

Profiles of Advanced Nurse/Midwife Practitioners and Clinical Nurse/Midwife Specialists In Ireland



A showcase of the work of CNS/CMSs and ANP/AMPs, highlighting how the expansion of nursing and midwifery practice can meet patient/client needs in flexible and innovative ways.

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National Council for the
Professional Development
of Nursing and Midwifery

An Chomhairle Náisiúnta d'Fhorbairt
Ghairmiúil an Altranáis agus
an Chnáimhseachais

Mission Statement of the National Council

The Council exists to promote and develop the professional role of nurses and midwives in order to ensure the delivery of quality nursing and midwifery care to patients/clients in a changing healthcare environment.

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Introduction

It is ten years since the *Commission on Nursing* recommended in 1998 the development of a clinical career pathway for nurses and midwives in Ireland. The National Council for the Professional Development of Nursing and Midwifery established the first Irish frameworks for role development for clinical nurse and midwife specialists (CNS/CMSs) and advanced nurse and midwife practitioners (ANP/AMPs) in 2001. Almost two thousand clinical nurse and midwife specialist and over one hundred advanced nurse and midwife practitioner posts have been developed to date. These posts have been developed in line with service needs and in the interest of quality, integrated patient/client care. A multi disciplinary approach to role development based on service needs analysis was utilised. These roles have received strong medical, multi disciplinary and management support which has been essential in their successful development and implementation. Experienced, highly qualified nurses and midwives now have the opportunity to remain in clinical practice providing expert care within a clinical career pathway. This means that nursing and midwifery skills and competencies are being used appropriately within the health care system to provide high quality, patient focused care.

Standards and frameworks developed and implemented by the National Council for the Professional Development of Nursing and Midwifery ensure that nursing and midwifery practice in Ireland develops in a safe and co-ordinated manner in the interests of patient/client care and in line with international best practice.

A CNS/CMS practices in a defined area of nursing or midwifery practice that requires application of specially focused knowledge and skills, which are in demand and required to improve the quality of patient/client care. This specialist practice encompasses a major clinical focus, which comprises assessment, planning, delivery and evaluation of care given to patients/clients and their families in hospital, community and outpatient settings. The CNS/CMS works closely with medical and para-medical colleagues and may make alterations in prescribed clinical options along agreed protocol driven guidelines. They also participate in and disseminate nursing/midwifery research and audit and provide consultancy in education and clinical practice to nursing/midwifery colleagues and the wider interdisciplinary team. The core elements of specialist nursing and midwifery practice are clinical focus, patient/client advocacy, education and training, audit and research and consultancy.

ANP/AMP roles are developed in response to patient/client need and healthcare service requirements at local, national and international levels and are carried out by autonomous, experienced practitioners who are competent, accountable and responsible for their own practice. They are highly experienced in clinical practice and promote wellness, offer healthcare interventions and advocate healthy lifestyle choices for patients/clients, their families and carers in a wide variety of settings in collaboration with other healthcare professionals, according to agreed scope of practice guidelines. They utilise advanced clinical nursing/midwifery knowledge and critical thinking skills to independently provide optimum patient/client care through caseload management of acute and/or chronic illness. The core elements of advanced nursing and midwifery practice in Ireland are autonomy in clinical practice, expert practice, professional and clinical leadership and research.

This document showcases the work of a cross section of CNS/CMSs and ANP/AMPs, highlighting how the expansion of nursing and midwifery practice can meet patient/client needs in flexible and innovative ways. Examples of care for people with heart failure, epilepsy, wounds, stroke, gastro intestinal problems, diabetes, infections, autism, cervical cancer, mental health problems, pain and sexual health issues in addition to end of life care, care of older people, neonates, occupational health and emergency care are outlined. Common to all of the roles described here is how services have placed the patient/client at the centre and built service around their need, enhancing and integrating their journey through the health system.

The National Council for the Professional Development of Nursing and Midwifery monitors and supports the development of CNS/CMS and ANP/AMP roles and believes that such roles will greatly improve the service offered to patients/clients. The National Council maintains the national database for these roles and provides guidance and support for role development. The National Council will continue to provide seminars; open days; telephone, web and email support; and site visits to progress CNS/CMS and ANP/AMP post development in the interests of high quality patient care.

The National Council has invited proposals for a research project to produce a focused evaluation of the clinical nurse/midwife specialist (CNS/CMS) and the advanced nurse/midwife practitioner (ANP/AMP) in Ireland. The deliverables will include measurement of clinical outcomes, service delivery (i.e. the service process) and economic implications in terms of efficiency (outputs relative to cost) and effectiveness (outcomes relative to inputs) of services.

The National Council would like to acknowledge the contribution of the Clinical Nurse/Midwife Specialists and the Advanced Nurse/Midwife Practitioners who took the time to share their work and experiences in this document.

For more information on the development of CNS/CMS and ANP/AMP and other roles refer to:

National Council for the Professional Development of Nursing and Midwifery (2004) *An Evaluation of the Effectiveness of the Role of the Clinical Nurse/Midwife Specialist*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2005) *An Evaluation of the Extent and Nature of Nurse-Led/Midwife-Led Services in Ireland*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2005) *A Preliminary Evaluation of the Role of the Advanced Nurse Practitioner*. NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2007) *Framework for the Establishment of Clinical Nurse/Midwife Specialist Posts Intermediate Pathway* (3rd edn.) NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2008) *Framework for Establishment of ANP/AMP Posts*, (4th edn.) NCNM, Dublin.

National Council for the Professional Development of Nursing and Midwifery (2008) *Accreditation of Advanced Nurse Practitioners and Advanced Midwife Practitioners*. NCNM, Dublin

Ireland's First ANP

Valerie Small

Advanced Nurse Practitioner (Emergency)

St James' Hospital, Dublin



It all started with Valerie Small.

In 2002, Valerie became the first Advanced Nurse Practitioner in Ireland to be accredited by the National Council for the Professional Development of Nursing and Midwifery.

With this accreditation, Valerie blazed a trail soon followed by many of her nursing colleagues.

At St James' Hospital (SJH) in particular, her development as an ANP in emergency provided the impetus for the development of ANP posts in other specialised areas and units.

"My own development as an ANP since 2002 has occurred in parallel with developments within SJH as a whole and in the emergency department (ED) in particular," she says.

"SJH is a dynamic hospital staffed by dynamic people. Following the introduction of my post, thirteen new ANP posts have been developed at SJH, in emergency nursing, three in cardiothoracic nursing and one each in sexual health, gastroenterology and emergency cardiology."

Valerie says the introduction of the ANP role at SJH had been so well received that her team had been asked to support other hospitals in developing their own ANP posts.

"The ANP team within the ED has been recognised for its clinical expertise and practice by patients and by the whole multidisciplinary team," she says.

"Patients have become more familiar with the concept of advanced nursing practice and understand that their injury or condition is being managed by specially trained nurses.

