

The vital links



Community registered general nurses offer a lifeline to people who are vulnerable to isolation in their homes. **Gillian Tsoi** reports

THE community registered general nurse (CRGN) plays an important role in keeping patients safe and independent for as long as possible in their own home. This is according to the members of the CRGN Section, which had its AGM at INMO head office in Dublin recently.

"You make yourself aware of how the patients actually are, based on what you pick up from the moment you walk through their door," Marie Lucey-O'Connor, INMO CRGN Section chairperson told *WIN*. "Is there enough heat, ventilation, available food, and is their home safe and well lit? This goes hand-in-hand with the use of formal assessment tools."

CRGNs work with public health nurses (PHNs) as part of primary care teams in the community. The CRGN links their patients to the multidisciplinary primary care team, which includes occupational therapists, physiotherapists, GP services, dieticians, speech and language therapists and psychology.

"The profile of our patients is generally people over 65, who hold a medical card – but it's not limited to the over 65s," said Ms Lucey-O'Connor. "Our patients include people with chronic illness such as diabetes and Parkinson's disease, cardiac failure, vascular disease and stroke cases. This cohort of patients need regular monitoring."

The role of the CRGN has expanded to include the immunisation of school children. "Many health centres also run wound and leg ulcer clinics, where nurses utilise their wound management qualifications to include Doppler studies," said Ms Lucey-O'Connor. "With the advances in day surgery procedures, and early discharge from hospital, the workload of the CRGN has increased. This is caused also by the diversity of treatments now undertaken in the home. For example, VAC dressings, syringe drivers, insertion of supra-pubic catheters, PICC line and PEG monitoring and care."

The CRGN often links patients to rehab

services following hospital discharge.

"CRGNs are a lifeline to vulnerable people in the communities, but unfortunately the necessary support is not always easily available. It can be difficult to access support services such as Home Help and healthcare assistants. Unfortunately, waiting times reach up to three months for some patients," said Ms Lucey-O'Connor.

"For the older person in the home, it's important to highlight the availability of community activities such as day centres, respite services and active retirement groups, which can reduce loneliness and isolation.

"It is advisable that all older and vulnerable people should have a monitored personal alarm in their homes – one that they wear to call for help in a medical emergency, or if their safety is in danger," said Mary O'Shea, Wexford CRGN. "More funding is needed for personal alarms. Currently, a grant is available only to patients over 65."

Job satisfaction

The wide variety of work, due to a diverse range of patients, means that no two days are the same for CRGNs, who often feel privileged to be invited into the home of their patients to provide care. "It's different from the hospital setting, because there are different dynamics going on with the family in the home environment," said Ms Lucey-O'Connor.

The nurses criticised the fact that they must personally advise patients if their 'Home Help' services are to be cut or when their applications for these services have been rejected. They described this aspect of the job as "frustrating". CRGNs must complete the relevant paperwork in applying for Home Help for their patients and increasing amounts of applications are being rejected due to the current economic climate.

According to Ms Lucey-O'Connor, informing patients of a negative outcome can leave CRGNs open to abusive behaviour and lead to the breakdown of the nurse-patient relationship. The short-



Marie Lucey-O'Connor is chairperson of the CRGN section of the INMO

age of Home Help funding can also leave patients vulnerable to falls, malnutrition and increase hospital admissions.

"Due to current fiscal restraints, many families have to play a bigger part in the care of their loved ones. Part the job will be to educate and support them in the brief period of time that we have with them," said Ms Lucey-O'Connor.

The nurses feel that burn out in the job would be inevitable without the ongoing support of peers, who understand the complex nature of care giving in the community. The challenges for nurses in today's working environment is to remain focussed on a high standard of patient care whilst operating with fewer resources than before.

Continuing education

Continuous professional development is essential for CRGNs, but for many, it is virtually impossible to take time from their daily duties to attend training.

Many CRGNs hold post graduate qualifications in areas such as tissue viability, paediatrics, palliative care, continence advisors and infection prevention and control, but according to CRGN Section members, these qualifications are not being utilised to the maximum potential to benefit patients:

Ms Lucey-O'Connor said that although many CRGNs work in close proximity to PHNs, like their patients, they can feel isolated, especially in the rural setting or when working weekends," she said. "In certain areas, the CRGN can feel isolated within the team, because they'll have no other CRGN working with them."