Wicklow. The service is part of Caredoc, which also provides out-of-hours GP services and the CIT frequently receives referrals from that service.

Speaking to *WIN*, Ms O'Halloran explained that the services the CIT offers mean patients can return home from hospital earlier or avoid attending the acute hospital setting and emergency departments; this means they can receive treatment in their own home or community setting.

"Following discharge from hospital, patients are often overwhelmed and are grateful of the support from CITs. We do a huge amount of education and training work with patients so they can manage their own care," she said.

Ms O'Halloran spoke in particular about oncology patients who attend CIT for interventions such as pre-chemotherapy bloods, disconnection of chemotherapy pumps and line management.

"I feel oncology patients benefit from the service as they can be seen locally, and it reduces the number of times they have to attend hospital," she said.

Noeleen Kelly, the INMO CIT section chairperson who works in Co Clare CIT, described the importance of CITs within the wider health service.

"We're a specialist nurse-led service who facilitate early and prompt hospital discharge of patients who would have been considered unsuitable for discharge previously and we provide care to patients who otherwise would have to attend hospital so we avoid hospital admission as well.

"We are the only seven-day, nurse-led service in the community apart from the homecare nurses. We provide a year-round and rapid-response service in the community and it's also universal in that there's no need for medical cards.

CITs are an essential component to the future success of Sláintecare, which aims to bring acute nursing care to the community and thus take pressure off local hospitals. Experience in general nursing and acute hospitals is crucial for nurses working in these roles.

Siobhan McCrudden works with South Donegal CIT – which was only developed in the past 18 months – covering an area from Petigo to Glencolmcille and everything in between. There are a number of new CITs in the county and they are all co-ordinated through the hub in Letterkenny.

> "Patients do so much better at home in their own environment and their own bed. It really helps with their recovery"

Ms McCrudden explained that most post-op patients for hip and knee replacements are discharged home after just one day in hospital now. Her team will see them within 48 hours and carry out an assessment. They will then discuss pain management, risk factors for sepsis, deep vein thrombus (DVTs) and infection. Many patients come home on prophylactic anticoagulants against DVTs and will never have given themselves an injection before so they require support and education around that.

Ms McCrudden has worked on surgical and respiratory wards throughout her career in both Ireland and the UK. She also holds a postgraduate degree in palliative care. Ms O'Halloran and Ms Kelly also have backgrounds in acute medicine and all three feel that this experience is valuable to the role.

"A good CIT nurse will need to be very knowledgeable and know of all aspects of general nursing. Emergency department experience is also really valuable. Ideally nurses should have about five years' experience in acute medicine before moving into community intervention work," said Ms O'Halloran.

Ms Kelly agreed with this view and added that as you are alone working in people's homes, you have to build on the experience and training that you've gained over the years.

"Critical nursing needs come into play too. You need to have expertise in assessing a patient, you need to ascertain patient status and if it is safe for them to remain at home. We've had to transfer patients quite quickly and because we're mostly rural, it's often a huge distance for ambulances to travel. Many CIT nurses have worked in ICU and ED before. It's not a requirement, but it's definitely a benefit. You need the confidence that comes with experience in the acute sector first before you can feel confident in this role."

Despite the fact that almost all CIT nurses have specialised qualifications, they generally lose their qualification allowance when they start working in the community as opposed to an acute hospital. They also lose their location allowance. While some CIT nurses have work vehicles which they use to travel to visit patients, others only get the basic rate of travel and subsistence allowance and have to use their own cars and pay for all necessary maintenance themselves. These are issues that need to be addressed.

Education is a priority for the Section. The aim is to create an accredited course that will give the nurses who work on these teams a recognised CIT qualification.

The CIT Section was set up in 2023 so CIT nurses nationwide could network and share their experiences. It provides a forum where they can get together and share ideas and lobby as a group. They are also hoping to host a professional conference next year.

"I love my job. The patients are so appreciative. They do so much better at home in their own environment and their own bed. It really helps with their recovery. But until they need us they don't know about us. There are also hospital staff that don't really know about this service so it's important to get the word out about what we offer and what we do," said Ms O'Halloran.

"Despite all the talk about retention there are such attractive packages abroad. We need respect, recognition, safe staffing levels and fair pay in order to recruit and retain more nurses. Services like ours can make a huge difference when properly resourced," added Ms McCrudden.

Breastfeeding in the Traveller community

To mark World's Indigenous Peoples Day, **Anne Marie O'Dowd** and **Doireann Crosson** discuss the steps needed to overcome the barriers faced by Traveller women around breastfeeding

OVER the course of two generations, breastfeeding, once the norm in the Traveller community, has now become extremely rare with only about 2% of Traveller mothers breastfeeding. The causes of this are myriad and some of the specific barriers and challenges are discussed in this article. However, the experiences of racism and discrimination faced by Travellers for decades is an integral part of the issue and cannot be ignored.

As part of Pavee Point Traveller and Roma Centre's work to address these issues, Pavee Mothers (**www.paveemothers.ie**) was established via the Eastern Region Traveller Health Unit. It is a unique initiative aimed at addressing Traveller perinatal health issues. In line with all Pavee Point's programmes, it works within a community development approach and recognises the importance of the social determinants of health – the conditions in which people are born into and live, along with economic, social and political systems, particularly poor living conditions, racism, poverty and educational disadvantage.

One recent aspect of the work of Pavee Mothers has been the development of Traveller-specific resources and booklets, in partnership with the HSE, aimed at providing culturally-appropriate information to Traveller mothers for pregnancy and breastfeeding.[1] This followed a series of focus groups with Travellers and the publication of a briefing paper which provided insights into the issues.[2] However information resources are only one aspect. Efforts to address the serious health inequalities faced by Travellers, compounded by the social determinants of health, are also urgently required by government and state institutions.

Traveller women's perinatal health

Traveller women experience some of the worst perinatal outcomes with higher rates of maternal morbidity and mortality, higher rates of miscarriage, stillbirth and neonatal deaths.[3] Traveller infant mortality is almost four times that of the national rate, one of the highest in Europe, a position that has remained unchanged since the 1980s.

In general, Travellers experience significantly worse health outcomes and Traveller women's mortality rate is three times that of the general population. Accounting for less than 1% of the national population, Travellers' experiences of structural and systematic discrimination and racism has been recognised by a range of national and international human rights organisations and monitoring groups. These experiences are worsened for Traveller women because of the intersectionality of ethnicity, gender and other compounding factors.

Pavee Mothers

Pavee Mothers is the first national Traveller perinatal health initiative aimed at addressing serious health inequalities in Traveller maternal health. This unique programme aims to equip Traveller women with vital health information, including care pathways, and to empower them to make informed decisions about their care. It works in partnership with the HSE and other statutory and voluntary bodies to support more effective and integrated care by developing capacity of both health service providers and Traveller organisations.

Pavee Mothers works closely with Traveller Primary Health Care Projects. These are Traveller peer workers who, in partnership with the HSE, work on the ground in Traveller communities to address gaps by providing culturally appropriate information to access health and social services.

The value of this peer engagement is crucial – the All Ireland Traveller Health Study in 2010 found over 80% of Travellers received their health information from Traveller organisations[4] and in 2020, a HSE report noted that 73% of Travellers received information about Covid-19 from Traveller organisations.[5]

However, the numbers of Traveller primary healthcare projects have reduced in recent years and perinatal health statistics remain concerning. Breastfeeding rates continue to be among the lowest in the country. Focus groups and surveys carried out by Pavee Mothers paint a stark picture of barriers and challenges to breastfeeding compounded by serious inequalities, discrimination and racism as well as the social determinants of health. Covid-19 has also had a detrimental impact.

Barriers and challenges

Consequences of nearly exclusive formula feeding within the Traveller community has meant that social supports and role models for breastfeeding – important contributors to confidence and success in breastfeeding – are almost non existent. This is worsened by limited health services and community supports. Traveller focus groups reported a lack of support and encouragement from healthcare providers noting that Travellers were rarely asked antenatally if they intended to breastfeed or were only asked once. It was felt there was an assumption that Travellers would not breastfeed.

Other barriers include a lack of culturally appropriate and accessible information about breastfeeding. Due to decades of Traveller marginalisation within the education system, leading to inequality of access, participation and outcomes, many Travellers cannot access mainstream information resources because of poor literacy.[4] Only 13.3% of Traveller women are educated to upper secondary level and 50% of all Travellers have poor functional literacy, compared to 9% of the general population. This means they would have difficulty reading instructions for medicines. Increased use of digital resources

also has implications, with over half of Travellers not having internet access.

Traveller women tend to start their families at a younger age while at the same time managing multigenerational caring responsibilities. Formula feeding was viewed as easier and faster than breastfeeding in these circumstances and it was felt other family members could share feeding responsibilities.

Testing for galactosaemia

A specific heel-prick test for classical galactosaemia (CG), the Beutler test, carried out on Traveller babies immediately after birth, is another barrier. CG is an inherited disease, where the inability to break down sugars in breastmilk or formula causes serious illness. There are higher rates of CG in babies of Traveller parents at one in 450 compared to one in 36,000 in the general population.[6] Delays in obtaining test results is a barrier as breastfeeding must be paused until results are available, which can take one to four days. Babies can only be fed a soy-based formula in the meantime. Travellers reported lack of encouragement and information about expressing breastmilk as an interim measure and many Travellers believed that staff assumed they would formula feed.

A new initiative between the department of clinical genetics at CHI Crumlin and Pavee Point means that Traveller women can now be fast tracked for genetic testing for their carrier status for CG when they are pregnant, which can indicate the risk of their baby being born with CG. The result can provide information about the need for the Beutler test and if the baby can be breastfed. As an autosomal recessive gene, CG requires both parents to be carriers for each of their babies to have a one in four chance of having the condition. If neither or only one parent is a carrier, their babies will not have the condition and the Beutler test will not be required. Babies can then be fed in whichever way mothers wish and soy-based formula will not be required. If both parents are carriers, a Beutler test would be needed. GPs or hospital doctors can refer any pregnant Traveller woman directly to the CHI department of clinical genetics.

Social determinants of health

The social determinants of health have a major impact on Travellers and their health. Living in overcrowded conditions often without access to basic facilities and without privacy, has a detrimental effect on breastfeeding initiation and continuation. Some Travellers live on the roadside without heat, electricity, toilets or running water. The time and energy required to cope in such circumstances means that Traveller women cannot contemplate breastfeeding. While basic human rights remain unmet, breastfeeding cannot be a priority for these women. A quote from a focus group summed up the experience: "If you're living in a really bad mobile home, with a couple of children and no electricity and water, on a really bad site, breastfeeding is the last thing you'll be thinking about".[7]

Traveller accommodation issues have been well documented. Continued failures by local authorities to meet statutory responsibilities to provide culturally appropriate and adequate accommodation has led to homelessness, overcrowding and substandard housing. Discrimination also affects Travellers trying to access accommodation.

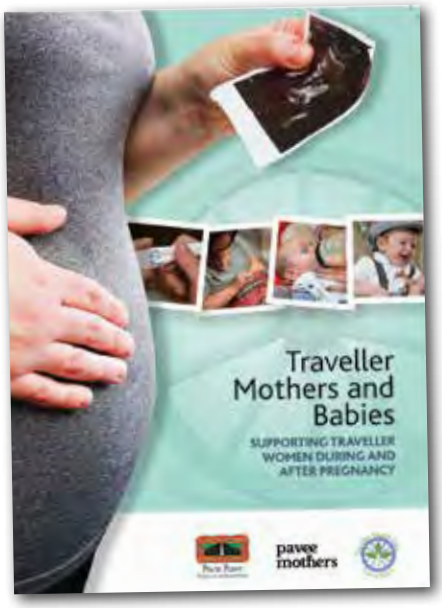
Developing Traveller-specific resources

In Pavee Point, the process of developing information resources for the Traveller community is carried out through a community development approach. Travellers are involved at all stages, including the design, review and dissemination of resources. Accessible language is integral, along with visuals and images, that aim to address literacy issues which exist as a barrier to many Travellers accessing health information.

Adapting information from the HSE My Pregnancy resource, Pavee Mothers has worked with the HSE and other statutory bodies to develop Traveller-specific pregnancy and breastfeeding resources that are more accessible to Traveller mothers and parents.[1] The photographs and images are of Traveller families in their own cultural settings and environments. With Traveller-accessible language, combined with a website which has extensive audio access, the booklets provide the essential information that an expectant Traveller mother might need for her pregnancy and breastfeeding journey. Distributed through maternity hospitals, local health services and through Traveller Primary Health Projects, the resources also aim to start a conversation between health service providers and the woman.

A policy briefing paper, as well as identifying the barriers and challenges Travellers face, makes a number of key recommendations some of which are:

- Travellers should be included in all mainstream policy and service development
- Targets for Travellers breastfeeding
- A dedicated lactation lead
- Mandatory anti-racism training in maternity units and third-level institutes



- Maternity services representation on Traveller Health Unit committees
- Development of a breastfeeding care pathway for Travellers
- Traveller and Pavee Mother breastfeeding imagery visible in antenatal and postnatal clinics and wards
- Targeted initiatives for Traveller men on breastfeeding education and promotion.

An important recommendation is that ethnic equality monitoring is rolled out in all maternity hospitals and that staff are specifically trained in asking the ethnic question appropriately and accurately.

A key aspect of improving breastfeeding rates and health outcomes in general in the Traveller population is for healthcare providers and policy makers to work in partnership with Travellers and Traveller organisations. Too often, policies and practices have been rolled out without any Traveller input and invariably their successes have been limited. The true experts and stakeholders in Traveller breastfeeding and Traveller health are Travellers. Their voices should be heard.

Anne Marie O'Dowd works with the Pavee Mothers Programme and Doireann Crosson is a Traveller health and policy co-ordinator, both at the Eastern Region Traveller Health Unit

References:
1. Breastfeeding Information for Traveller Beoirs www.hse.ie
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4. All Ireland Traveller Health Study (AITHS) (2010) www.gov.ie/en/publication/b9c48a-all-ireland-traveller-health-study/
5. HSE Social Inclusion (2020) National COVID-19 Traveller Service User Experience Survey
6. Classical Galactosaemia in Ireland: incidence, complications and outcomes of treatment (2013). https://pubmed.ncbi.nlm.nih.gov/22870861/
7. Towards Revitalising Breastfeeding in the Traveller Community Briefing Paper. (2021). Paveepoint.ie. pp14

International Section set to celebrate 20 years

TO CELEBRATE the International Section's 20th anniversary, the section will host a conference at the Richmond Education and Event Centre on November 3, 2023.