"Other health and social care professionals have asked us to lecture to their students and allow them to observe our practice, and we have also been asked to help other hospitals set up ANP services."

Valerie says it was a testament to the acceptance of the ANPs' role that their scope of practice had been expanded over the years and their hours of operation increased.

The ANP service at the ED now runs from 7.30 am to 9.00 pm, seven days a week, and can now manage all upper and lower limb injuries, soft tissue infections, abscesses, more complex lacerations and hand injuries. The results of audit demonstrates a mean waiting time of 55 minutes from consultation to discharge time for patients attending the ANP service.

"These increased hours of ANP service and our expanded scope of practice mean that we can see more patients and treat a greater range of presenting conditions more comprehensively," she says.

"I believe that in another few years, ANPs will be able to manage even more serious injuries."

"All the ANPs have been recognised for their ability to manage caseloads, and this overlaps with our clinical expertise and leadership roles."

"Our combined increasing clinical skills have contributed to the expansion of our collective caseload. This certainly raises the bar for future ANPs but they will be able to draw upon the expertise of the present cohort."

True to her pioneering past, Valerie remains at the forefront of the development of the ANP role, for many years Valerie has co-ordinated Masters degree level education for ANPs in emergency.

The ANP team within the ED has been recognised for its clinical expertise and practice by patients and by the whole multidisciplinary team

Valerie Small

As a member of the National Council, she has contributed to the development of ANP/AMP approval and accreditation processes, and provided advice and information on ANP/AMP development to the Minister for Health and Children, and to two Australian health ministers.

She was also a member of the steering committee of the group reviewing nurse and midwife prescribing and is currently undertaking the first certificate course in nurse prescribing at the Royal College of Surgeons in Ireland.

She has recently been appointed by the Minister for Health and Children to the board of the Pre Hospital Emergency Care Council.

Valerie has been involved in major research initiatives such leading the National Council's project on staff nurses and staff midwives' continuing professional development; contributing chapters to a textbook for accident and emergency nurses; and facilitating other ANP candidates' research.

However, she says that despite being fortunate to have had a variety of research experiences, her biggest challenge in the past five years had been ensuring that she met the research requirements of the ANP post.

"As ANP posts increase across the country, there will be more opportunities for us to collaborate to come up with innovative ways to meet our research brief," she says.

"We are currently exploring the development of stronger links with and supports from the higher education sector. In our practice environment we will continue to develop our competencies in response to identified needs, evolving caseloads and evidence for practice."

"The advent of prescriptive authority will also influence the expansion of our scope of practice."

"As a national cohort, ANPs need to give some consideration to future career development and how we can continue to support each other across services and settings."

"In the meantime, my job brings me tremendous satisfaction, not just because of the many opportunities it has presented to me and for nurses and midwives as professionals, but mainly for the opportunities it provides to continue to deal directly with patients."

I believe that in another few years, ANPs will be able to manage even more serious injuries.

Valerie Small

Dignity and Quality of Life for the Dying

Joan Fogarty

Clinical Nurse Specialist (Palliative Care)

Wexford Hospice Home Care



Tom died peacefully at home.

He was a young man with a young family... and a brain tumour.

Despite the sadness of the situation, his last days were spent surrounded by his loved ones. His children could kiss him good-night, and they had the security of their usual routine in a home full of love.

Joan Fogarty, a clinical nurse specialist in palliative care at Wexford Hospice Homecare, says her experience with Tom and others like him are proof of the value of her role in supporting patients and their loved ones.

“My role is to provide specialist palliative nursing care to a patient whose disease is no longer curative, where control of pain and other symptoms including psychological and spiritual distress is paramount,” she says.

“My job includes advice and support of relatives and members of the multidisciplinary team in the promotion of a patient-centered palliative care approach.”

“The goal is to enable patients to have dignity, comfort and quality of life in the care setting of their choice in so far as practically possible.”

“The positive feedback we receive from patients and their relatives indicates that the service we provide is highly valued.”

“In addition, the increase in referrals to the team would indicate that the service is of practical value to other members of the multidisciplinary team as well.”

Other evidence of success includes the fact that the service will be extended to operate seven-days-a-week and that the Health Service Executive will soon join the voluntary sector in funding the service to help meet increased demand.

In preparation for the CNS role, Joan obtained a Certificate in Oncology, a Certificate in Palliative Care and a Higher Diploma in Palliative Care.

To keep up-to-date with evidence-based research in palliative care she attends study days throughout the year and seeks advice from nursing and medical colleagues.

Her role involves teaching, both formally to nursing and medical colleagues, as well as informally to patients and carers.

She and her team conduct a number of audits on a regular basis including monthly audits of referrals, deaths and discharges; audits of activities such as home visits, phone calls, education provided; as well as other audits in time management and bereavement visits.

Joan says that even though her lunch is often consumed amid a number of follow-up phone calls, she enjoys the CNS role and the autonomy and flexibility it provides.

“I like the flexibility of planning my day, and prioritising who needs to be seen most urgently,” she says.

“However, some days the plan is completely thrown off-course if I get a call to say someone has deteriorated or developed new symptoms, or I am asked to see a new patient.”

The increase in referrals to the team would indicate that the service is of practical value to other members of the multidisciplinary team

Joan Fogarty

“I also need to liaise with a range of professionals including public health nurses, general practitioners, community occupational therapists, clinical nurse specialists in hospitals, members of the palliative medical team, Irish Cancer Society night nursing service, hospital or community pharmacists, local nursing homes or community hospitals etc.”

“Such communication is vital in order to plan the patient’s care and to determine my workload for the day.”

Despite several years in the palliative care role, Joan says the strength of the human spirit continues to surprise her.

“I am constantly astonished at the ability of people to adapt, learn new skills and cope with a huge range of emotions at such a difficult and vulnerable time when they themselves, or a loved one, is terminally ill,” she says.

I like the flexibility of planning my day and prioritising who needs to be seen most urgently

Joan Fogarty

Health Promotion for the Older Adult

Daragh Rodger

Clinical Nurse Specialist (Health Assessment and Promotion of the Older Adult)

St Mary's Hospital, Phoenix Park, Dublin



The success of Daragh Rodger's role as a Clinical Nurse Specialist in Health Assessment and Promotion of the Older Adult can be measured in many ways.

It has helped to reduce hospital admissions and visits to the accident and emergency department for older people.

The Rapid Access Clinic at St Mary's Hospital in Dublin where she works has been expanded and moved to a new premises at Charter Medical, Smithfield where it can serve more clients.

Older patients are receiving faster and more timely interventions, as well as vital health education that enables them to enjoy life at home longer.

However, according to Daragh, the true value of the service is its effect on the clients, such as the 70-year-old woman afraid to leave her house who gained the confidence to go on an overseas holiday, and the many others genuinely surprised that 'money was being spent on old people like them'.

"I have been surprised by how poorly older adults perceive themselves in relation to their right to access to health services," she says.

"A lot of the publicity about older people is negative. Visiting the clinic and getting positive attention gives this vulnerable group in our society a sense of self-worth, not to mention much needed early intervention and health information."

"I find it very rewarding that I can make a difference to people's lives, even if it is only a small difference."

As a CNS, Daragh provides an important link between the clients, health promotion information and other service agencies.

Presently she is working in the Community Liaison Clinic and the Healthy Ageing Clinic. Patients are referred to the Community Liaison Clinic by the community intervention team and General Practitioners. All clients referred to the Clinic are seen within a week of referral.

Referrals to the Healthy Ageing Clinic are from general practitioners, St Mary's Hospital and the Mater Hospital medical staff.

At the Healthy Ageing Clinic she provides them with health assessment including blood pressure and cholesterol checks, screening for osteoporosis through DEXA scanning, bone health education, and health promotion in relation to all aspects of an active, healthy attitude to life and ageing.

On an average day, in the Community Liaison Clinic she would conduct two, one-hour new client assessments and six follow-up assessments, as well as the Healthy Ageing Clinic, which screens for osteoporosis, and provides bone health education and health promotion for the older adult.

Depending on need, she would then liaise with public health nurses, general practitioners, homehelp, community occupational therapists, community physiotherapists, community social workers and/or family members to assist in ensuring all aspects of the clients needs are met.

In addition to all this, Daragh teaches students, provides orientation to new hospital staff and presents at in-house education days.

There is immense scope for the development of more clinical nurse specialists and advanced nurse practitioners in the care of the older person

Daragh Rodger

To prepare for her CNS role, she studied and obtained work experience in the care of the older person and participated in formal education in radiation protection to enable her to conduct DEXA scanning (A bone density scan used to measure the density of bones. It can diagnose osteoporosis, assess risk of fracture and monitor the effects of treatment).

She also regularly links with other health agencies to ensure that the knowledge and information she is providing is the most accurate and up-to-date.

Daragh says she finds her specialist role very fulfilling and feels it meets an important need in the community.

“The role is much broader and reaches a lot more people - including both clients and service providers - than I had anticipated,” she says.

“There is a surprising lack of resources for the older person in the community, so there is a lot of scope for development of further services for the older people.”

“The main purpose of the clinic is to avoid accident and emergency department admissions and hospitalisation of the older adult and we have done this. Our admission rate to hospital is only 10 per cent of all attendees to the clinic, and the majority return home.”

“In addition, patient satisfaction has been very positive, as the client is seen more quickly and problems are solved faster.”

Daragh is currently studying for her Masters in Nursing, with a view to progressing to the advanced nurse practitioner role.

“At present, site preparation for the ANP role is in progress,” she says.

“There is immense scope for development of more clinical nurse specialists and advanced nurse practitioners in the care of the older person, particularly in relation to health promotion, disease prevention and healthy ageing.”

“Our population is ageing and, as nurses, we need to be working towards a positive attitude to it. Ageing is inevitable but does not have to be unhealthy, burdensome or feared.”

My role has helped avoid unnecessary visits to the accident and emergency department and provided earlier interventions

Daragh Rodger

Championing the Cause of Stroke Patients

Mary Diskin

Clinical Nurse Specialist (Stroke Care)

Portiuncula Hospital, Ballinasloe, Galway



Since Mary Diskin came to the role of clinical nurse specialist in Stroke Care in 2002, the hospital has opened a dedicated, four-bed Acute Stroke Unit in 2005 - the first of its type in the Health Service Executive West Area - and stroke care education is now delivered at a range of sites in the region.

The Acute Stroke Unit was set up through the hard work of a multidisciplinary team working with stroke patients in the hospital. The staff on the ward on which the unit is based (St Joseph's Ward), worked extremely hard and changed working practices to be able to open the unit. They used the Partnership Model to facilitate the setting up of the unit to incorporate all disciplines throughout the hospital who would have contact with stroke patients and their families during their stay to ensure they had complete involvement in the service set-up.

As a CNS for Stroke Care much of the practical issues in relation to communication between the groups, identifying equipment with the team and site visits is part of her role.

"It was a time of great excitement, as we had wanted this service for such a long time", she says.

"Once this service was up and running, it became clear that we needed to provide a support service to stroke victims and their families once they were discharged from the hospital setting."

The running of a support group became very much part of her role, "we will be running four years in September 2008. We meet once a month in the local health centre, and are fortunate to have the support of the staff in the centre as we fund this group meeting through fund raising initiatives supported by staff and customers in our coffee shop".

"The support group provides former patients with ongoing support, education and contact with a range for professionals throughout the year. There is a strong social aspect to the group with members returning again and again, each Christmas we have a party for the attendees and their families. This is held with lots of voluntary support from the hospital staff and is a yearly success. It is a link with the services and is available for the patients who are discharged from hospital; this is an ongoing contact that they can opt to use if needed."

They recently introduced a 'stroke clinic', which runs weekly as part of the hospital's medical clinic. The CNS reviews stroke patients attending the clinic, assesses their needs, reviews current care needs, medications, any medical problems or social issues raised. The stroke consultant then sees the patients in relation to any changes in condition or any findings identified, the patient is reviewed yearly, six-monthly or three-monthly depending on their condition/need.

"If a patient needs to be seen more frequently there is no problem and we can facilitate them in this clinic."

"The autonomy of the CNS role enables me to have more time for one-to-one contact with patients and their families, which really adds to the enjoyment of my job."

"The one-on-one contact is really valued by clients using the service and I get a lot of positive feedback, which adds to the job satisfaction."

The autonomy of the CNS role enables me to have more time for one-to-one contact with patients and their families, which really adds to the enjoyment of my job.

Mary Diskin

Through hospital management, speech and language therapy sessions have been secured for the hospital's stroke patients. The therapist provides speech assessment, therapy and swallow screening. The establishment of a full time speech and language therapist is one of our service goals and is identified in service planning for the hospital.

Mary says she enjoys the CNS role and is happy to be working in an area that had been her passion for more than fifteen years. Prior to her CNS role, Mary worked as a stroke nurse at Kings College Hospital London for three years, and was also involved in research trials such as the international PROGRESS Trial. She completed a degree at Trinity College upon returning to Ireland to update on local practice trends and worked in Dublin hospitals as a staff nurse in care of the elderly before moving to the CNS role in 2002.

Mary feels her previous experience has prepared her for the CNS role; however, she was surprised by the scope of issues that were identified by patients and their families. These issues can be anything ranging from medical problems, accommodation needs, car adaptations for the disabled, tax refunds, grants/social welfare needs, speech and language issues, problems in relation to enteral feeds, emergency alert alarms and medical alert IDs, the list is endless. Once an issue is raised she does all in her power to resolve the problem and uses contacts with colleagues to achieve this. It is unusual for her not to be able to sort the problem out and the families regularly say "it is great to be able to hand over the information to someone else and for them to sort it out for you".