The theme that the section's organising committee has chosen for its conference this year is 'Over 20 years and standing stronger, together'.

The day will include formal talks on campaigning, highlighting collective section achievements, as well as hearing from senior national nursing officials and the Nursing and Midwifery Board of Ireland (NMBI) on a variety of issues.

The section is looking forward to welcoming all members to the event. Watch out for further details on bookings and attendance.

All-Ireland Midwifery Conference: final call for posters

THIS is the final reminder to submit your entries for the All-Ireland Midwifery Conference poster competition. Entries should be submitted to niamh.adams@inmo.ie by Friday, September 29, 2023. Full entry criteria are available on **www.inmo.ie**.

This annual conference takes place on November 16 in the Hillgrove Hotel, Monaghan. Topics up for discussion include

continuity of midwifery care, supporting birth choices, advanced practice in midwifery and supporting relational care.

Book your place by calling the INMO on 01 6640618/41 *(see page 52)*.

Retired Section tour of Croke Park

The Retired Nurses Section enjoyed a tour of Croke Park stadium and museum recently, followed by lunch in the Croke Park Hotel. The section's October outing to Glasnevin Cemetery will take place on October 25 at 11.30am and will include an Irish history tour. Tel: 01 8826500 to book your place and state that you are an INMO member. The fee for admission to Glasnevin is €13 or €11 senior rate. For further information, contact social committee member Anne Tully by email: tullyannp@yahoo.co.uk

Pictured above: Mary Giblin, Ann Winters and Ann Gee in the dressing room at Croke Park

INMO Professional

Continuing professional development for nurses and midwives

INMO EDUCATION PROGRAMMES

In the pull-out this month…

Nursing records under the spotlight *(in person workshop)*

Sep 11

This new workshop is designed to equip registered nurses and midwives, working in a variety of healthcare settings, with the knowledge to maintain nursing records in accordance with legal and professional standards. Participants will be provided with the opportunity to review examples of records based on real case studies with a view to identifying and avoiding common legal pitfalls. The day will include both theory and practical sessions with interactive group work.

Peripheral intravenous cannulation *(in person course)*

Sep 12

This programme provides guidance to participants in the skill of peripheral intravenous cannulation. Instruction will be provided on the sites used for peripheral intravenous cannulation, identifying criteria for evaluating a vein and the principles of an aseptic technique. The aim is for participants to be able to carry out the procedure in a competent and safe manner. While this course will provide the necessary knowledge and skills to undertake peripheral intravenous cannulation, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work. Fee: €90 INMO members; €145 non members.
Venue: The Richmond Education and Event Centre, Dublin

Understanding epilepsy for nurses and midwives

Sep 12

Epilepsy is a chronic disease that affects 1% of the population and can be associated with significant physical and psychosocial sequelae. A person with epilepsy often has comorbid conditions and must carefully manage their epilepsy and comorbid diseases, as well as navigate how their life is affected by their diseases. The management of patients with complex medical conditions, including epilepsy, is increasingly being overseen by nurses. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education and support to patients with epilepsy. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.

INMO Professional

Setting the autumn agenda

Steve Pitman
Head of Education and Professional Development

EACH year the autumn brings an increase in clinical and professional activities in nursing and midwifery and healthcare more generally. The INMO will be hosting a number of conferences and webinars from September until November *(see WIN, page 38)*.

NMBI Public Health Nursing Education Programme Standards and Requirements

The Nursing and Midwifery Board of Ireland (NMBI) launched the third edition of the Public Health Nursing Education Programme Standards and Requirements in August. The standards and requirements have been revised in line with best practice and in consideration of the many changes and challenges facing healthcare and the role of the public health nurse. Key changes in this edition include:

- A reduction in the number of learning outcomes from 13 to nine
- Alignment of the domains of competence with the six domains in the nursing registration programme standards
- An extensive review of the indicative content to ensure that it reflects the contemporary practice of public health nursing
- The maternal and child health module is now divided into two modules – one focusing on the mother and newborn and one focusing on the child
- Maternal placement for PHN students has a greater focus on postnatal care and care of the newborn
- The theoretical and clinical instruction requirements for the programme have been allocated in hours to align with other nursing and midwifery education programmes.

NMBI fundamental review of undergraduate programmes

The phase one report on the review and desk research on the best practice for undergraduate nursing and midwifery education has been completed and is expected to be available by the end of September. This will inform and contribute to the discussion on the future development of the undergraduate programmes and link with the work of the expert review on nursing and midwifery.

The NMBI Monitoring the Maintenance of Professional Competence (MMPC), referred to as the Professional Competence Scheme, has started. The process commenced in August with an initial consultation and focused stakeholder engagement, including staff representative organisations, the HSE, etc. It is expected that this will be followed by a wider consultation process in the autumn. Following the consultation process, the NMBI will provide a timeframe for the introduction of the new scheme.

An updated HSE policy on the National Policy for Pronouncement of Expected Death by Registered Nurses is expected to be available towards the end of 2023. This policy is an update of the 2017 National Policy and covers designated centres for older persons, nurse-led intellectual disability (ID) services registered by the Health Information and Quality Authority (HIQA) and specialist palliative care services.

Midwifery

A reminder that the INMO and RCM Northern Ireland All-Ireland Midwifery Conference will take place on November 16 in the Hillgrove Hotel, Monaghan. All midwives and midwifery students are welcome to attend. A call for posters has been made and will close on September 29, 2023.

Students and new graduates

The students and new graduates held a hugely successful 'Becoming New Graduates' webinar on August 28. Congratulations to new graduates across the country as they start their transition into becoming registered nurses and midwives over the coming weeks.

Inclusion health

The next general meeting of the Nurses and Midwives for Inclusion Health (NMIH) will take place on September 10 from 10am-1pm. All nurses and midwives with an interest in inclusion health are welcome to attend. Further information about the work of the group is available at **https://sites.google.com/dcu.ie/nmih/home**

Menstrual health and menopause in the workplace

The INMO has joined with other trade unions to launch the 'Stop the Stigma' campaign. The aim of the campaign is to raise awareness and for the introduction of better menstruation and menopause supports at work. The campaign will be formally launched in October to coincide with International Menopause Day. Look out for information on the 'Stop the Stigma' campaign over the coming months.

On-site education

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

Delivering courses for INMO Professional and writing for *WIN*

We are eager to offer members the opportunity to work with us in developing and delivering education courses.

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

INMO Professional

Education Programmes

Tel: 01 6640618/41
Email: Linda Doyle and Deborah Winters at education@inmo.ie

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

In person and online at **www.inmoprofessional.ie**

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

Sep 11 **Nursing records under the spotlight** *(in person)*

This new workshop is designed to equip registered nurses and midwives, working in a variety of healthcare settings, with the knowledge to maintain nursing records in accordance with legal and professional standards. Participants will be provided with the opportunity to review examples of records based on real case studies with a view to identifying and avoiding common legal pitfalls. The day will include both theory and practical sessions with interactive group work.

Sep 12 **Understanding epilepsy**

The management of patients with complex medical conditions, including epilepsy, is increasingly being overseen by nurses. Nurses who are not specialists in epilepsy can play a central role in providing optimal care, education, and support to their patients with epilepsy, given the proper tools. This course will provide a foundation on which to build increasing knowledge of epilepsy and care of the patient.

Sep 12 **Peripheral intravenous cannulation** *(in person)*

This course provides guidance to participants in the skill of peripheral intravenous cannulation. Instruction will be provided on the sites used for peripheral intravenous cannulation, identifying criteria for evaluating a vein and the principles of an aseptic technique. The aim is for participants to be able to carry out the procedure in a competent and safe manner. While this course will provide the necessary knowledge and skills to undertake peripheral intravenous cannulation, it will be necessary for each nurse and midwife attending to ensure that they abide by their local policy on peripheral intravenous cannulation in their place of work. Fee: €90 INMO members; €145 non members.

Sep 13 **Wound management**

This short online course will advise participants on wound care management. Topics covered on the day include; wound healing, wound bed preparation and treatment options, and dressing selections.

Sep 14 **Competency-based interview preparation**

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

Sep 14 **Safe Administration of Medicines in Residential Care**

The aim of this workshop is to outline the professional, legal and best practice requirements for safe administration of medicines in a residential care setting. This course will identify the professional and legal requirements for safe administration of medicines in residential care settings; identify the 10 rights of medication administration; identify the requirements for a valid prescription and identify the requirements for record-keeping when administering medicines in the centre.

Sep 18 **Tools for safe practice** *(Free for INMO members)*

This programme provides safe practice tools to protect the nurse and midwife and patient within current health care 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 patients 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. This programme is free for INMO members.

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

Sep 19 **Telephone assessment and advice skills**

This short online programme is for nurses and midwives involved in providing telephone assessment and advice in the ED, general practice and other community settings. Such calls assess patients' needs and may provide advice for self care, prompt the caller to seek immediate medical attention or refer the patient to another healthcare professional or agency. This programme will provide strategies and guidance on how to handle each caller in a professional and tactful manner.

Sep 20 **Falls reduction, assessment and review**

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

Sep 21 **Improve your academic writing and research skills**

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

Sep 21 **Online retirement planning webinar** *(free for INMO members)*

This webinar is to help support you in planning your retirement and will briefly cover the following: superannuation and your entitlements, options for drawing down your AVC at retirement, whether you should consider a lump sum AVC before retirement, protecting your lump sum against inflation, key steps to long-term investing and top tax tips for retirement.

Sep 21 **Bringing your career to the next level** *(in person)*

This new two-day innovative programme will give you the skills to navigate the selection process. It will help you identify and articulate your relevant transferable competencies, your personal attributes and the unique contribution you bring to your work. Enhanced self-knowledge puts us in a position of advantage by leveraging our strengths and building confidence, allowing us to make the most of career opportunities. Early bird fee: €199 INMO members only. Normal fee: €230 INMO members; €350 non members.

Sep 22 **End-of-life care in residential care settings for older persons**

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

Sep 26 **Person-centred care planning**

The aim of this programme is to outline the nurses' role in the process of person-centred assessment and care planning for service users within a legal and professional framework. This programme is relevant to management and frontline staff.

Sep 27 **Become more assertive**

This short online programme is designed to help nurses and midwives develop their skills to be more assertive to help them make decisions with conviction; to deal with difficult situations and people and to influence others positively.

Sep 28 **Diabetes CBT and general wellbeing**

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

Sep 28 **Chronic obstructive pulmonary disease (COPD) – getting the basics right**

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

INMO Professional

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Irish Nurses and Midwives Organisation
Working Together

NEW

Nursing Records Under the Spotlight

in person course

5 CEUs

This new workshop is designed to equip registered nurses and midwives, working in a variety of healthcare settings, with the knowledge to maintain nursing records in accordance with legal and professional standards. Participants will be provided with the opportunity to review examples of records based on real case studies with a view to identifying and avoiding common legal pitfalls. The day will include both theory and practical sessions with interactive group work.

09.50	*Registration*
10.00	Introduction: Welcome address Explanation of the course
10.15	Professional and legal aspects of nursing documentation NMBI - Standards and guidance HSE - Standards and Recommended. Practices for Healthcare Records Management. Legislation – Data Protection Act & Freedom of Information act. Confidentiality. Informed Consent.
11.15	*Coffee break*
11.30	Avoiding Litigation: Clear and accurate documentation. Documentation dos and don't s.
12.30	Common documentation errors: Lack of documentation. Incomplete or missing documentation. Not documenting care objectively. Actual examples of nursing documentation errors in legal claims.
13.15	*Lunch*
14.00	Interactive Workshops: Case studies of actual nursing legal claims containing examples of legally defensible documentation and legally indefensible documentation.
15.00	Effective Documentation: Writing concise, effective, and legal proof nursing documentation.
15.30	Questions and Feedback:
16.00	*Close*

Monday, 11 September 2023

BOOK NOW

10am - 4pm (registration 9.50am)

The Richmond Education and Event Centre, North Brunswick Street, Dublin D07 TH76 7

Fee: €90.00 INMO members
€145.00 Non members

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Early bird fee:
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Sep 29 **Tracheostomy care study day**

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

Oct 3 **Management skills**

This short online course will enable nurses and midwives to understand the principles of effective leadership and management in front line healthcare delivery, Identify key competencies required for effective management and understand how management competencies are applied to the healthcare setting to promote quality and safety in healthcare delivery.

Oct 3-5, 17-18 **Training delivery and evaluation** *(in person) (five-day seminar)*

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

Oct 5 **Master your communication skills**

When good communication is practiced, it improves client care, staff morale and working relationships. It also decreases workplace conflict caused by gaps in communication, inactive listening or cultural differences. This online training will help you develop your interpersonal and communication skills at all levels in the organisation. It focuses on your key competencies for face-to-face and written communications to ensure you can understand what is being communicated to you; how to respond and how to communicate clearly and with purpose. Learn these practical skills to ensure more effective and impactful communications.

Oct 6 **Paediatric asthma – understanding the basics**

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

Oct 10 **Complaints management for healthcare staff (acute or residential healthcare setting)**

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

Oct 10 **Introduction to change management for nurses and midwives (in person)**

The aim of this course is to enhance the understanding of nurses and midwives of change management and strategies to improve the potential for successful change initiatives.

Oct 11 **Leg ulcer assessment and management**

This short online course will advise participants on leg ulcer management. Topics covered on the day include: pathophysiology, assessment and management of leg ulcers.

Oct 12 **Type 1 diabetes management for nurses and midwives**

This short online programme will provide nurses and midwives with knowledge and skills regarding Type 1 Diabetes. The literature would suggest that diabetes, chronic disease management and the self-care that is associated with it brings high incidence rates of depression, anxiety and negative thoughts. The use of different strategies, self-management, treatment options, insulin pump therapy and CGM will be looked at to improve patient self-management. The exploration of these strategies and management of Type 1 diabetes is a necessary component to help nurses/midwives try and formulate plans to look at issues that clients face.

INMO Professional

Know your library

An introduction to the INMO Library and its services

Why use the library?