The lack of support for stroke patients and acquired brain injury patients in the community is regularly identified as an issue post discharge and much time is spent on the phone linking people and organisations. Access to rehabilitation centres and continued rehabilitation following discharge in the community is an ongoing issue. Patients who are fortunate to be accepted into inpatient rehabilitation facilities will have to travel to the National Centre for Rehabilitation in Dublin for their treatment, waiting lists are long and it is a considerable distance from home for family to be able to be as involved as much as they would like to be. Carers /families attending the National Centre for Rehabilitation have access to carer training and counselling not available locally.

Despite the achievements to date, Mary is looking to the future, and sees that her role and the services to all stroke patients will change over the coming years this will be largely driven by the results of the first National Stroke Audit carried out in 2007. These results will for the first time give a true picture of the services provided in the acute and community settings for our stroke patients. This will be a building block for future development in relation to a national strategy for stroke care.

It is great to be able to hand over the information to someone else and for them to sort it out for you

A regularly saying of families having to cope with the care needs of a relative

Shedding Light on Epilepsy

Maire Whyte and Cora Flynn

Clinical Nurse Specialists (Epilepsy)

Beaumont Hospital, Dublin



Maire White and Cora Flynn have a keen interest in providing holistic care and advocacy to a group of people which require particular support and attention, whom they say have not been specifically identified in health service developments - people with epilepsy.

As Clinical Nurse Specialists in Epilepsy at Beaumont Hospital, the national centre for epilepsy surgery, they along with other multidisciplinary team members in the epilepsy programme, have fostered a greater understanding of epilepsy among patients and staff.

International evaluation of the epilepsy nurse specialist role has found that it provides improved understanding of the condition and a reduction in fragmented care.

Their reviews of their service have demonstrated an improved liaison with primary care providers with the establishment of a telephone advice line which is available to patients delivering timely specialist advice during illness relapse. This busy service involves liaising with GPs, PHNs and community pharmacists updating them on changes in the care of their patients. A recent survey showed a high degree of patient satisfaction with the service and a high compliance with instructions.

Both Maire and Cora worked in neurosurgical intensive care prior to undertaking their CNS roles, completed a diploma course in epilepsy care from Leeds University, and went on to obtain the MSc in epilepsy from Birmingham University.

Their commitment to continuing education is evident in their work with the organisation of hugely successful national conferences updating allied health care professionals in epilepsy care. They with other epilepsy nurse colleagues around the country meet quarterly for peer support and journal club at the Irish Epilepsy Nurse Association meetings. They endeavour to assist the Irish Epilepsy Association - Brainwave, with their essential work and are always available to assist the organisation in any way they can.

They are now looking to develop new and innovative practice with their proposal to the National Council for an advanced nurse practitioner post. They plan to set up a 'First Fit Clinic', where the Emergency Department discharge all uncomplicated seizure presentations and refer them to the ANP who will review the clinical history, organise relevant investigations and together with the neurologist initiate treatment.

Some of the benefits in setting up this clinic are reduced unnecessary neurology admissions, reduced overcrowding in the ED and patients who ordinarily would have been admitted are at less of a risk of acquiring hospital infections. The clinic will meet with the standards of the SIGN and NICE guidelines, by ensuring all people who present with new onset seizures will be seen within two weeks of presentation, a standard this country currently fails to meet.

The ANP role will autonomously manage Vagal Stimulator therapy patients, which is a device implanted and coiled around the vagus nerve, stimulation to the vagus nerve may reduce seizures in some patients. As CNSs they have

It is hoped with the establishment of a rehabilitation programme for epilepsy surgery patients, we will identify these problems sooner and put in place a programme with the neuropsychology team to support them through this adjustment period

Maire Whyte and Cora Flynn

been supervised for the last two years delivering this treatment.

Finally, epilepsy surgery can be a life changing experience where the patient may change from being chronically ill to being 'cured'. For some this process of adjustment can cause psychosocial distress and in a rare few, psychiatric disorders.

"It is hoped with the establishment of a rehabilitation programme for epilepsy surgery patients, we will identify these problems sooner and put in place a programme with the neuropsychology team to support them through this adjustment period."

Maire and Cora admit to being exposed to many resource frustrations and find disseminating audit and service review findings, paramount to moving services along. They would strongly encourage other nurses to continue to identify service developments.

Enhancing the Care and Comfort of Patients with Wounds

Marie Byron

Clinical Nurse Specialist (Wound Care)

Mercy University Hospital, Cork



Marie Byron has used her role as Clinical Nurse Specialist in Wound Care to greatly enhance patient comfort and care at Mercy University Hospital (MUH).

Since taking up the position in 2001, she has replaced nearly the entire hospital's stock of basic bed mattresses, theatre trolley mattresses and chair cushions with high-quality pressure redistributing products.

She was also instrumental in introducing vacuum-assisted closure wound therapy at MUH, as well as a standardised Pressure Ulcer Prevention and Management Policy.

Marie says the patients and other members of the multidisciplinary team, with whom she works closely, value her role and its contribution to patient care.

“The CNS role allows me to promote continuity of care for the patient across all the care settings - inpatient, outpatient and primary community care.”

“I feel the effectiveness of my role is demonstrated on a daily basis through holistic assessment and the implementation of evidence-based practice in the management of patients with wounds.”

“My work to introduce vacuum-assisted closure wound therapy has led to successful, cost effective management of many extensive wounds with significant improvement in quality of life for many patients.”

“I also endeavour to expedite the treatment process for patients referred to surgical and vascular consultants by conducting the patient assessment and speaking directly to the appropriate consultant.”

In addition to assessing wounds, Marie's duties include patient education, advising staff on wound care, and writing all policies and documentation in relation to tissue viability, including an assessment tool for the holistic assessment of patients with lower limb ulceration.

She is also responsible for the choice, provision and audit of pressure redistributing static mattresses, cushions, theatre trolley mattresses and hired dynamic mattresses, and is involved in the selection of profiling beds and other products such as bandages, dressings and anti-embolic stockings.

She works mainly with in-patients, a high proportion of whom are vascular patients because MUH is a tertiary vascular referral centre. Approximately 70 per cent of her patients are over 65 years of age.

In preparation for the CNS role, Marie worked in the Outpatient Dressing Clinic and completed a Diploma in Higher Education Nursing Studies (Wound Care) via distance learning at Thames Valley University in the United Kingdom, which she said has been invaluable in her day-to-day work.

She keeps abreast of new developments in wound care by attending study days and by reading journals such as the *Journal of Wound Care* and the *Tissue Viability Journal*.

Marie says she enjoys her CNS role because it is extremely varied and involves ongoing patient contact, and she also enjoys the education element of the role.

I enjoy the role because it is extremely varied and involves ongoing patient contact

Marie Byron

“Clinical caseload accounts for the vast proportion of my time. However, I endeavour to carry out as much staff education as possible - both formal and informal,” she says.

“Patient education is also of great importance and this is carried out using both the spoken word and patient advice leaflets which I have written and review yearly.”