Libraries are vital to nursing and midwifery students as they offer access to resources, promote evidence-based practice, provide a suitable learning environment, support professional development, offer technology and digital resources and provide expert guidance from library staff. Utilising library services and resources empowers students to become knowledgeable, skilled and well-rounded professionals.

As you begin your studies this autumn, whether it is a short module or a longer pre- or post-registration course, the INMO library is here to help. We offer various services and resources to support you throughout your educational journey. Our focus is on providing a nursing- and midwifery-centred approach and supporting your professional development as you advance in your career.

Library services

- Remote/in-person search consultations – if you require assistance with searching techniques, the library staff can provide guidance and advice on searching methods in person or remotely. Please get in touch with the library to make an appointment
- Literature searches – the library offers a literature searching service which is available to members. Library staff will discuss the search requirements and email you a list of references. This can be useful if you are having difficulty finding relevant articles, as a backup search or if you do not have enough time to complete your search
- Reference desk queries – are you looking for an incomplete reference for a bibliography or finding it difficult to locate an article? The library's reference desk service will be able to assist.

Online library

Access the library via OpenAthens – We are currently rolling out Open Athens as a method for our members to access the online library. Although only in the early stages of implementation, if you are interested in registering for Open Athens access, please contact niamh.adams@inmo.ie

The library provides access to a range of resources, including:

Databases

- Ebsco CINAHL Complete – the largest and most in-depth nursing research database with a sophisticated search feature, this database provides access to a wide range of full-text articles
- Maternity and infant care – this database contains more than 300,000 bibliographic records focusing on maternity care and midwifery. Its coverage includes over 400 journals and other sources, including a range of grey literature
- Joanna Briggs Institute Evidence Based Practice Database – This resource is centred on evidence-based practice and provides the nurse or midwife with recommended practices, best practice documents and systematic reviews
- Nursing@OVID – this database contains access to several nursing full text e-journals
- Medline – the National Library of Medicines database contains a wealth of information, with more than 20 million records over a broad range of topics, including medicine, nursing, public health and clinical sciences.

Journals

The online library offers access to a wide range of relevant nursing, midwifery and health journals. Below is a sample listing of the core nursing and midwifery journals:

- *British Journal of Community Nursing*
- *British Journal of Midwifery*
- *British Journal of Nursing*
- *Emergency Nurse*
- *Cancer Nursing Practice*
- *Midirs Midwifery Digest*
- *Nursing Children and Young People*
- *Nursing Older People*
- *Nursing Management*
- *Nursing Standard*
- *Nursing Times.*

Recommended workshops

Library education programme – getting the most from your library: advanced searching techniques

This online course is designed for nurses and midwives who want to improve their information-seeking skills for clinical practice, reflection or policy development. It is accredited and offers valuable lifelong skills. The course is also beneficial for those enrolled in academic programs. The next course will be held on September 6, 2023.

Improve your academic writing and research skills online course

If you need to get to grips with academic writing, research appraisal, critiquing and evidence-based practice, INMO Professional is running an online workshop on September 21.

Contact the library

For further information on this or any library services, please call: 01 6640614/25 or email: library@inmo.ie If you wish to visit the library, please make an appointment in advance so we can ensure that there will be a staff member available to assist you. The library opening hours are Monday to Thursday: 9am-5.00pm, Friday: 8.30am-4.30pm..

Online – Introduction to Effective Library Search Skills

Next course date: Friday, September 22, 2023

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

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

INMO Professional

i-learn Royal College of Midwives

Neurodiversity in the workplace

STIGMA associated with neurodivergence and negative connotations in diagnostic and medical literature with use of terms like 'disorder' and 'disability', focusing on deficits rather than strengths, causes many neurodivergent adults to 'hide' their neurodivergence or develop coping mechanisms, such as masking their differences, creating another barrier to accessing support to enable equitable employment.

Neurominorities have long paid the price of a lack of understanding and consideration of their experiences and needs, leading to a huge impact on their physical and mental wellbeing. Changes need to be made to remove disabling barriers in the workplace.

This module will take approximately 40 minutes to complete.

Why it matters

Neurodiversity, a term coined by Judy Singer, simply means diversity of the mind. It refers to the different ways the brain can work and interpret information. Someone who is identified as 'neurotypical' is someone whose brain functions in the way society expects. A 'neurodivergent' individual is someone whose brain functions, processes and learns information differently.

Some neurological conditions include attention deficit disorders, autism, dyslexia and dyspraxia. These are among the conditions discussed in this module.

Different neurodivergent conditions may sometimes co-occur, with their traits overlapping. For example, for those diagnosed with attention deficit hyperactivity disorder (ADHD), 80% of people have another condition and 50% have at least two more conditions.

Neurodiversity in the healthcare team

Neurodiversity in the workplace refers to the recognition and acceptance of the wide range of neurological differences among individuals. In the context of nurses and midwives, embracing neurodiversity can bring numerous benefits both for the professionals themselves and the healthcare organisations they work for – such as diverse perspectives and problem-solving, attention to detail, enhanced empathy and communication.

Embracing neurodiversity in nursing and midwifery teams can foster a more comprehensive approach to patient care and enhance critical thinking within the workplace.

Neurodivergent individuals often exhibit a strong attention to detail and can excel in tasks that require focused attention. This trait can be valuable in healthcare settings, where accuracy and precision are essential to many tasks including medication administration, documentation, and monitoring patient vital signs.

While neurodivergent individuals may experience challenges in certain aspects of social interaction, they can also possess heightened empathy and a different perspective on patient needs. This unique perspective can lead to improved communication and more personalised care for patients and their families.

Creating an inclusive workplace

To create an inclusive workplace, it is crucial to provide appropriate accommodations and support for neurodivergent nurses and midwives. This may include flexible work schedules, clear communication channels, sensory-friendly environments, and tailored training programmes. These accommodations can help individuals thrive in their roles and contribute to the overall success of the healthcare organisation.

Furthermore, promoting education and awareness about neurodiversity in the workplace is essential. By educating staff members about the strengths and challenges of neurodivergent individuals, biases can be reduced, fostering a more supportive and understanding work environment.

Embracing neurodiversity in the workplace for nurses and midwives can lead to a more inclusive and dynamic healthcare environment. By recognising and accommodating the unique strengths and perspectives of neurodivergent individuals, we can enhance patient care, foster innovation, and create a supportive work environment for all healthcare professionals.

Learning outcomes

Having completed this module you will be able to:

- Develop knowledge of neurodiversity and how to support colleagues in the workplace
- Gain insight into the lived experience of neurodivergent colleagues
- Reflect on removing disabling barriers in the workplace and how to create a more inclusive and sustainable work environment.

RCM i-learn access for INMO midwife members

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

INMO Professional

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Irish Nurses and Midwives Organisation
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INMO Professional Events 2023

All conferences and webinars are Category 1 approved by NMBI

ONLINE AND IN-PERSON EVENTS

SEPTEMBER 26
Telephone Triage Nurses Section
Midlands Park Hotel,
Portlaoise,
Co Laois

OCTOBER 14
Operating Department Nurses Section
Knightsbrook Hotel
Co Meath

NOVEMBER 4
National Childrens Nurses Section Webinar

NOVEMBER 11
Public Health Nurse Section Webinar

NOVEMBER 16
All Ireland Midwifery Conference
Hillgrove Hotel,
Monaghan

NOVEMBER 22
Assistant Directors Section Masterclass
The Richmond
Education and Event Centre,
Dublin

NOVEMBER 30
Occupational Health Nurses Section Conference
The Strand Hotel,
Limerick

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For more information go to
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or contact jean.carroll@inmo.ie for further details.

BOOK NOW

Q and A Bulletin Board

With INMO director of industrial relations Albert Murphy and the staff of the Information Office

Premium pay on injury at work allowance

Q. I was injured at work and am in receipt of the injury at work allowance. I am on a 5/7 roster and am rostered to work night duty and weekends. Is my premium pay included in the injury at work allowance?

The injury at work allowance is determined by reference to five-sixths of remuneration, inclusive of emoluments. Emoluments include premium payments and allowances but not payments in respect of overtime and travelling expenses. If an employee has been assaulted at work and is out sick as a result of this assault, the Serious Physical Assault at Work Scheme has a provision that will allow for full pay based on earnings the nurse or midwife would have earned if still at work. Such full pay includes basic pay, allowances and premium earnings for a period of up to nine months, following which basic pay only may be paid for a period of up to three months.

Overtime for part-time workers

Q. I work part-time and have been advised that I cannot get overtime payment – is this correct?

No, this is not the case. Part-time employees can earn overtime in accordance with the Agreement on Flexible Working in the health service. Nurses and midwives who work reduced hours are entitled to earn overtime payments for additional hours worked in certain circumstances. The following are some examples:

- A nurse or midwife working in a department or unit with a three- or four-shift cycle would be eligible for overtime payment were they to work a full normal shift and were then asked to work additional hours outside the span of the shift
- A nurse or midwife working mornings only (8am-1pm) in a department or unit where the normal shift is 8am-4pm would be paid at flat time if requested by their employer to work from 1pm-4pm. If asked to work from 1pm-6pm (having started at 8am) the hours from 4pm-6pm would attract payment at overtime rates. (This would apply whether or not the nurse or midwife had actually worked the hours 1pm-4pm). In circumstances where a 12-hour shift applies, payment would be at flat time in respect of any additional hours worked with the span of the shift
- A nurse or midwife working a 'week-on/week-off' arrangement would be eligible for overtime payment if requested by their employer to work on their rostered days off, ie. to work in excess of the full-time hours for the grade. They would be eligible for payment at flat time if requested by their employer to work their usual hours or a normal shift during their 'week off'.

Outside these circumstances, part-time employees who work additional hours, ie. hours over and above their contracted hours on a pre-arranged basis, will be paid at their normal rates until the standard weekly working hours for the grade have been worked. Part-time employees are entitled to earn overtime payments once they have worked over and above the standard weekly working hours of the whole time equivalent in the given week.

Repaying overpayment

Q. I recently moved from an area where I was paid a location allowance. My new role does not qualify for payment of an allowance. My manager advised the HR department that I am no longer in receipt of the allowance. However, I recently received a phone call from my employer advising that I had been paid the allowance while working my new role, which I was not aware of. I have been advised that I have an overpayment as I was being paid the allowance in error. Do I have to pay back the overpayment?

The general rule is that if an employer has overpaid an employee, the overpayment of wages should be repaid even if the mistake was that of the employer. In other words, the employer is legally entitled to recover any salary overpayment from the employee. The Payment of Wages Act 1991, section 5(5), affords an employer a legal right to recover any overpayment of wages, allowances or expenses from the wage of employees.

For overpayment greater than €200 the employer must put the overpayment in writing as outlined below:

- Gross or net value of the overpayment
- Reason for the overpayment
- Period to which the overpayment relates
- Proposed repayment schedule. The employee may request a change to the method or time period for repayment
- Employee obligations
- Procedure if employee questions the amount of the overpayment
- Any change in future income when negotiating a repayment schedule
- A copy of the National Financial Regulations document (NFR B3) setting out the full process in detail.

The procedures for notification of employers is currently under review with an outcome expected soon.

This kind of occurrence is a reminder to all nurses and midwives that it is important to always check your payslip so that you can identify and correct any anomalies as soon as possible.

Quality & Safety

A column by Maureen Flynn

Improving patient safety through health literacy

EVERY year the World Health Organization (WHO) invites us to pause and think about patient safety. World Patient Safety Day falls on September 17 in 2023. This year the HSE is focusing on health literacy as a key enabler of patient safety.

At its simplest, patient safety can be defined as "the avoidance, prevention and ameliorating of adverse outcomes or injuries stemming from the process of healthcare". In everything we do every day, our nursing and midwifery practice impacts on the safety of people.

All our work on safety ties into the six commitments of the *Patient Safety Strategy 2019-2024* and focuses on improvement around reducing 13 known causes of harm, for example prevention and management of pressure ulcers or reducing medication harm.

The overriding goal of World Patient Safety Day is to increase healthcare commitment to safety, promote global action to improve patient safety, and reduce patient harm. In recognition of the crucial role patients, families and caregivers play in the safety of healthcare, World Patient Safety Day 2023 will be observed under the theme 'Engaging patients for patient safety'.

Through the slogan 'Elevate the voice of patients!', the WHO is calling on everyone to take necessary action to ensure that patients are active partners in their own care, are engaged in co-designing safety strategies, are involved in policy formulation, and are represented in governance structures.

Patients for Patient Safety (PfPS) is also a WHO initiative aimed at improving patient safety in healthcare. The Irish PfPS group's objective is to encourage healthcare providers to acknowledge patients and their families as an untapped resource for information and recognise the patient experience as a learning tool.

Marking World Patient Safety Day

The HSE, working in collaboration with members of PfPS and the Department of Health, is aiming to 'Elevate the patient voice and safety through health literacy'. A project team has prepared an information pack, new resources and a series of learning events that can be accessed in any healthcare setting and used to mark World Patient Safety Day.

Included in the pack is 'Your health your Voice' leaflet *(above),* which provides prompts and tips for patients on playing a more active role in their own care, based on asking:

- What do I need to know now?
- What do I need to do next?
- What can I expect?

Next steps

You might like to explore how you can use the leaflet. Talk to your nurse or midwifery manager or contact the QPS lead within your service about how World Patient Safety Day is being marked in your organisation. Following are some things you might think of doing:

- Download the resource pack
- Watch out for advertisements and get involved in your organisation's activities to mark and celebrate your achievements
- Ask patients: 'What would you like to know about your healthcare visit today?'
- Provide verbal and written information to people (on their condition, treatment and care) in clear language that focuses on their contribution to safety. Invite people to work with you in preparing the information and providing feedback if it's helpful to them
- Think about ways you can listen and support patients in working with you for improvements in their own care and in how healthcare is delivered
- Join the QPSTalkTime lunch-time webinar at 1pm on Tuesday, September 12 to hear more about World Patient Safety Day and how health literacy supports patients to partner for patient safety
- Listen to the All-Ireland 'Walk and Talk Improvement' podcast episodes
- For news and updates on World Patient Safety Day follow the National Quality and Patient Safety Directorate on Twitter @NationalQPS.

Further information

An information pack with materials, messages and new resources for WPSD are available from the HSE website at **www.hse.ie/nqpsd** or by scanning the QR code.

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

Acknowledgements: Thank you to the project team, chaired by Kara Madden, chair, Patients for Patient Safety Ireland; and Joe Ryan, national director, Operational Performance and Integration, who working with representation from the HSE, Patient Partners and the Department of Health, National Patient Safety Office are designing and co-ordinating the response to WPSD in Ireland. A special thank you to my colleagues, Juanita Guidera, Sheema Lughmani and Kris Kavanagh, HSE National QPS Directorate for assistance in preparing this column

Next generation

Róisín O'Connell reports from the biennial ICN Student Assembly in Montreal

THE International Council of Nurses (ICN) held its biennial Student Assembly on June 30 in Montreal, Canada, allowing future nurses from around the world to come together and discuss the issues facing the nursing profession. The main theme for event was 'Nursing Students as the Next Generation of Health Equity and Social Justice Leaders'.

The event was attended by 334 student nurses from more than 60 countries, and featured a number of expert speakers from a variety of different healthcare backgrounds. Speakers presented on topics such as climate change, mental health and planetary health.

I was given the opportunity to present on the topic of student involvement in national nursing associations. This was an amazing opportunity for me to explain my role as the student and new graduate officer of the INMO and how having this role within your country's national nursing association is essential to ensuring that student nurses have access to relevant information and have their issues and concerns addressed.

Attending this conference allowed me to connect with other student representatives from across the world and discuss the different issues that are affecting student nurses both nationally and internationally. It was a great avenue for students to compare the initiatives being implemented in different countries and to bring back ideas for their own national nursing associations and governments to work on.

Attending events like this always helps to remind me that encouraging students to participate in their national nursing associations is how we ensure that the future of nursing is constantly improving. We have made a lot of progress in the past few years but there is still more to be done.

Send in your class photos

Many of you will be graduating from college over the coming weeks. If you have any photos of you or your graduating class, please send them to roisin.oconnell@inmo.ie along with where the picture was taken and we will publish some in *WIN*.

Róisín O'Connell, INMO student and new graduate officer, centre in green, pictured alongside student nursing and midwifery representatives from around the world at the ICN Student Assembly in Montreal in June

Get involved as a rep

Now more than ever, it is essential that each class has a student rep linked with me. If your group does not have an INMO student rep, please discuss this among yourselves and nominate one rep per year, discipline and placement area, if you are spread across multiple sites. Note that INMO student reps are distinct from student union reps as the INMO is the professional body representing nurses and midwives dealing with matters relating to the workplace. Being a rep does not mean taking on a body of work and solving your class's problems by yourself. A rep is someone who lets me know the collective issues of their group so that I can either address these concerns or bring them to the attention of senior management so that your voice can be represented at national negotiations.

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

Róisín O'Connell: "We have made a lot of progress in the past few years but there is still more to be done"

Intellectual disability and mental health

A team from the Cope Foundation looks at the challenges involved in the management of mental health conditions in the ID population and describes a course designed to upskill nurses working in this area

FOUR in every 10 people with an intellectual disability (ID) experience a mental illness in their lifetime.[1] The World Health Organization (WHO) describes mental illness as "a clinically significant disturbance in an individual's cognition, emotional regulation or behaviour... usually associated with distress or impairment in important areas of functioning".[2]

The ID supplement to The Irish Longitudinal Study on Ageing (IDS-TILDA) report stated that mental health and emotional problems were greater among those with ID than among the rest of the population and were increasing in prevalence.

From an Irish perspective, more than half of the participants (52%) in the IDS-TILDA Wave 3 study reported a diagnosis of a mental health disorder, with anxiety and depression identified as most prevalent.[3]

This article explores the mental health issues that are specific to people with an ID and describes a training course developed at the Cope Foundation in Cork for nurses supporting adults with an ID.

Course content

- Role of the nurse in supporting people with ID and mental illness
- Mental health classifications
- Prevalence of mental illness within the ID population
- Risk factors contributing to mental illness in people with ID
- Differences in mental illness presentation in people with ID
- Diagnostic overshadowing and dual diagnosis
- Diagnostic criteria and diagnostic assessment tools
- Treatment options for mental illness in people with ID

Risk factors for mental illness

The vulnerability of people with an ID is complex, with various overlapping risk factors that can be categorised as follows:

- Biological – syndrome related (eg. Fragile X syndrome, Prader-Willi syndrome), health (eg. epilepsy), pain, sensory issues
- Social – living conditions, poor socialisation and limitations in adaptive behaviour, lack of employment and meaningful roles
- Psychological – stressful life events, lack of self-esteem, difficulty accessing appropriate services.

Mental health presentations

The presentation of mental health conditions in people with ID can be typical

or atypical. Clinical presentation can be influenced by a person's level of ID and communication difficulties. People with milder ID and good verbal communication skills are usually able to describe what they are experiencing and often present in a manner familiar to most mental health professionals.

Atypical presentation is usually evident in those with severe ID or in people with communication difficulties. This can mean that mental illnesses mainly present as behaviours that are problematic for the person or their support system. Therefore, individuals showing behavioural changes require careful assessment for a range of potential contributing factors, including underlying mental or physical health conditions.[4]

Diagnosis of mental illness

In considering the vulnerability of this population, diagnosis of mental illness is important to ensure:

- Evidence-based treatment, eg. unipolar depression versus bipolar depression
- Prognosis, eg. Alzheimer's in people with Down syndrome
- Insight, eg. behavioural phenotypes presenting with autism
- Access to resources and benefits.

Despite the importance of diagnosis, there are no conclusive tests for mental illness in the ID population (other than for some dementias and encephalopathies), therefore history taking, self reports and observations are essential to the diagnostic process.

The most frequently used mental illness assessment tools include the Diagnostic Manual-Intellectual Disability 2 (DM-ID2), International Classification of Diseases (ICD-11) and the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-V).

Barriers to diagnosis

Challenges to diagnosis include communication barriers, overlapping symptoms and comorbidities. Because of these barriers, diagnostic overshadowing can occur. This happens when a healthcare professional decides that what a person with ID is experiencing with their mental or physical health is because of their ID and not because they are having an additional mental health issue.

Treatment options

Treatment options available to those with an ID and mental illness should be tailored to the individual's mental health presentation. Mental health support and interventions can include medications, positive behaviour support, mindfulness and cognitive behavioural therapy (CBT). Treatment approaches are multifactorial and often incorporate interdisciplinary collaboration, eg. nursing, occupational therapy, speech and language therapy, psychology, psychiatry, behaviour therapy, social work, physiotherapy, dietetics and other complementary therapies.

Role of the nurse

Nurses have a key role in supporting people with an ID who are experiencing mental illness. Their role involves:

- Contributing to the diagnostic process
- Co-ordinating and collaborating with relevant stakeholders
- Implementing evidence-based clinical supports and interventions
- Evaluating the effectiveness of treatment plans.[5]

Identification of education needs

Following a training needs analysis report commissioned by the NMPDU in 2020 – 'Education and Training Needs of Registered Nurses Intellectual Disability and Registered Psychiatric Nurses in Cork and Kerry' – it was identified that there was a need for training in mental health and ID.[6]

A one-day course for nurses supporting adults with ID was developed by staff at the Cope Foundation in collaboration with staff from external services. The course is titled 'The Impact of Mental Ill Health on People with Intellectual Disability' and has received NMBI Category-1 approval for seven CEUs. *See box on previous page for details*.

Participants who attended the inaugural course in April evaluated the course positively and reported the following:

- "The course increased my understanding of mental health among people with ID"
- "The course was relevant to my role as a nurse"
- "I will be able to apply the theory that I learned on the course to my nursing role."

It is anticipated that the course will be offered biannually and will be evaluated and updated on an ongoing basis.

Pictured at the inaugural mental health course at the Cope Foundation in Cork in April were: Siobhan Kirby, RNID RNT; Tina Howe, CNS positive behaviour support; Ronan Ó Murchú, ANP positive behavioural support; Sam Lake, behaviour support therapist; Dave Quinlan, ANP positive behavioural support; Sarah O Donovan, CNS adult ADHD, RPN, RNID; Dr Ahmad Khouja, consultant psychiatrist in intellectual disability

Siobhan Kirby is an RNID RNT, Dave Quinlan is an ANP in positive behavioural support and Sam Lake is a behaviour support therapist, all with the Cope Foundation

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Preoperative assessment is key in patient safety

Preoperative assessment is of key importance in ensuring patient safety and optimising surgical outcomes, writes **Adebusola Owokole**

PREOPERATIVE assessment is of key importance in ensuring patient safety and optimising surgical outcomes. Nurses play a central role in the preoperative assessment process in advocating for patients and identifying care needs and risk factors. This article will discuss the importance of preoperative assessment in ensuring patient safety and optimising surgical outcomes in Ireland. It will also highlight the role of preoperative assessment in improving communication between healthcare professionals and enabling patients to make informed decisions about their care.

The preoperative assessment is a critical aspect of patient care that ensures patient safety and optimises surgical outcomes.[1] It provides healthcare professionals with the information they need to identify any medical or surgical conditions that may increase the risk of complications during or after the surgical procedure.[1] This assessment involves a thorough evaluation of the patient's medical history, physical examination, laboratory testing, and diagnostic imaging studies.[1] Preoperative assessment is conducted by a team of healthcare professionals, including anaesthesiologists, surgeons, nurses, and other members of the healthcare team.

Optimising surgical outcomes

According to the National Consent Policy of Ireland, informed consent is an essential aspect of the patient-doctor relationship, involving providing patients with information about the risks, benefits, and alternatives of a proposed medical intervention.[2] The preoperative assessment provides healthcare professionals with an opportunity to discuss the surgical procedure with the patient, including the risks and benefits associated with the procedure.[2] This allows patients to make informed decisions about their care, ensuring that they are fully informed about the potential risks and benefits of the surgical procedure.

The HSE Model of Care for Pre-assessment Units in Ireland emphasises that preoperative assessment allows healthcare professionals to identify any potential risks associated with the surgical procedure, improving patient outcomes.[3] For example, patients with underlying medical conditions such as cardiovascular disease, respiratory disease, or diabetes are at higher risk of developing complications during surgery.[3] A preoperative assessment can identify these conditions, allowing healthcare professionals to optimize the patient's medical management before surgery. By addressing these conditions before surgery, healthcare professionals can reduce the risk of complications during and after surgery.

In Ireland, the National Policy on the Procedure for Safe Surgery stresses the importance of preoperative assessment in ensuring patient safety during surgical procedures.[4] This policy recommends that patients receive preoperative assessments that include a thorough evaluation of their medical history, physical examination, and laboratory testing.[4] It also suggests that the results of the preoperative assessment be communicated to the entire healthcare team involved in the patient's care. This improves the co-ordination of care, ensuring that the patient receives safe and effective care.

Preoperative assessment also allows healthcare professionals to identify any potential complications before surgery.[1] For example, patients with a history of deep vein thrombosis or pulmonary embolism may have an increased risk of developing a blood clot during surgery.[1] By identifying these risks before surgery, healthcare professionals can take appropriate measures to prevent blood clots from forming. This may include prescribing blood thinning medication, providing compression stockings, or performing intermittent pneumatic compression.

Furthermore, preoperative assessment improves communication between healthcare professionals.[1] By conducting a thorough preoperative assessment, healthcare professionals can communicate effectively with each other, ensuring that all team members are aware of the patient's medical history, surgical risks, and any potential complications associated with the surgical procedure. This improves the co-ordination of care, ensuring that the patient receives safe and effective care.

In conclusion, preoperative assessment is an essential aspect of patient care that plays a significant role in reducing anxiety and fear associated with surgical procedures while improving patient outcomes.[1] The importance of preoperative assessment cannot be overstated as it is crucial in ensuring patient safety and optimising surgical outcomes.

Adebusola A Owokole is a Clinical Nurse Manager II (perioperative) at University of Limerick Hospital Group. She is also Founder/President of The Operating Room Global (TORG) (www.operatingroomissues.org)

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Chronic disease nursing
The rheumatology experience

Derek Deely discusses the process of transitioning from paediatric to adult rheumatology services

THE number of children, adolescents and young people with chronic illnesses and complex healthcare needs is increasing due to improvements and advances in healthcare over recent decades. Thousands of adolescents and young people, often with highly specialised medical needs, are expected to transition from paediatric care to adult-orientated healthcare settings each year.

Studies have shown significantly high unsuccessful transfer rates of adolescents to adult services leading to poor disease control and increased morbidity and mortality risk.[1] Due to this, adolescents with chronic diseases must have the opportunity to attend dedicated, age-appropriate healthcare transition services.

The paediatric and adult healthcare systems face challenges in developing co-ordinated and uninterrupted care for these young patients. Nurses working in specialist and advanced practice roles significantly contribute to the improved implementation and development of healthcare transition services.

Chronic illness in adolescence

Adolescence can be described as a variable period between childhood and adulthood characterised by rapid development and change in the psychological, social and biological domains. The emergence of chronic illness during adolescence may have a devastating effect and negatively impact the attainment of physical maturity, the development of autonomy and separation from parents, sexual identity and the formation of relationships and preparing for a productive place in society.

Chronic illness is particularly untimely during adolescence as disease chronicity may delay the onset of puberty or physical development, there may be illness or drug-dependent alterations of appearance at a time of increased fear of rejection; being different from friends at a time of maximum desire for conformity; increased dependence on parents at a time of expected stepwise separation; being obliged to follow a rigid therapeutic discipline at a time of impulsiveness and having to be dependent on adult counsellors at a time of heightened scepticism towards the adult world.