Marie has been instrumental in the running of An Bord Altranais approved 2-day seminars on the assessment and management of lower limb ulceration, in association with the multidisciplinary vascular service in the MUH since 1999.

Marie’s goals for 2008 include continuing to train staff in the application of compression bandaging and facilitating two, two-day courses for public health nurses, practice nurses and hospital staff on the assessment and management of patients with lower limb ulceration.

Improving Access to Endoscopy Services

Sharon Hough

Advanced Nurse Practitioner (Gastroenterology)

St James Hospital, Dublin



As Ireland's first advanced nurse practitioner in Gastroenterology, Sharon performs routine upper and lower endoscopy procedures on adults and assists in the coordination of follow-up care. This supports an early detection cancer screening programme.

She is a valuable addition to the endoscopy unit, as her work can help to reduce the wait time for non-acute patients and as the role progresses free-up the Endoscopic Registrar for other duties.

In addition to performing endoscopy, she also assesses patients, arranges follow-up care, attends multidisciplinary team meetings, teaches staff and other interested organisations.

Sharon says she enjoys the challenge of her work.

"Endoscopy is a technically demanding skill and there is a sense of satisfaction in completing a difficult examination."

"I have discovered a number of cancers - upper and lower - and it is rewarding to know that this will aid the treatment of many patients."

"Patients are supportive of the role. All have been satisfied to be examined by the ANP."

Sharon's particular areas of focus include colonic polyp review, colonic cancer screening, Barrett's oesophagus screening, gastro-oesophageal reflux disease and coeliac disease assessment.

She works closely with the gastroenterology teams, attending all the histopathology and clinical meetings, and journal clubs. She presents cases at the histopathology meetings and liaises with the relevant registrar or consultant to arrange further imaging or investigations if required.

The ANP Gastroenterology role is still in its infancy, having only been approved in July 2007, so no formal appraisal has been conducted as yet. However, a continuing audit process is in place and results are expected at six and twelve months.

Currently arrangements are being put in place to have an ANP list with dedicated slots for routine procedures that will lead to a reduction of waiting times for non-urgent cases. This will be accompanied by a comprehensive follow-up service where patients can receive their results, have repeat or further examinations arranged and benefit from timely referral to medical services if required.

Sharon says a number of future developments are planned to further enhance the functioning of the Endoscopy Unit and the autonomy of the ANP role.

"At present, the Endoscopic Registrar reviews all requests for treatment. This process will be streamlined soon, with a dedicated ANP treatment list created from the pool of requests that I can review myself and then chose appropriate requests to add to my treatment list," she says.

"In addition, once a range of technical issues are addressed, colonic polyp reviews will be dealt with directly by the ANP, further freeing-up the Endoscopic Registrar for other work."

Sharon spent two years preparing for the ANP role, including completing three courses in the United Kingdom in upper endoscopy, lower endoscopy, and physical examination skills. She also attended anatomy and physiology (gastrointestinal) classes at Trinity College Dublin, as well as all the gastroenterology team education sessions.

Patients are supportive of the role

Sharon Hough

During this preparation she attended outpatients and reviewed patients in a supervised environment.

In 2007 Sharon performed 298 colonoscopies, 118 polypectomies and 286 oesophagogastroduodenoscopies (OGD). During training Sharon carried out 313 OGDs, and 373 colonoscopies.

Her next career goal is to perform interventional endoscopy.

On-site Diabetes Expertise for Pregnant Women

Yvonne Moloney

Clinical Midwife Specialist (Diabetes)

Mid-Western Regional Maternity and General Hospitals, Limerick



Babies of mothers with diabetes spend less time in the neonatal unit, the diabetes medication record has been improved and more than 320 staff have been trained in the computer-linked blood glucose monitoring system.

The detection rate of gestational diabetes at Mid Western Regional Maternity and General Hospitals in Limerick has increased by 360% since the introduction of a Clinical Midwife Specialist in Diabetes in 2002.

The woman who developed the CMS role, Yvonne Moloney, says it provides a much-needed source of diabetes expertise for patients and hospital staff, particularly as the Consultant Endocrinologist is based at another site.

“I have been surprised by the amount of support I have received from the consultants and my midwifery colleagues,” she says.

“Although there has been no formal evaluation of the CMS Diabetes role, midwifery staff and consultant satisfaction surveys have been very positive.”

“I enjoy the clinical care of women with diabetes, and judging by the thank you cards I receive, I can say that the patients seem to genuinely value my input into their care.”

Yvonne provides antenatal, internatal and postnatal care for pregnant women with type 1 or type 2 diabetes, gestational diabetes or impaired glucose tolerance, as well pre-conceptual care for women with diabetes who are planning a pregnancy.

Some of her work includes running clinics; organising screens, referrals, appointments and admission to hospital; supplying breastfeeding advice, test results and bereavement support; providing a link between patients and medical staff, and advocating for diabetes patients at a range of meetings.

She also teaches at a university level, runs education sessions for colleagues, and conducts impromptu education sessions at clinics and at ward level.

She keeps abreast of the latest developments in the field and distributes newly published evidence-based articles to all work areas, and changes practices accordingly.

Prior to taking up her CMS post, Yvonne worked as a nurse in a diabetes ward, as a staff midwife, and achieved qualifications in gerontology and health services management.

She completed a Higher Diploma in Diabetes Nursing at University College Dublin and is currently in her final year of a MSc in Diabetes at Roehampton University London, with a view to doing a clinical component.

The detection rate of gestational diabetes at Mid Western Regional Maternity and General Hospitals in Limerick has increased by 360% since the introduction of a Clinical Midwife Specialist in Diabetes in 2002

Yvonne Moloney

Yvonne says her presence at the hospital has helped to lessen the reliance on off-site consultants and enabled the maternity staff to operate more autonomously.

“When the consultants decided to change the medication to accelerate foetal lung maturation and prevent respiratory distress syndrome in the infant of the woman with diabetes in threatened preterm labour, we soon discovered that the new medication had a greater effect on insulin requirements for diabetes patients,” she says.

“To address this, I devised an insulin regime suitable to maintain glycaemic control within normal limits for pregnancy when this medication was used. This regime was then drafted into an evidence-based guideline.”

“The guideline has now been used successfully on a large number of women and staff midwives are all competent in its use without having to consult a Consultant Obstetrician or Endocrinologist.”

To further facilitate the autonomy of the service, Yvonne plans to undertake the nurse prescribing course this year to enable her to prescribe insulin, diabetes treatments, strips and lancets without staff having to call in an off-site consultant.

She hopes that one day an Advanced Midwife Practitioner in Diabetes will be established at the Mid-Western Regional Maternity Hospital to enable women with gestational diabetes to be reviewed and treated on-site, instead of having to attend the diabetes clinic at the General Hospital.