Chronic illness in adolescence is associated with higher school absence and lower educational attainment, with widespread evidence that children with a chronic illness are at increased risk of emotional and behavioural problems.[2]

Table 1: Young adolescents with rheumatic diseases clinic (YARD)

Stage 1	• From the age of 11 onwards, the adolescent moves into the "TEEN" clinic. During the early transition phases (ages 11-13), patients are informed of the transition process • Patients are encouraged from the beginning to attend the initial part of the consultation with the rheumatologist independently. They are then joined by their parent(s)/guardian • The patient meets with the CNS or ANP, where an individual transition care plan is commenced. The care plan consists of a six-page document with 70 discussion points to be reviewed and accomplished throughout the adolescent's TEEN clinic attendance • Goal setting is commenced (e.g. making their appointment, taking their medication) • This format is continued into mid-transition (ages 13-15) and through to late transition (15 years onwards)
Stage 2	• After attending the TEEN clinic for a number of years, the adolescent will commence a process of phased clinics between the paediatric and adult hospitals • The patient and family attend their first 'YARD' clinic in St. Vincent's/Harold's Cross, and it is attended by both adult and paediatric rheumatologists and ANPs • The patient returns for one final appointment to the TEEN clinic where they 'graduate' from the paediatric hospital into the YARD service for ongoing care and treatment
Stage 3	• From ages 17-20, the patient continues to attend the YARD clinic. The patient is encouraged to attend the clinic independently • Meetings with the ANP are more specific at this stage
Stage 4	• From ages 20/21 onwards, the patient progresses into the young adult clinic. The clinic provides continuity of care with the adult rheumatologist and ANP that the patient and family have become familiar with since attending the YARD clinic for many years

Transition in rheumatology

Paediatric rheumatology is dedicated to diagnosing and treating inflammatory diseases and disorders that can affect the bones, muscles, joints, tendons and connective tissues. Rheumatic diseases in children, adolescents and young people comprise systemic lupus erythematosus (SLE), juvenile dermatomyositis, vasculitis, auto-inflammatory syndromes, uveitis (eye inflammation)

and juvenile idiopathic arthritis (JIA).

Each year about one in 10,000 children in Ireland are diagnosed with JIA. It is estimated that there are between 1,200 and 1,400 aged under 16 years with JIA. Adolescents with JIA report greater difficulties with school, work and social activities than their peers with other chronic illnesses.[3] More than half of patients with JIA will have active disease into adulthood and require ongoing specialist treatment. Childhood onset Systemic Lupus Erythematosus (SLE) is a lifelong disorder with higher morbidity and mortality than adult onset SLE.[4] For these reasons, patients with rheumatic musculoskeletal diseases require a planned, purposeful transition into the adult healthcare setting.

Transition in healthcare

Transition in healthcare is the "purposeful, planned movement of adolescents and young adults with chronic physical and medical conditions from child-centred to adult-oriented healthcare systems".[5] It is a young person-centred process that addresses their medical, psychosocial and vocational needs. It is multifaceted and an active process.

The transition from paediatric to adult healthcare has been described as difficult and complex. It is complex as we need to consider the holistic needs of the adolescent or young adult as an individual, their parents or family support system and the healthcare system and structure. Although transitioning adolescents with chronic illness is not new, the main body of evidence remains focused on the need for improvements and advances in transitional care due to a lack of empirical evidence to guide best practice.

Best practice guidelines have recommended a co-ordinated transitional care programme should begin in early adolescence, ie. from 11 to 12 years upwards, with this approach showing better outcomes for adolescents and young adults.[6] Some transition aims include teaching self-management skills, encouraging autonomy and establishing good communication links between paediatric and adult healthcare organisations.

A key component of transitional care should focus on addressing the education of common health issues associated with adolescents and young people. This should include growth and development, sexual health, mental health, substance use and general health promotion. Other core principles of transition are concerned with issues surrounding self-advocacy and self-management.

Self-management techniques should include the promotion of the adolescent or young person to independently access health services (such as contacting their GP or their specialist nurse independently), seeing the consultant or allied health professional alone without their parents or guardian and the importance of not just adhering to medications but also to prescribed physical therapy regimes and appointments. Overall, there needs to be education on the transition process and the disease itself, emphasising treatment options, consequences of non-adherence, side effects of drug therapy, alcohol and illicit substance abuse, disease course and fertility issues.

A big issue for young people with chronic diseases is taking medication when they feel well. Many adolescents and young adults with rheumatic diseases are often required to take multiple medications for prolonged periods to achieve remission. This can be particularly demanding in early to mid-adolescence.

Many issues that young people face with chronic illnesses are common across a multitude of specialities. However, there can be significant differences in compliance with treatment depending on specific diseases. For example, the consequences of a teenager with arthritis who refuses to take their methotrexate are very different from those with diabetes who refuse to take their insulin. This highlights the importance of transition services based on the needs of the young person rather than the needs of the service.

Many medications used in rheumatology are administered via the subcutaneous route. It is not unusual for adolescents to fear injections or needles, particularly if they were subjected to these from a very young age. As a result, many younger adolescents find it difficult to self-administer their injections and often rely solely on their parents. A specific adolescent or transition clinic for young people allows the healthcare professional to address this directly with the young person and their family.

Some adolescents may not know their drug names, dose or frequency, and many are unaware of potential side effects and drug monitoring requirements. Meeting the adolescent provides a key opportunity for re-education and goal-setting on these topics to promote self-management. For example, asking the adolescent to start taking responsibility for their medication at home by setting reminders on their phone, taking the medication out of the fridge for the required time, gathering all the necessary equipment, etc.

Offering to help the young person with their injection in the clinic instead of at home may benefit them. Discussing how medication will need to be managed in the future, such as if travelling or moving to college, may encourage the adolescent to self-administrate the medication or even reflect on how they will manage it when they leave home. Promoting self-management techniques at this age will help with adherence throughout adolescence, resulting in better disease control and outcomes.

A successful transition from education to employment is one of the most important aspects of young adult life. Adolescents and young people with chronic diseases must be given advice and support about education and vocational needs for the future as part of their transition programme. For example, adolescents with rheumatic musculoskeletal disorders may benefit from providing laptops, scribes and additional time to complete examinations. Young people with chronic illness should have access to career advice counsellors to provide vocational support. Nurses must include an exploration of how the individual feels about disclosing their disease to friends, teachers and employers as part of the transition programme.

Transition services in practice

In 2007 the first adolescent rheumatology transition clinic took place in Ireland. The clinic, which later became known as the 'YARD' clinic (Young Adolescents with Rheumatic Diseases), is a unique and seamless transition pathway of care for adolescents and young people attending the rheumatology department at Children's Health at Crumlin and was established in association with St Vincent's University Hospital, Dublin and Our Lady's Hospice and Care Services, Harold's Cross.

Instead of having a one-off transfer to the adult system, patients now attend the YARD clinic for several years, where they have ongoing, continuous care and input from paediatric and adult consultant rheumatologists, paediatric and adult advanced nurse practitioners, along with physiotherapy and occupational therapy support. The entire process is broken

down into multiple stages (*see Table 1*).

As well as aiming to address the complex medical, psychosocial and vocational needs of adolescents, the pathway also helps parents and carers during the reduction of parental influence, allowing the person to become more independent in their decisions and choices.

Barriers to transition

Transitional care is multidimensional and complex. There are many barriers to effective transition processes well reported throughout the literature. These may include clinicians feeling overwhelmed concerning the amount of work, time and cost needed to prepare adolescents and young people to transition to another provider. Some view the process as a burden. Healthcare professionals report a lack of knowledge, education opportunities and training on the transitional care process itself.[7]

In Ireland, the timing of the transfer of adolescents to adult services is time limited and determined by age, ie.16 years, with little consideration of the development stage. Various transition readiness measures are available such as for example the Transition Readiness Assessment Questionnaire (TRAQ). This tool has been demonstrated to be somewhat beneficial on disease and health-related factors but lacks focus on biopsychosocial aspects of transition.[8] Families and young people can report feelings of sadness, an unwillingness to leave the paediatric setting with apprehension about the new adult environment resulting in anxiety and fear. This may lead to patients becoming lost to follow-up in the adult setting if this is not managed correctly.

Often introductory and handover clinics where patients and their families can meet their new team in the presence of the paediatric team can help with this. Ongoing clear communication with the adolescent and family about expectations is vital.

Conclusion

Effective transitional care for adolescents and young adults is fundamental to many chronic disease care provision specialities, particularly given the continuing active disease and morbidity observed throughout adulthood in many chronic illnesses. A structured transition pathway that begins in early adolescence is associated with better outcomes. Nurses in specialist and advanced practice roles are central in providing care to these young patients, helping today's youth become the adults of tomorrow.

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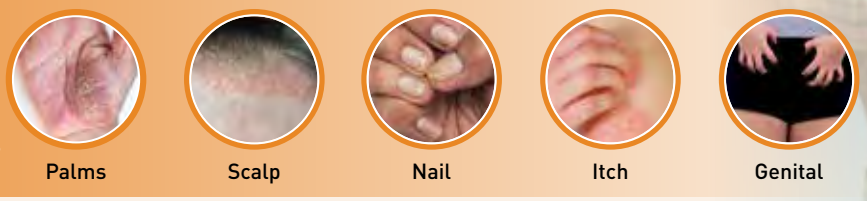

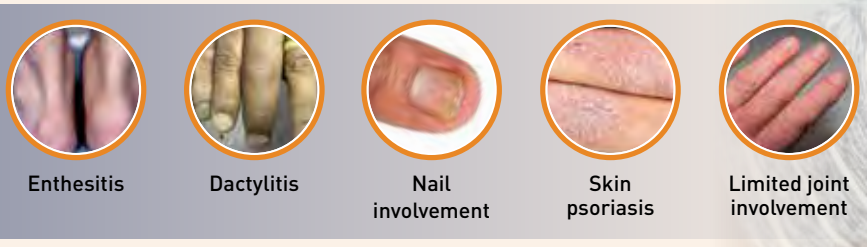

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Indications: Psoriatic arthritis: OTEZLA, alone or in combination with Disease Modifying Antirheumatic Drugs (DMARDs), is indicated for the treatment of active psoriatic arthritis (PsA) in adult patients who have had an inadequate response or who have been intolerant to a prior DMARD therapy. Psoriasis: OTEZLA is indicated for the treatment of moderate to severe chronic plaque psoriasis in adult patients who failed to respond to or who have a contraindication to, or are intolerant to other systemic therapy including ciclosporine, methotrexate or psoralen and ultraviolet-A light (PUVA).
Dosage and administration: Treatment with OTEZLA should be initiated by specialists experienced in the diagnosis and treatment of psoriasis or psoriatic arthritis. The recommended dose of OTEZLA is 30mg twice daily taken orally in the AM and PM, approximately 12 hours apart, with no food restrictions. The film-coated tablets should be swallowed whole. An initial dose titration is required per the following schedule: Day 1: 10mg in the AM; Day 2: 10mg in the AM and 10 mg in the PM; Day 3: 10mg in the AM and 20mg in the PM; Day 4: 20mg in the AM and 20mg in the PM; Day 5: 20mg in the AM and 30mg in the PM; Day 6 and thereafter: 30mg twice daily in the AM and PM. No re-titration is required after initial titration. If patients miss a dose, the next dose should be taken as soon as possible. If it is close to the time for their next dose, the missed dose should not be taken and the next dose should be taken at the regular time.
Patients with severe renal impairment: The dose of OTEZLA should be reduced to 30mg once daily in patients with severe renal impairment (creatinine clearance of less than 30mL per minute estimated by the Cockcroft-Gault equation). For initial dose titration in this group, it is recommended that OTEZLA is titrated using only the AM doses and the PM doses be skipped. Paediatric population: The safety and efficacy of OTEZLA in children aged 0 to 17 years have not been established. No data is available.
Contraindications: Hypersensitivity to the active substance(s) or to any of the excipients. OTEZLA is contraindicated in pregnancy. Pregnancy should be excluded before treatment can be initiated.
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Interactions: Co-administration of strong cytochrome P450 3A4 (CYP3A4) enzyme inducer, rifampicin, resulted in a reduction of systemic exposure of OTEZLA, which may result in a loss of efficacy of OTEZLA. Therefore, the use of strong CYP3A4 enzyme inducers (e.g. rifampicin, phenobarbital, carbamazepine, phenytoin and St. John's Wort) with OTEZLA is not recommended. In clinical studies, OTEZLA has been administered concomitantly with topical therapy (including corticosteroids, coal tar shampoo and salicylic acid scalp preparations) and UVB phototherapy. OTEZLA can be co-administered with a potent CYP3A4 inhibitor such as ketoconazole, as well as with methotrexate in psoriatic arthritis patients and with oral contraceptives.
Pregnancy, lactation and fertility: Women of childbearing potential should use an effective method of contraception to prevent pregnancy during treatment. OTEZLA should not be used during breast-feeding. No fertility data is available in humans.
Undesirable effects: Psychiatric disorders: In clinical studies and post-marketing experience, uncommon cases of suicidal ideation and behaviour, were reported, while completed suicide was reported post-marketing.
The most commonly reported adverse reactions with OTEZLA in these indications are gastrointestinal (GI) disorders including diarrhoea (15.7%) and nausea (13.9%). These GI adverse reactions generally occurred within the first 2 weeks of treatment and usually resolved within 4 weeks.
Adverse reactions reported in the psoriatic arthritis and/or psoriasis clinical trial programme and post marketing experience include: very common (≥1/10) diarrhoea*, nausea*; common (≥1/100 to <1/10) bronchitis, upper respiratory tract infection, nasopharyngitis*, decreased appetite*, insomnia, depression, migraine*, tension headache*, headache*, cough, vomiting*, dyspepsia, frequent bowel movements, upper abdominal pain*, gastroesophageal reflux disease, back pain*, fatigue; uncommon (≥1/1,000 to <1/100) hypersensitivity, suicidal ideation and behaviour, gastrointestinal haemorrhage, rash, urticaria, weight loss; not known (cannot be estimated from the available data) angioedema. *At least one of these adverse reactions was reported as serious. Please consult the SPC for a full description of undesirable events.
Pharmaceutical Precautions: Do not store above 30°C. **Legal category:** POM. **Presentation and Marketing Authorisation Numbers:** Initiation pack containing 27 film coated tablets (4 x 10mg, 4 x 20mg, 19 x 30mg) - EU/1/14/981/001; 30mg film coated tablets in a pack size of 56 tablets - EU/1/14/981/002. **Marketing Authorisation Holder:** Amgen Europe B.V. Minervum 7061, 4817 ZK Breda, The Netherlands. Further information is available from Amgen Ireland Limited, 21 Northwood Court, Santry, Dublin D09 TX31. OTEZLA is a trademark owned or licensed by Amgen Inc., its subsidiaries, or affiliates.
Date of preparation: April 2020 (Ref: IE-OTZ-2000019).

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

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

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IE-OTZ-0622-00004

Date of preparation:
August 2022

AMGEN®

Focus on: Dermatology

WIN looks at a case of a 41-year-old woman with psoriasis attending the rheumatology clinic with a painful right big toe

A 41-YEAR-OLD woman with psoriasis attended the rheumatology clinic with a painful right big toe, associated with swelling and erythema. She described a three-month history of intermittent swelling and pain of her metacarpophalangeal and distal interphalangeal joints, with early morning stiffness lasting two hours.

She had already been started on methotrexate 25mg subcutaneously and folic acid by the dermatology team for her psoriasis. She explained that she had tried several nonsteroidal anti-inflammatory drugs in the past few months and, while they had helped her pain, they had not settled her joint swelling.

After a lengthy discussion, a decision was made to start adalimumab 40mg every two-weeks subcutaneously. A biologic work-up was started including routine bloods, QuantiFERON test, HIV, hepatitis B and C serology, varicella titre, fasting lipids and chest x-ray. At her six-monthly follow up, she had achieved remission.

PsA is an immune-mediated disease that can affect synovial joints and the insertion of tendons into bones (enthesis). It can affect the sacroiliac joints (frequently unilateral) with non-articular features including nail changes and iritis.

Treatment

The treatment for PsA includes both non-pharmacological and pharmacological therapies (*see Table 1*). Typically, the treatment for mild disease includes non-pharmacological therapies such as physical therapy, weight reduction, smoking cessation and exercise. Initial treatment also frequently includes NSAIDs to reduce pain and stiffness. Intra-articular corticosteroid is an option for limited PsA.

To reduce inflammation, prevent joint damage and maintain quality of life, treatment is usually escalated to include conventional disease modifying anti-rheumatic drugs (csDMARDs), such as methotrexate or sulfasalazine.

Failure to respond adequately to csDMARD therapy results in escalation to a biologic agent or a Janus kinase (JAK) inhibitor, as either adjunctive or alternative modes of treatment. See *Table 1* for pharmacological, non-pharmacological and symptomatic therapies for psoriatic arthritis.

Table 1. Pharmacological, non-pharmacological and symptomatic therapies for psoriatic arthritis[3]

Non-pharmacologic therapies	Physical therapy, occupational therapy, smoking cessation, weight loss, massage therapy, exercise
Symptomatic treatments	Nonsteroidal anti-inflammatory drugs (NSAIDs), glucocorticoids, local glucocorticoid injections
Pharmacologic therapies	
• Oral small molecules (OSM)	Methotrexate, sulfasalazine, cyclosporine, leflunomide, apremilast
• Tumour necrosis factor inhibitor (TNFi) biologics	Etanercept, infliximab, adalimumab, golimumab, certolizumab pegol
• Interleukin-12/23 inhibitor (IL-12/23i)biologic	Ustekinumab
• Interleukin-17 inhibitor (IL-17i) biologics	Secukinumab, ixekizumab, brodalumab
• CTLA4-immunoglobulin (CTLA4-ig)	Abatacept
• JAK inhibitor	Tofacitinib

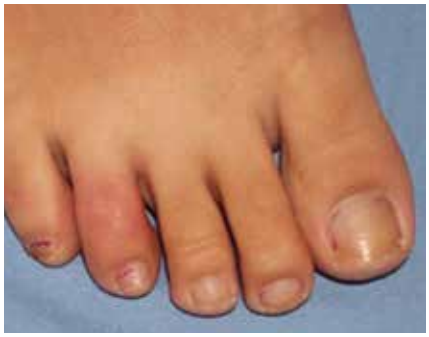

Figure 1. Dactylitis of the fourth toe of the left foot – the fourth toe is diffusely swollen and is described as a 'sausage toe' (Image: Uptodate)

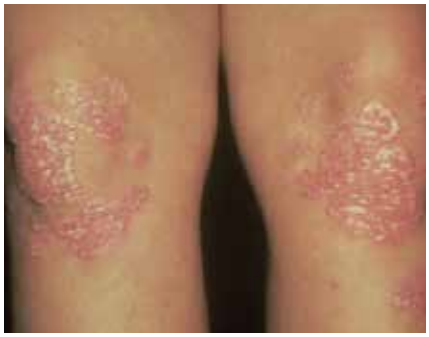

Figure 2. Plaque psoriasis on knees (Image: American Academy of Dermatology)

Bernadine Louis is a dermatology specialist registrar at St Vincent's University Hospital and Gerry Wilson is professor of rheumatology at UCD and a consultant rheumatologist at the Mater University Hospital and St Vincent's University Hospital

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Prescribing Information: BETMIGA™ (mirabegron)
For full prescribing information, refer to the Summary of Product Characteristics (SPC). **Name:** BETMIGA 25 mg prolonged-release tablets & BETMIGA 50 mg prolonged-release tablets. **Presentation:** Prolonged-release tablets containing 25 mg or 50 mg mirabegron. **Indication:** Symptomatic treatment of urgency, increased micturition frequency and/or urgency incontinence as may occur in adult patients with overactive bladder (OAB) syndrome. **Posology and administration:** The recommended dose is 50 mg orally once daily in adults (including elderly patients). Mirabegron should not be used in paediatrics for OAB. A reduced dose of 25 mg once daily is recommended for special populations (please see the full SPC for information on special populations). The tablet should be taken with liquids, swallowed whole and is not to be chewed, divided, or crushed. The tablet may be taken with or without food. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients listed in section 6.1 of the SPC. Severe uncontrolled hypertension defined as systolic blood pressure ≥ 180 mm Hg and/or diastolic blood pressure ≥ 110 mm Hg. **Warnings and Precautions:** Renal impairment: BETMIGA has not been studied in patients with end stage renal disease (eGFR < 15 ml/min/1.73 m^2 or patients requiring haemodialysis) and, therefore, it is not recommended for use in this patient population. Data are limited in patients with severe renal impairment (eGFR 15 to 29 ml/min/1.73 m^2); based on a pharmacokinetic study (see section 5.2 of the SPC) a dose of 25 mg once daily is recommended in this population. This medicinal product is not recommended for use in patients with severe renal impairment (eGFR 15 to 29 ml/min/1.73 m^2) concomitantly receiving strong CYP3A inhibitors (see section 4.5 of the SPC). Hepatic impairment: BETMIGA has not been studied in patients with severe hepatic impairment (Child-Pugh Class C) and, therefore, it is not recommended for use in this patient population. This medicinal product is not recommended for use in patients with moderate hepatic impairment (Child-Pugh B) concomitantly receiving strong CYP3A inhibitors (see section 4.5 of the SPC). Hypertension: Mirabegron can increase blood pressure. Blood pressure should be measured at baseline and periodically during treatment with mirabegron, especially in hypertensive patients. Data are limited in patients with stage 2 hypertension (systolic blood pressure ≥ 160 mm Hg or diastolic blood pressure ≥ 100 mm Hg). Patients with congenital or acquired QT prolongation: BETMIGA, at therapeutic doses, has not demonstrated clinically relevant QT prolongation in clinical studies (see section 5.1 of the SPC). However, since patients with a known history of QT prolongation or patients who are taking medicinal products known to prolong the QT interval were not included in these studies, the effects of mirabegron in these patients is unknown. Caution should be exercised when administering mirabegron in these patients. Patients with bladder outlet obstruction and patients taking antimuscarinics medicinal products for OAB: Urinary retention in patients with bladder outlet obstruction (BOO) and in patients taking antimuscarinic medicinal products for the treatment of OAB has been reported in postmarketing experience in patients taking mirabegron. A controlled clinical safety study in patients with BOO did not demonstrate increased urinary retention in patients treated with BETMIGA; however, BETMIGA should be administered with caution to patients with clinically significant BOO. BETMIGA should also be administered with caution to patients taking antimuscarinic medicinal products for the treatment of OAB. **Interactions:** Caution is advised if mirabegron is co-administered with medicinal products with a narrow therapeutic index and significantly metabolised by CYP2D6. Caution is also advised if mirabegron is co-administered with CYP2D6 substrates that are individually dose titrated. In patients with mild to moderate renal impairment or mild hepatic impairment, concomitantly receiving strong CYP3A inhibitors, the recommended dose is 25 mg once daily. For patients who are initiating a combination of mirabegron and digoxin (P-gp substrate), the lowest dose for digoxin should be prescribed initially (see the SPC for full prescribing information). The potential for inhibition of P-gp by mirabegron should be considered when BETMIGA is combined with sensitive P-gp substrates. Increases in mirabegron exposure due to drug-drug interactions may be associated with increases in pulse rate. **Pregnancy and lactation:** BETMIGA is not recommended in women of childbearing potential not using contraception. This medicinal product is not recommended during pregnancy. BETMIGA should not be administered during breast-feeding. **Undesirable effects:** Summary of the safety profile: The safety of BETMIGA was evaluated in 8433 adult patients with OAB, of which 5648 received at least one dose of mirabegron in the phase 2/3 clinical program, and 622 patients received BETMIGA for at least 1 year (365 days). In the three 12-week phase 3 double blind, placebo controlled studies, 88% of the patients completed treatment with this medicinal product, and 4% of the patients discontinued due to adverse events. Most adverse reactions were mild to moderate in severity. The most common adverse reactions reported for adult patients treated with BETMIGA 50 mg during the three 12-week phase 3 double blind, placebo controlled studies are tachycardia and urinary tract infections. The frequency of tachycardia was 1.2% in patients receiving BETMIGA 50 mg. Tachycardia led to discontinuation in 0.1% patients receiving BETMIGA 50 mg. The frequency of urinary tract infections was 2.9% in patients receiving BETMIGA 50 mg. Urinary tract infections led to discontinuation in none of the patients receiving BETMIGA 50 mg. Serious adverse reactions included atrial fibrillation (0.2%). Adverse reactions observed during the 1-year (long term) active controlled (muscarinic antagonist) study were similar in type and severity to those observed in the three 12-week phase 3 double blind, placebo controlled studies. Adverse reactions: The following list reflects the adverse reactions observed with mirabegron in adults with OAB in the three 12-week phase 3 double blind, placebo controlled studies. The frequency of adverse reactions is defined as follows: very common (≥ 1/10); common (≥ 1/100 to < 1/10); uncommon (≥ 1/1,000 to < 1/100); rare (≥ 1/10,000 to < 1/1,000); very rare (< 1/10,000) and not known (cannot be established from the available data). Within each frequency grouping, adverse reactions are presented in order of decreasing seriousness. The adverse events are grouped by MedDRA system organ class. *Infections and infestations:* Common: Urinary tract infection, Uncommon: Vaginal infection, Cystitis. *Psychiatric disorders:* Not known (cannot be estimated from the available data): Insomnia*, Confusional state*. *Nervous system disorders:* Common: Headache*, Dizziness*. *Eye disorders:* Rare: Eyelid oedema. *Cardiac disorders:* Common: Tachycardia, Uncommon: Palpitation, Atrial fibrillation. *Vascular disorders:* Very rare: Hypertensive crisis*. *Gastrointestinal disorders:* Common: Nausea*, Constipation*, Diarrhoea*, Uncommon: Dyspepsia, Gastritis, Rare: Lip oedema. *Skin and subcutaneous tissue disorders:* Uncommon: Urticaria, Rash, Rash macular, Rash papular, Pruritus, Rare: Leukocytoclastic vasculitis, Purpura, Angioedema*. *Musculoskeletal and connective tissue disorders:* Uncommon: Joint swelling. *Renal and urinary disorders:* Rare: Urinary retention*. *Reproductive system and breast disorders:* Uncommon: Vulvovaginal pruritus. *Investigations:* Uncommon: Blood pressure increased, GGT increased, AST increased, ALT increased. * signifies adverse reactions observed during post-marketing experience. Prescribers should consult the SPC in relation to other adverse reactions. **Overdose:** Treatment for overdose should be symptomatic and supportive. In the event of overdose, pulse rate, blood pressure, and ECG monitoring is recommended. **Basic NHS Cost:** Great Britain (GB)/Northern Ireland(NI): BETMIGA 50 mg x 30 = £29, BETMIGA 25 mg x 30 tablets = £29. Ireland (IE): POA. **Legal classification:** POM. **Marketing Authorisation number(s):** (GB): PLGB 00166/0415-0416. NI/IE: EU/1/12/809/001-006, EU/1/12/809/008-013, EU/1/12/809/015-018. **Marketing Authorisation Holder:** GB: Astellas Pharma Ltd., 300 Dashwood Lang Road, Bourne Business Park, Addlestone, United Kingdom, KT15 2NX. NI/IE: Astellas Pharma Europe B.V. Sylviusweg 62, 2333 BE Leiden, The Netherlands. **Date of Preparation of Prescribing information:** January 2023. **Job bag number:** MAT-IE-BET-2023-00001. **Further information available from:** GB/NI: Astellas Pharma Ltd, Medical Information: 0800 783 5018. IE: Astellas Pharma Co. Ltd., Tel.: +353 1 467 1555. For full prescribing information, please see the Summary of Product Characteristics, which may be found at: GB: www.medicines.org.uk; NI: https://www.emcmedicines.com/en-GB/northernireland/; IE: www.medicines.ie.

United Kingdom (GB/NI)
Adverse events should be reported. Reporting forms and information can be found at www.mhra.gov.uk/yellowcard or search for MHRA Yellow Card in the Google Play or Apple App Store. Adverse events should also be reported to Astellas Pharma Ltd. on 0800 783 5018.

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Date of preparation: January 2023

References: 1. Freeman R, et al. Current Medical Research and Opinion 2017. https://doi.org/10.1080/03007995.2017.1419170.

MAT-IE-BET-2023-00002

Urology research

New insights into pelvic floor damage following vaginal birth point to potential directions for treatment

RESEARCHERS at University of California San Diego in the US have reported new insights into pelvic floor muscle dysfunction following vaginal birth. Pelvic floor muscle dysfunction is one of the key risk factors for pelvic floor disorders which affect women around the world who have given birth vaginally. Pelvic floor disorders are a set of conditions that include pelvic organ prolapse and urinary and faecal incontinence, and have an established association with vaginal childbirth.

The paper, published in the journal *Science Translational Medicine*, is part of a larger effort from a team of bioengineers, physician-scientists and basic scientists who are working together to advance understanding, treatment and prevention of pelvic floor muscle dysfunction in humans. Their research uncovered new direct evidence of both atrophy and fibrosis in the skeletal muscles of the pelvic floor of women with symptoms of pelvic organ prolapse.