I have been surprised by the amount of support I have received from the Consultants and my midwifery colleagues

Yvonne Moloney

Quality and Safety in Blood Management

Maura Grogan

Clinical Nurse Specialist (Haemovigilance)

South Tipperary General Hospital, Tipperary



Maura Grogan and her colleague Catherine Hogan have been commended by the Irish Medical Board for their handling of the haemovigilance services at South Tipperary General Hospital (STGH). Haemovigilance in STGH was also acknowledged as being an area of excellence when the hospital was undergoing accreditation recently.

As the clinical nurse specialist in Haemovigilance, she ensures the quality and safety of blood transfusion processes in the clinical area at the hospital.

Her duties include overseeing the blood transfusion surveillance service and the usage of blood components, ensuring best practice in all aspects of transfusion practice, and patient advocacy.

Her role also involves assessing, classification and analysis of non-conformances relating to transfusion standard operational procedures, reporting clinical incidents; liaising with laboratory staff, various committees and relevant organisations; and participating in patient care, education and training.

Maura says she enjoys the autonomy of the CNS role and the complexity and challenge of the haemovigilance field.

“Each day brings a different challenge, multi-tasking being an important element to haemovigilance! The role of the Haemovigilance CNS is constantly evolving to ensure the hospital is compliant with Articles 14 & 15 of the EU Directive 2002/98/EC, areas of education, audit of current practices and trend analysis of non-conformances lead the pathway for the direction of the haemovigilance role.”

“It is important to ensure that the processes and procedures of blood transfusion are monitored and undertaken correctly, as they are the foundation for many life-saving medical interventions.”

“I particularly enjoy the patient advocacy element of my work and striving to ensure the dignity, choices, self-esteem and wellbeing of clients involved in the transfusion process.”

In preparation for her CNS role, Maura achieved a range of nursing qualifications including her RGN, RCN, RM, Management for Senior Nurses, BNS (Hons) in Nursing, and European Computer Driving Licence course, and she attends conferences and study days in haemovigilance on an ongoing basis.

Her dedication and expertise in the field has been recognised by her colleagues and the benefits of her work are being felt nation-wide.

Maura was chosen by the National Haemovigilance Office to make a representation to the President of the European Haemovigilance Association at the National Haemovigilance Office in the Irish Blood Transfusion Service championing haemovigilance in Ireland.

She also presents regularly at conferences and study days, and runs information sessions to relevant organisations.

Maura says an important part of her role involves developing systems to give service users and carers an opportunity to have their views represented in relation to service provision, planning, evaluation and development.

“I conducted an informal survey into what information patients at STGH wished to receive prior to a blood transfusion and then used this information to design an information leaflet,” she says.

***I particularly enjoy
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wellbeing of clients
involved in the
transfusion process***

Maura Grogan

The leaflet has since been used as an example by National Blood Users Group (NBUG).

Maura has also collaborated with the users of blood products to improve the quality and safety of blood through designing a specific record which incorporates patient unique identifiers, prescription of the product, nursing observations compatibility form, collection form, this record can also contain massive transfusion traceability and the reporting of a suspected transfusion reaction, with reminder boxes for patient blood transfusion information leaflets, patient identity bracelets and if previous reaction suspected. The updated issue of this record is being considered for inclusion in the new National Obstetric Chart.

Maura has also helped to institute traceability labels for each blood unit returned to the hospital laboratory, 10 blood components /products each month are audited to ensure compliance and identify trends or problem areas. Her most recently finished audit was of all request forms for blood for the month of November 2007.

Prioritising Pain Management

Caroline Mc Grath

Advanced Nurse Practitioner (Pain Management)

Portiuncula Hospital, Ballinasloe



The management of pain is one of the most important aspects of patient care, and any delay in receiving this treatment can be agonising for the patient.

As Ireland's first advanced nurse practitioner in Pain Management, Caroline McGrath is able to use her advanced skills to prioritise pain management and expedite treatment for the patients at Portiuncula Hospital.

Caroline deals with both inpatients and outpatients with acute and chronic pain, approximately 20 per cent of whom are aged over 65 years.

As an ANP she triages referral letters to the Pain Clinic, fast-tracking patients with terminal illnesses or urgent conditions. She then further accelerates the process by ordering blood tests and X-rays prior to the initial consultation, which enables the Consultant to make a diagnosis and treatment plan on the day of the consult.

Caroline says the role is still quite new but it was already helping to standardise pain management regimes, reduce wait times for the Pain Clinic and increase patient satisfaction with the service.

"This role can make an enormous difference to patients trying to access the Pain Clinic and also in prioritising pain management for all patients," she says.

"It is too early to formally evaluate the effectiveness of my role, but international research has shown that the ANP in Pain Management helps to raise the overall awareness of pain, and improve collaboration and coordination of pain management services."

"Since my role was established in October 2007, improvements have already been made in a number of areas such as post-operative nausea and vomiting. Previously, a vast array of anti-emetic regimes were in use and the level of post-operative nausea and vomiting, particularly after gynaecological surgery, was unacceptably high. Following audit of the service and identification of the problems, we have been able to introduce a standardised anti-emetic regime now which has significantly reduced this problem."

"I have also been able to fast-track pain management for a number of patients, and ease their journey through the health system."

"One patient in particular was referred by a CNS in another specialty for assessment of a long-standing pain problem. I arranged to meet him after his next visit to the other service, which meant he didn't need to take more time off work. I assessed him thoroughly and requested specific lab work and fitted him into the next pain clinic as an urgent case."

"As a result, this patient had a reduction in his pain level and could sleep and function somewhat, in the lead up to his CT guided nerve root block. The patient's level of satisfaction was high and his journey through the health system was eased with the application of common sense and advanced practice."

"His experience was also aided by the good working relationship within the multidisciplinary team at Portiuncula and the ease of access to other services such as physiotherapy, occupational therapy, pharmacy, dietetics and social work."

The level of acceptance for the ANP role from most disciplines has surprised me. I had expected more resistance and hesitance

Caroline Mc Grath

As an ANP, some of Caroline's duties include patient consultation, assessment, formulation of treatment plans, requesting investigations such as lab work and X-rays, interpretation of investigation results, and ongoing monitoring.

Teaching is also an important part of the role, including informal bedside teaching with non-consultant hospital doctors, nurses and care assistants on subjects ranging from a quick reminder on how to complete a PCA (Patient Controlled Analgesia) monitoring form to which non-pharmacological pain management interventions are helpful for the post-operative patient.

To prepare for the ANP role, Caroline obtained a Masters of Health Science (Advanced Practice) from National University of Ireland, Galway and clinically prepared through an expanding clinical nurse specialist role, clinical supervision and day-to-day clinical experience.

Caroline said she enjoys the level of autonomy and decision-making of the ANP role, and that she is still able to deal with patients face-to-face.

"I suppose I had been holding back on some things as a CNS, such as referral letter triage. It seems like a natural progression or advancement to start doing ANP functions," she says.

"The level of acceptance for the ANP role from most disciplines has surprised me. I had expected more resistance and hesitance".

"There is still a lot of work to be done to familiarise people with the role of the ANP in Pain Management, but I feel that I have made a start."

Preventing Occupational Injury and Illness

Claire Hand

Clinical Nurse Specialist (Occupational Health)

Children's University Hospital, Temple Street, Dublin



Claire Hand says the ability to plan, organise and manage time effectively is vital to a clinical nurse specialist in Occupational Health.

At the Children's University Hospital where she works, Claire employs these skills daily in her efforts to ensure the continued health of the hospital's workforce through the prevention of occupational injuries and illness, and through health promotion.

"The working day of an Occupational Health CNS is varied and often demanding," she says.

"My role is to work as part of a team to help management protect and promote employee health by minimising risk and maximising health, while also taking into account the organisation's needs."

"The role has been everything I expected it to be and more. The ever-changing needs of the organisation and its workforce provide a range of opportunities and challenges that ensure that the CNS role is diverse and hugely motivating."

Claire works as part of a multidisciplinary team that includes another CNS, physician and organisational psychologist. The team has daily meetings and case discussions. Other support roles within the team include coordinators of manual handling and health promotion. She also liaises with key people involved in employee care outside the hospital such as general practitioners, consultants and physiotherapists.

Some of her duties include conducting fitness-for-work assessments, advising managers on health and safety legislation, and providing support and counselling to employees experiencing work-related problems that impact on their mental health.

She also advises on work-related health issues, conducts sickness absence reviews, provides rehabilitation on return to work following ill health/injury, and conducts risk assessments for pregnant employees and computer users experiencing negative health impacts.

Other duties include providing immune status assessments and vaccination programmes, and managing biological agent exposures to blood, chickenpox and tuberculosis.

However, Claire says that one of the most important elements of her job is providing education and training - in both a formal and informal capacity.

"Teaching is an important aspect of the CNS role in Occupational Health," she says.

"Informal teaching opportunities in particular are recognised as an integral part of helping clients to work safely. Opportunities for this type of instruction arise regularly, for example, from one-to-one consultations with clients."

"I also provide formal education at training sessions on topics such as prevention and management of occupational blood exposures, hand care and latex allergies, working safely with computers, safer moving and handling, and non-violent crises intervention."

Claire has academic qualifications in nursing, management and occupational health and is currently undertaking a BSc in Occupational Health and Safety Management.

She says her previous work experience as an occupational health nurse in a government agency and the drug services helped to prepare her for the CNS role, and her current studies are assisting with the research requirements.

The CNS role has been everything I expected it to be and more

Claire Hand

“Fulfilling the core concepts of the CNS role requires constant focus, especially in the area of audit and research. I plan to dedicate more time to undertaking clinical audits to fulfil the core concepts of the role and also to improve client care,” she says.

“My study towards a BSc in Occupational Health and Safety Management is proving to be very beneficial for the research requirement of the role.”

“Currently, as part of course requirements, I am undertaking a quantitative descriptive study on workplace violence in health care. I anticipate that the results of this study will help to understand the nature and extent of the problem and evaluate current occupational health supports for victims of workplace violence at the hospital.”

Claire has also been involved in an audit on the uptake of the influenza vaccine among health care workers at the hospital in 2007.

Infection Prevention and Control in Women and Infants

Rosena Hanniffy

Clinical Midwife Specialist (Infection Control)

Coombe Women and Infants University Hospital, Dublin



Rosena Hanniffy's duties as a clinical midwife specialist in infection control at the Coombe Women and Infants University Hospital range from routine hand hygiene audits to the challenge of co-ordinating the containment of a tuberculosis outbreak.

She describes her role as “a catalyst for improving infection prevention and control standards in the hospital” and says she finds the work personally satisfying.

“As a CMS in infection control, no two days are the same,” she says.

“I find the role challenging, motivating and personally satisfying. It serves to inform and educate on required and new infection prevention and control standards, thus enhancing standards of hygiene and quality in the hospital.”

“I enjoy working closely with my colleagues to identify and address infection-related problems in a timely manner. It is important to minimise patient discomfort and reduce risk in the most cost-effective and least disruptive manner to the running of the service.”

Rosena says her role involves a range of duties such as providing information and reassurance, and acting as a liaison between clinical staff, laboratory staff and the microbiologist when required, as well as acting as a patient advocate.

Other duties include undertaking planned and ad hoc educational sessions on general infection control and targeted topics, conducting planned audits in a range of areas, organising Infection Control Week and providing input into procurement.

She also devotes time each week to guideline/policy development, conducts targeted environmental surveillance when required, attends committee meetings and engages in ongoing research.

Rosena says one of the challenges of her role is that infection prevention and control boundaries are difficult to define.

“Advice is sought on anything from a bedpan washer, to an endoscope, to sewage drainage problems, to MRSA (Methicillin-Resistant Staphylococcus Aureus),” she says.

“I am contacted by staff, patients and colleagues both internally and from other hospitals. Infection prevention and control is an ever-challenging role. Not a day goes by without a new situation being presented.”

“Management recognises the challenges for infection control staff due to the Hygiene and the Decontamination Audits and the rising number of issues presenting as a consequence of multi-drug resistant organisms.”

Rosena brings a wealth of nursing experience to her role, including a Higher Diploma in Infection Control, and has had previous experience as a Clinical Nurse Manager 2 in the Neonatal Intensive Care Unit.

However, she says that experiential learning has been invaluable to the role.

“Some things you just have to learn through experience. For example, my first tuberculosis outbreak management situation was a particularly challenging time for me,” she says.

My role is interesting, varied, challenging and no two days are the same

Rosena Hanniffy

“Thankfully a good outcome resulted. While I had clinical support, the logistics of co-ordinating the event was daunting.”

“But thanks to the experience, I am now better prepared for what comes next.”

Rosena says the dynamic nature of infection control made it important to keep updated on clinical practice issues. She regularly attends infection-related education sessions, is involved in numerous hospital committees and is a member of numerous professional organisations, including the Infection Prevention Society.

Helping Kids Access Mental Health Services

Gordon Lynch

Advanced Nurse Practitioner (Child and Adolescent Mental Health and Psychotherapy)

Child and Adolescent Services, Athy, Kildare



Gordon Lynch has helped reduce the wait time for first appointments at Kildare Child and Adolescent Services in Athy from more than one year to just under two months.

And he aims to reduce it even further to one month.

As the first Advanced Nurse Practitioner in Child and Adolescent Mental Health and Psychotherapy, indeed the first mental health ANP in Ireland, Gordon has used his advanced role to improve the triage of patients, ensuring they receive timely and appropriate care.

Gordon says the previous long wait times were detrimental to the patients and also had a negative effect on the morale of the multidisciplinary team.

“Previously, there were instances where very needy situations were placed further down a list than some less urgent ones that had a referral written in more pressing terms,” he says.

“Also, some patients were not necessarily assigned to the clinician best placed to meet their particular needs.”

“An acceptable waiting time for a first appointment is no more than seven weeks. After more than 35 weeks of waiting to get an appointment families tend to give up.”