In the study, the team showed that a tissue-specific cell-free pro-regenerative biomaterial – similar to a material invented at UC San Diego that is currently in clinical trials for helping to improve healing of heart tissue after heart attack – could serve as a new approach for helping to prevent or heal pelvic floor muscles injured during childbirth.

The researchers demonstrated that in a rat model for vaginal birth injury in humans, the pelvic floor muscles of female rats sustained the same kinds of negative muscle transformations – atrophy and fibrosis – seen in the pelvic floor muscle biopsies of women.

The researchers treated rats which underwent simulated birth injuries with an acellular injectable skeletal muscle extracellular matrix hydrogel, either at the time of or four weeks after simulated birth injury. They found that the administration of the hydrogel reduced the negative impact of the simulated birth injury on pelvic floor muscles.

"Understanding the natural pelvic floor muscle response after birth injury is crucial for developing and applying regenerative medicine approaches," said Dr Pamela Duran, first author on the paper.

"In this new work, we first investigated the pelvic skeletal muscles' short- and long-term responses after birth injury using a rat preclinical model. With these findings, we rationalised applying a cell-free biomaterial to prevent and treat the pathological changes of the pelvic floor muscle after simulated birth injury. The use of a low-cost and minimally invasive biomaterial is crucial for the clinical translation of this regenerative medicine approach to counteract the negative alterations of the pelvic floor muscles," explained Dr Duran, who recently completed a PhD in bioengineering at the UC San Diego.

In the paper, the research team presented new tissue-level research which demonstrated that for those who have given birth vaginally and have symptoms of pelvic organ prolapse, their pelvic floor muscles show the damage signs of atrophy and fibrosis – which includes the excess build up of collagen.

This tissue-level research included samples from age-matched human cadavers as well as women undergoing surgery for pelvic organ prolapse.

They state that this is new direct evidence of both atrophy and fibrosis in the skeletal muscles of the pelvic floor of women with symptoms of pelvic organ prolapse.

For this cohort of women, the researchers believe their findings are an important step toward developing strategies to either prevent damage or aid recovery once damage has occurred.

Commenting on the findings Prof Marianna Alperin, professor of obstetrics, gynaecology and reproductive sciences, professor of urology and director in the division of urogynaecology and pelvic reconstructive surgery at UC San Diego, said that pelvic skeletal muscles' birth injury and subsequent degeneration was a key risk factor for pelvic floor disorders that negatively impact lives on millions of women worldwide.

"Unfortunately, we know very little about tissue-level changes that take place in these important muscles as a result of maternal birth injury. The findings of our study are important because without understanding what goes wrong in pelvic floor muscles, we can't develop effective strategies to treat these important components of the pelvic floor.

"Currently available preventative or therapeutic strategies are extremely limited and do not include regenerative approaches. While cell-based therapies are promising in many areas of medicine, they are associated with many hurdles, including substantial costs.

"In contrast, the biomaterial tested in our study does not contain any cells and is therefore very safe and is low-cost. Investigating what goes wrong in the pelvic skeletal muscles and developing pragmatic approaches to overcome these negative changes is very important for improving women's health," added Prof Alperin.

The paper, 'Proregenerative extracellular matrix hydrogel mitigates pathological alterations of pelvic skeletal muscles after birth injury', was published by *Science Translational Medicine* in August 2023.

– DOI: 10.1126/scitranslmed.abj3138

INMO

Royal College of Midwives

All Ireland Midwifery Conference 2023

Thursday, 16 November 2023

Hillgrove Hotel, Monaghan

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

INMO International Nurses Section

International Nurses' Section

Friday, 3 November 2023

Richmond Education and Event Centre

INMO International Nurses' Section celebrating 20 years as a National Section – join us on Friday 3 November in The Richmond for our conference to mark the occasion.

Full programme will circulate in the coming weeks

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

INMO Professional

Take a break with WIN CROSSWORD Competition

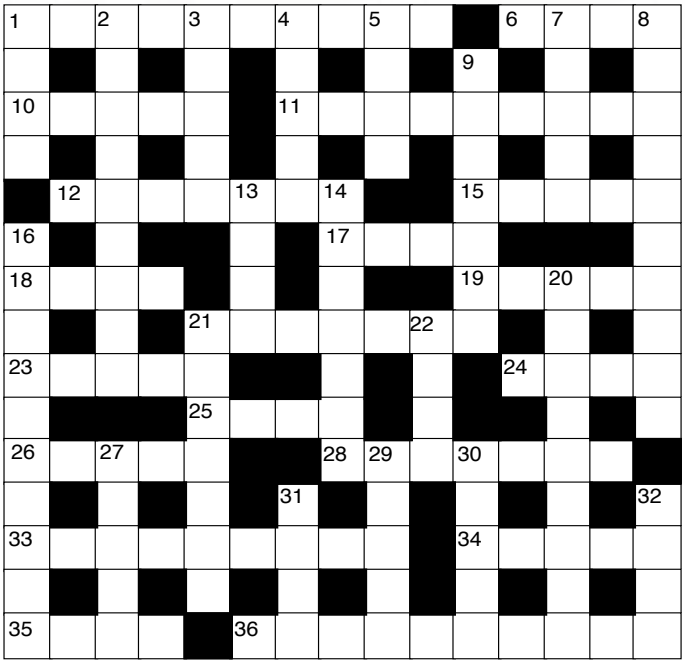
WIN a €50 gift voucher

Across

1 Gun dogs which fetch game (10)
6 State of deep unconsciousness (4)
10 The last letter of the Greek alphabet (5)
11 Make the moron cart away the seabird (9)
12 A car or van, perhaps (7)
15 Usual behaviour patterns; standards (5)
17 Three feet (4)
18 The foot of a horse (4)
19 Go over what's at the heart of venture capital (5)
21 The unlawful and forceful taking of goods, money etc (7)
23 Line of people waiting (5)
24 Perhaps 'tis a sparkling wine (4)
25 Blocking vote (4)
26 Banish to another country (5)
28 Destroyed (7)
33 Have a short race around some classical music-makers (9)
34 Irene is all broken up over Muppet Bert's pal (5)
35 & 32d Tragic Shakespearean monarch (4,4)
36 Instrument which measures wind speed 10)

Down

1 Underground part of a plant (4)
2 Thus, as a result (9)
3 Coming from Baghdad or Basra, perhaps (5)
4 Outspoken (5)
5 It's unusual to cook a steak like this, it seems (4)
7 Broadcasting live (2,3)
8 & 30d Will this will help healing by reusing pancreatic items? (10,5)
9 Place where objects are created with molten metal (7)
13 Name adopted by Gabrielle Chanel, fashion great (4)
14 Hairy facial feature (7)
16 On which to write personal money orders (10)
20 It's edible, as when cut up (6,3)
21 Although greatly honoured, it is ever in the red (7)
22 Gathering implement (4)
27 Relating to an ancient Peruvian civilization (5)
29 Equip once more with weapons (5)
30 See 8 down
31 Mr Laurel scattered ants (4)
32 See 35 across



Name:
Address:

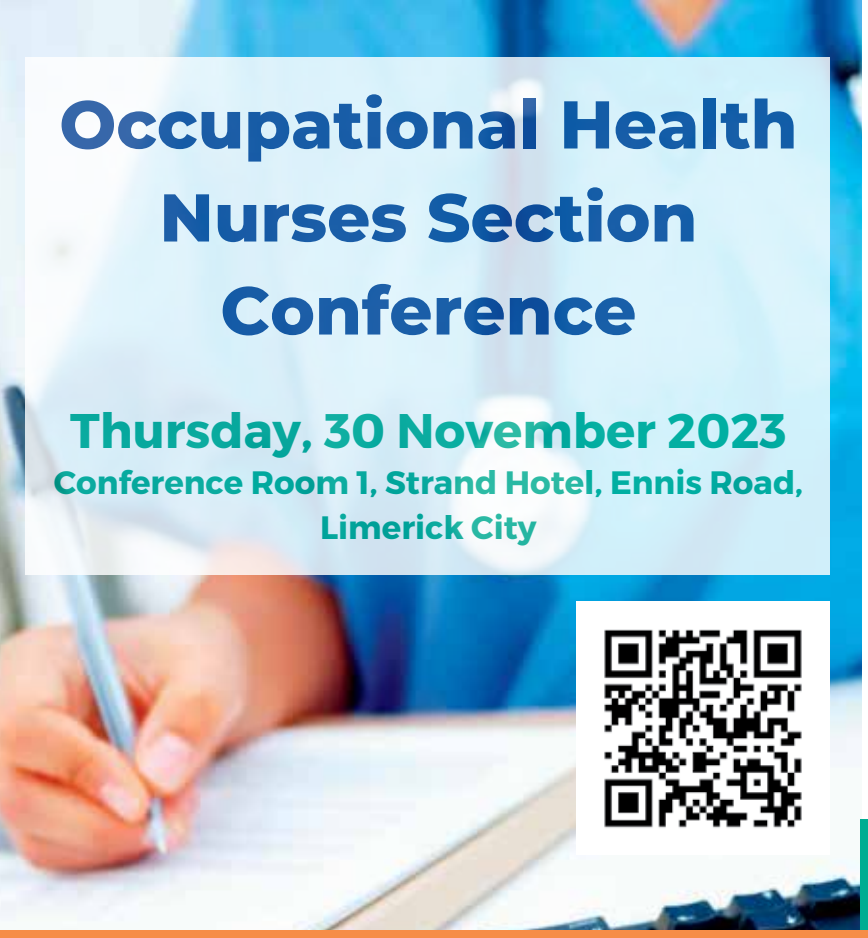
You can email your entry to us at **nursing@medmedia.ie** by taking a photo of the completed crossword with your details included and putting *'Crossword Competition'* in the subject line. Closing date: **September 20, 2023.** If preferred you can post your entry to: WIN Crossword, MedMedia Publications,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

Summer crossword solution

Across: 1 Sam 3 Alternating 8 Hasten 9 Catching 10 Lurks 11 Thigh 13 Renew 15 Seminar 16 Ostrich 20 Tease 21 Pecan 23 Among 24 Of course 25 Kermit 26 Feature film 27 Led

Down: 1 Scholarship 2 Mushroom 3 Avers 4 Enchant 5 Ascot 6 Iritis 7 Gag 12 Highlighted 13 React 14 Waste 17 Informal 18 Oak leaf 19 Acacia 22 Nauru 23 Abeam 24 Off

The winner of the Summer crossword sponsored by MedMedia is Aideen Ward, Knocknacarra, Galway



Occupational Health Nurses Section Conference

Thursday, 30 November 2023

Conference Room 1, Strand Hotel, Ennis Road, Limerick City

Including sessions on:

- Mental Health First Aider Training in the workplace
- Nurse Led Coaching for individuals with chronic pain
- Neurodiversity and social inclusion
- Royal College of Physicians of Ireland Strategy – Advocacy for Occupational Health
- DATA protection
- Cardiology Updates

Fee: €90 INMO members, €140 non-members
LIMITED PLACES - EARLY BOOKING ADVISABLE

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

INMO Professional

Staff Nurses/Midwives and Enhanced Nurses/Midwives

If you have at least 17 years' service you may qualify for the Senior Staff Nurse/Midwife or Senior Enhanced Nurse/Midwife Increment.

• All staff and enhanced nurses/midwives with 17 years' post-qualification service are eligible for payment of either the senior staff or senior enhanced nurse/midwife increment

All service, inclusive of part-time/job sharing service, is reckonable

• Service constitutes all genuine nursing/midwifery experience in Ireland and abroad

• The reference date for determination of service and payment is November 1 each year.

Application forms can be obtained from your human resources department

If you have any queries in relation to the above, please get in touch with the INMO Information Officers: Catherine Hopkins or Catherine O'Connor at Tel: 01 664 0610/19 or by email to: catherine.hopkins@inmo.ie or catherine.oconnor@inmo.ie

Breastfeeding study highlights lack of support for new parents

BREASTFEEDING support is often inaccessible in the Irish healthcare system, new research from Trinity College Dublin has found.

The study, conducted by nutrition lecturer Dr Liz O'Sullivan, found the main reason for this was that staff had no time or the supports themselves were inadequate or unhelpful and at times physically inappropriate.

Dr O'Sullivan collaborated with Bainne Beatha, a parent-led breastfeeding advocacy group, to survey mothers about their experiences of breastfeeding support in the Irish healthcare system. More than 5,400 participants responded to the survey.

Participants described how breastfeeding was well promoted during pregnancy, but that support was lacking following the birth of their child or children. Often formula was offered instead of help with breastfeeding, according to participants, many of whom reported that they associated this with a lack of resources within the healthcare system.

One participant commented: "Midwives do a lot with limited resources." Another said: "I really struggled some of the nights the midwives seemed a lot more stretched."

Dr O'Sullivan added the survey also received many positive comments.

She said: "The positive remarks made about healthcare professionals who had the time to give breastfeeding support, with some participants describing them as 'superb' or 'amazing', shows how great the situation could be if staff just had the capacity."

The study – entitled *A qualitative analysis of women's postnatal experiences of breastfeeding supports during the perinatal period in Ireland* – was published recently in the open-access journal *PLOS ONE*.

Nighttime walk in aid of night nursing service

THE Irish Cancer Society night nursing service provides end-of-life care for people living with cancer in Ireland. The service offers up to 10 nights of care and is free of charge.

An annual night walk in aid of the service has been run by Boots Ireland since 2012 , which has raised over €2.8 million for the service so far, helping to provide more than 8,000 nights of care.

The walk is just 5km in length and takes place this year on Friday, September 8 in Dublin's Phoenix Park. You can also join in from afar to complete the walk at a location of your choosing.

*Visit **www.bootsnightwalk.com** to make a donation or sign up and start your own fundraising page to help raise money for this cause. Alongside the walk, 'honour tags' are now on sale in Boots stores nationwide for €2. Customers can purchase a tag in honour of someone who has survived or passed away from cancer. The front of the tag allows for the name of the individual with space on the back for a personal message. One metre will be walked in honour of that person by members of the Boots Ireland team. All funds raised from the walk will go towards the Irish Cancer Society night nursing service.*

Breast cancer survivor and Boots Ireland ambassador Georgie Crawford said: "This incredibly important service has made a difference to the lives of so many. I am so proud to be back as an ambassador this year, helping to raise awareness of such a worthy cause. I will be at the Nightwalk on Friday, September 8, and hope that as many of you as possible will join me. Together, we can truly make a difference".

Pictured at the launch of the initiative were (l-r): Joe Scallan, Boots Ireland; Louise O'Brien, Boots Ireland; Georgie Crawford, breast cancer survivor; Annemarie Ward, night nurse, Irish Cancer Society; and Claire Bowman, corporate partnerships manager, Irish Cancer Society

INMO Professional

INMO
Irish Nurses and Midwives Organisation
Working Together

Is Telephone Triage part of your job?

Would you be interested in joining our national network for Telephone Triage nurses?

If you want further information on the opportunities available within the Section, please contact **INMO Section Development Officer, Jean.Carroll@inmo.ie**

We are holding our annual conference on **Tuesday, 26 September in The Midland Park Hotel in Portlaoise** - come along and meet our National Section.

It's a great networking event and opportunity to get up to date on recent advances and developments along with clinical updates.

Contact the INMO, email
membership@inmo.ie
to be aligned to the Section

Are you a 4th Year student nurse or an RGN with less than 2 years' experience?

If the answer is 'yes', maybe you can help!

My name is Paul, and I am a PhD student in DCU.

My research examines the transition from student nurse to Registered General Nurse. All around the world, many new graduates find this transition stressful and many leave nursing within their first year. I want to see how Irish new graduates feel about this stage of their career.

If you are a final semester student nurse or an RGN with up to 2 years' experience working in an acute general hospital, I invite you to take part in an **anonymous** online survey. Your opinion is very important, and the survey will only take about 15 - 30 minutes to complete.

If you are interested in taking part, click on this link **https://tinyurl.com/ngnsurvey** or scan the QR code opposite.

If you have any questions, queries or comments, you can also contact me or my supervisors: Paul Mahon (paul.mahon8@mail.dcu.ie), Dr Yvonne Crotty (yvonne.crotty@dcu.ie), or Prof Kate Irving (kate.irving@dcu.ie)

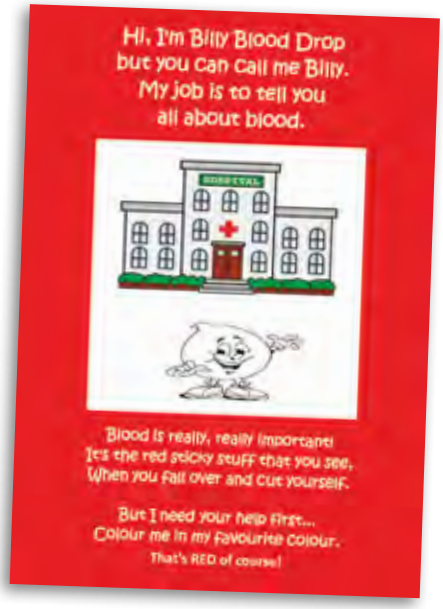
Child-friendly booklet aims to explain blood transfusion to kids

A SIMPLE, child-friendly booklet has been developed by staff at Wexford General Hospital to explain the process of blood transfusion to paediatric patients who are in need of the procedure.

Aileen Kehoe, haemovigilance officer at the hospital, said that while such a document already exists for patients who require a blood transfusion, there was a need to create something bespoke for kids to help them understand the procedure and take away some of that fear they may be experiencing.

Ms Kehoe said: "Essentially, the goal of the booklet is to make what can already be a devastating and difficult situation that bit easier. Our project team drafted a simple, child-friendly booklet with a basic explanation of what will happen. It is a very simple booklet.

"The language is simple and reader friendly, making it age appropriate for our young patients. It doesn't go into unnecessary detail or depth, it just tells the children where blood comes from, what it does for them and that it's something that's going to help make them better."



Ms Kehoe, whose nine-year-old son was used as the test reader for the booklet, added that the publication is illustrated by children who have experienced a blood transfusion at the hospital, one of whom was a young patient, Fiadh O'Connor, who passed away from an aggressive form of cancer at the age of just four.

"It is a fitting legacy that Fiadh's work will contribute to eliminating some of the fear felt by other children undergoing blood transfusions here."

A launch event was held for the new booklet in the hospital on June 8. Among those in attendance were the children who were involved in making the booklet. Ms Kehoe said the children were excited to play a part in developing the booklet and were "overjoyed to have their names and work published".

She added: "I've been a midwife for 17 years and in haemovigilance for almost two years. This job can really put things into perspective. You think you have problems at home and then you see what some of these parents and children are going through."

Blood transfusion is among the most frequently performed medical procedures in Ireland. Having successfully launched the booklet at Wexford General Hospital, Ms Kehoe is hopeful that it will encourage other hospitals around the country to do similar for the benefit of other families going through difficult, uncertain times.

Rotunda Hospital celebrates World Breastfeeding Week by offering new workplace support service

WORLD Breastfeeding Week 2023 is being celebrated by the Rotunda Hospital, which is raising awareness of the support available for the women in its care. The hospital has developed a breastfeeding 'wrap-around' support service.

The week is focused on promoting and supporting breastfeeding at work. Breastfeeding is possible regardless of workplace, sector or contract type. Support and education, beginning in the antenatal period, can give women the tools to manage possible breastfeeding challenges they may encounter in the early days.

This support can enable breastfeeding for six months and up to two years and beyond, as advised by the World Health Organization.

The Rotunda's 'wrap-around' service was rolled out last year to support women who have been identified as having previous breastfeeding challenges. The service offers support in pregnancy, after delivery on the ward if indicated, and follow-up at home or in the breastfeeding support group in the hospital. It involves a one-to-one session with the clinical midwife specialist in lactation at 37 weeks to make an individualised plan in partnership with the woman. Colostrum harvesting is part of this care plan if safe to do so.

World Breastfeeding Week is a global initiative. The theme for 2023 is 'Enabling breastfeeding: Making a difference for working parents'.

A key priority for the Rotunda Hospital is supporting its own staff who are breastfeeding. There is a dedicated breastfeeding room equipped with a multi-user electric breast pump, fridge and comfortable seating.

The hospital subscribes to the recently enacted 'Work Life Balance and Miscellaneous Provisions Act 2023'. This legislation entitles women to breastfeeding breaks for up to two years, according to Geraldine Gordon, clinical midwife specialist in lactation at the Rotunda Hospital.

September

Monday 4
Nurse and Midwife Education Section online meeting

Tuesday 5
CPC Section seminar. 9am at the Richmond

Thursday 7
Third Level Student Health Nurses Section meeting. 11am at the Richmond

Monday 11
Advanced Practice Section meeting. The Richmond and online from 11am

Tuesday 12
Retired Section 11am at the Richmond and online

Thursday 14
CIT Section meeting. 11am online

Saturday 16
PHN Section from 10.30am online

Saturday 16
School Nurses Section meeting at the Richmond from 10am

Tuesday 19
ODN Section meeting. 7pm online

Wednesday 20
RNID Section meeting. 2pm online

Saturday 23
Midwives Section meeting. 9.30am

Tuesday 26
Telephone Triage Section conference. Portlaoise. See *page 56* for further information

Thursday 28
Assistant Directors Section meeting. Online 2.30pm

October

Saturday 14
Operating Department Nurses Section annual conference. See *page 28* for further details

Monday 16
National Children's Nurses Section meeting. Online from 11am

Thursday 19
SALO meeting. Online and at the Richmond from 12.30pm

Saturday 21
PHN Section meeting. Online from 10.30am

November

Friday 3
International Nurses Section conference. The Richmond

Saturday 4
Children's Nurses Section webinar

Saturday 11
PHN Section webinar

Monday 13
Nurse/Midwife Education Section meeting from 9am

Thursday 16
All-Ireland Midwifery Conference
See *page 52* for further details

Wednesday 22
Assistant Directors Section masterclass. The Richmond

Wednesday 29
CPC Section meeting. Online from 11am

Thursday 30
OHN Section conference. The Limerick Strand Hotel. See *page 54* for further details

For further details on any listed meetings or events, contact jean.carroll@inmo.ie (unless otherwise indicated)

INMO Membership Fees 2023

A	**Registered nurse/midwife** *(including part-time/temporary nurses/midwives in prolonged employment)*	€299
B	**Short-time/Relief** *This fee applies only to nurses/midwives who provide very short term relief duties (ie. holiday or sick duty relief)*	€228
C	**Private nursing homes**	€228
D	**Affiliate members (non-practising)** *Lecturing (employed in universities & IT institutes)*	€116
E	**Associate members** *Not working*	€75
F	**Retired associate members**	€25
G	**Student members**	No Fee

Condolences

- Our deepest sympathies are with the family and friends of Kay O'Sullivan who died on June 28. Kay was a midwife manager at St Finbarr's Hospital, Cork for many years. Kay's colleagues spoke of her as a wonderful, skilled and caring midwife and an advocate for normal birth. May she rest in peace.
- The INMO extends sympathy to Eileen Ronan, director of midwifery at University Hospital Limerick, on the recent loss of her father Leo Penrose. May he rest in peace.
- Our thoughts are with Deirdre O'Farrell, staff nurse and INMO rep in Raheen CNU, on the loss of her father. May he rest in peace.
- We extend our deepest condolences to the family and friends of Ann Scott. Ann trained in Jervis Street Hospital and worked for most of her life in Mount Carmel Maternity Unit. She was a member of the Retired Section and will be sadly missed by her friends and colleagues.

WIN Recruitment & Training

Mailed directly to Irish nurses and midwives every month

Acceptance of individual advertisements does not imply endorsement by the publishers or the Irish Nurses and Midwives Organisation

Nurse On Call

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For more information, email **interviewer@nurseoncall.ie** or **corkoffice@nurseoncall.ie** if you are based in the south.

**Zoom interviews Monday to Friday 8:30am-5pm.
Please text your address to **087 1437417** for an application form or download one from our website: **www.nurseoncall.ie****

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Post holder must:

- Be currently registered in the Children's Nursing Division of the Register of Nurses & Midwives maintained by NMBI.
- Have a minimum of 5 years post-registration experience in Children's Nursing.
- Be dual qualified
- Have a car and full driver's licence.

Job description available upon request to jennifer@jackandjill.ie. To apply please send your CV to jennifer@jackandjill.ie

Are you retired but still want to put your skills and talents to good use and make a difference?

Circles of Support and Accountability

PACE is **recruiting volunteers** for Circles of Support and Accountability (CoSA). An international success story in preventing further victims of sexual harm, CoSA is an evidence-based programme that works with people who have been convicted of a serious sexual offence(s) and helps them to live a life free of crime and harmful behaviour.

The key attributes for a CoSA volunteer are empathy, the ability to separate the person from their behaviour, manage emotions appropriately, be solution focused and be able to work as part of a team.

What's involved?

We are looking for Volunteers who can give a commitment to be part of a Circle (made up of 4 to 6 Volunteers) which meets with their Core Member once a week, for 1.5hrs for a 12-to-14-month period. Potential volunteers are invited to an introductory session at which they get to learn of how CoSA works and the volunteer role that you will play within this programme.

For more information visit **www.circlesireland.ie** and/or contact CoSA Coordinator on **087 4194322**

Have you worked in the UK? Maximise your UK State Pension

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Contact Declan at **omahonyandco@gmail.com** or **087 417 5095**

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Nurses wanted for new and exciting posts in adult safeguarding

The HSE is hiring CNM2s to work in Community Adult Safeguarding & Protection teams across the country in 2023–2024.

Working in supported multidisciplinary teams, this opportunity is ideal for enthusiastic, highly motivated and person-centric nurses (RGN, PHN, RPN, or RIND) seeking a rewarding new position in Adult Safeguarding. Excellent training & development opportunities.

Informal enquiries to:
Teresa Cronin, Director of Nursing, National Safeguarding Office teresa.cronin@hse.ie/0867709621, or Tim Hanly, General Manager, National Safeguarding Office, timg.hanly@hse.ie/0868237187

Irish Nurses Rest Association

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

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

Night nurses needed

The Irish Cancer Society are seeking Registered General Nurses who have some palliative care experience to deliver End of life care to seriously ill patients in their home.
We require 4-6 nights per month availability.
Training will be provided. Job description on **www.cancer.ie**
Email CV to **recruitment@irishcancer.ie**
Informal queries to Amanda on 01 231 0532 or **awalsh@irishcancer.ie**

Irish Cancer Society

ARAG LEGAL

Here to support our frontline workers

If you are asked for your insurer on the call, simply indicate that you are covered by the scheme as INMO union member. You do not need a separate insurance package to access the service.

Legal Advice & Domestic Assistance Helpline

0818 670 707 or (01) 670 7472

Counselling Helpline

1800 670 407 or (01) 881 8047

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www.arag.ie

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6:30PM

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Suitable for: All levels of clinical and healthcare professionals who wish to improve their knowledge of medico-legal aspects of healthcare. It will also be of interest to lawyers working or seeking to improve their expertise in medical law, and to policy makers and regulators.

On completion of the course, you should be better able to:

- Examine the legal framework in which medicine is carried out and consider its implications for clinical practice,
- Identify situations which may give rise to legal claims,
- Describe and explain the current legal issues affecting clinical practice and hospital management,
- Examine the role of different actors and bodies in regulating the health care professions,
- Identify factual, legal and practical issues arising in the context of a problem question scenario.

WHAT DO OUR STUDENTS SAY?

"This course was well-rounded and comprehensive. It addressed so many issues in healthcare and I found learning the 'why' behind the healthcare policies invaluable.

If you have any professional or personal interest in this area, I encourage you to apply, I don't think you would regret it even if, like me, you have no legal background."

– **2023 Graduate**

Course Delivery

- Course takes place over four weekend modules from October to February (Friday evenings and Saturdays), with classes presented by leading experts in this field.
- Lectures and tutorials given **ONLINE IN A LIVE, INTERACTIVE FORMAT** to allow participants to undertake the course regardless of their location.
- There will be one assessment for the course, completed on an individual basis.
- There are no admission requirements for this course, but it is advised to apply early as spaces are limited.

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Buy online & get €100 off your home insurance!**

Offer applies to new customers who buy online, with a policy start date between 01.03.23 & 30.09.23. Subject to a minimum premium of €335.52 (Allianz) or €279.92 (Aviva).

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Or for financial advice on anything else

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