“In addition, an increasing amount of time was being spent explaining waiting times to clients and referral agents. All these factors can have a negative effect on the morale of the multidisciplinary team.”

In response to the problems with wait times, Gordon presented a proposal to his multidisciplinary colleagues in 2004 concerning the development of a new role which would become the basis of an ANP post.

In the proposal, he suggested that he take over the management of all referrals to the service and that all cases be offered an initial appointment as quickly as possible.

At that initial appointment, Gordon would provide triage, a comprehensive assessment and a therapeutic process with a strong focus on the skills, strengths and resources already present in the young people and their carers.

Options other than taking families into the service for long-term work would be given equal consideration; and the duration of the initial appointment would not be limited and it would be empowering, open and user-focused.

The pilot project began in March 2004 - and it seems to be working.

Gordon currently receives more than 250 referrals of young people aged up to 16-years-old each year. Their range of presentations includes emotional, psychological, psychiatric, behavioural and communication difficulties.

More than half of these clients are managed by Gordon without being referred for long-term work by the multidisciplinary team. Of those that are referred, some are seen by Gordon himself for a time-limited period, and the remainder are referred to the team with clear recommendations for treatment.

Gordon says he is pleased with the success of the service and his post.

Extensive feedback shows that this post is having a significant and beneficial impact on service delivery

Gordon Lynch

“Patients at our service receive evidence-based high-quality interventions, assessment methods and therapeutic inputs, which have been recognised and emulated by other child and adolescent mental health services,” he says.

“At the moment we provide a direct service for clients in the surrounding area, but eventually the ANP post will also be a resource for other child and adolescent mental health services in Kildare and Dublin.”

In preparation for the ANP role, Gordon completed a Master’s Degree in Child and Adolescent Analytic Psychotherapy and a number of specialised training programmes. He also maintains a strong commitment to training and development.

He is the founder/chair of the Forum in Ireland for Nurses in Child and Adolescent Mental Health Services, the current Chair of the Association for Child and Adolescent Mental Health (ACAMH) in Ireland; and the first nurse ever to be elected to the ACAMH in London.

Gordon says the ANP post had been successful due to the support and good will he received from his nursing and multidisciplinary colleagues, particularly from his director of nursing.

“Review and audit of what we do and the monitoring of difficulties as they arise will ensure constant improvement and appropriate responses to service needs,” he says.

“There is ample scope to adapt our model of service for use in areas outside child and adolescent mental health practice.”

“More formal research will, I hope, support the findings of my original research around setting up this post and the extensive feedback which shows that this post is having a significant and beneficial impact on service delivery.”

There is ample scope to adapt our model of service for use in areas outside child and adolescent mental health practice

Gordon Lynch

Autism Advocates

Mary McKelvey and Michelle Curran

Clinical Nurse Specialists (Autism)
Intellectual Disability Service,
Letterkenny, Donegal



Mary McKelvey and Michelle Curran are passionate about advocating for people with autism and supporting their families.

As Clinical Nurse Specialists in Autism at the Health Service Executive's Intellectual Disability Service in Letterkenny, they work to improve the quality of life for those with an Autism Spectrum Disorder (ASD) and raise awareness of autism among the public.

The number of people requiring their service continues to increase as clients diagnosed by the Consultant Child and Adolescent Psychiatrist and by the Paediatrician are being referred to them for assessment and intervention. The services that are offered include:

- TEACCH-Treatment and Education of Autistic and Communication-handicapped Children,
- Pecs-Picture Exchange Communication System,
- The EarlyBird programmes:
 - EarlyBird Programme-a parent programme developed by the National Autistic Society, for parents of newly diagnosed pre-school children,
 - EarlyBird Plus Programme-a parent and professional programme for newly diagnosed children from 5 years to 10 years
- Behaviour management and social skill training.

“We visit homes, schools and wherever else children or young adolescents with autism are placed,” they say. “This involves us advising and liaising with parents, clients, pre-schools, primary and secondary schools, both mainstream and special education, health professionals and voluntary organizations on a regular basis.”

“Information gathered from the child’s placement or home helps us to create a treatment plan that best suits the child and his or her environment; and listening to parents is always the best starting point when developing care plans and goals.”

“We then work closely with a team of family support assistants, who implement the treatment plans. The family support service is a group of social care workers who are highly trained to work with children with autism.”

“The autonomy of our roles enables us to develop a close working relationship with our clients and families.”

Mary and Michelle say an important part of their work is to help clients develop self-help, social and independent living skills, such as going to the shops, accessing community activities, and becoming more independent.

Social situations can be difficult for people with ASD, so it is important that they receive support in developing friendships and participating in the activities that most of us take for granted.

“However, perhaps the most important aspect of our service is providing much needed support to parents once their child has been diagnosed as having ASD.”

We find the autonomy of our roles allows us to have one-on-one contact with the families in their own environments, which is very fulfilling

Mary McKelvey and Michelle Curran

The EarlyBird programme was sourced to meet this need and has proved to be extremely beneficial in educating and empowering parents to cope with the diagnosis and to deal with all aspects of their child's care. It teaches parents to understand the autism, structure interactions, develop communication, and to develop strategies to pre-empt problem behaviours and to manage those which do occur.

Prior to becoming CNSs in 2002, both women worked with adults with intellectual disability.

Mary is a Registered Intellectual Disability Nurse while Michelle trained as a psychiatric nurse then as an Intellectual Disability Nurse.

They work closely with the Consultant Child and Adolescent Psychiatrist, who is Manager of the service.

They are both very happy in their chosen career, and are continually looking at new ways to help and support their clients and parents.

Career Improves Sexual Health of Many

Sandra Delamere

Advanced Nurse Practitioner (Sexual Health)

St James's Hospital, Dublin



Sandra Delamere arrived at a career in sexual health by accident - to the good fortune of patients at the Genito-Urinary Infectious Diseases (GUIDE) Clinic at St James's Hospital in Dublin.

As Ireland's first Advanced Nurse Practitioner in Sexual Health, she has helped play a part in reducing the perceived stigma of sexually transmitted infections (STIs) and as a result has encouraged many people to attend regularly for sexual health screening.

Sandra says her advanced role helps the clinic run more effectively and efficiently and contributes to a reduction in waiting times.

"Eighty per cent or more of the patients attending the clinic present with uncomplicated STIs," she says.

"As an ANP, I can assess, diagnose and treat patients with undiagnosed and undifferentiated conditions. Those patients who present with more complicated conditions and therefore fall outside my scope of practice are easily referred to a senior doctor."

Sandra was involved in setting up the weekly young persons' clinic (YPC) for people aged 18 years and under. This clinic has been running since 2001 and consists of a dedicated team made up of a doctor, ANP, nurses, health advisors and social workers. The clinic is limited to 10 new and 20 return patients per week in order to provide quality time with this vulnerable group. Several studies have been carried out in the YPC including an evaluation of STI diagnosis at a Young Persons Clinic which demonstrated a wide spectrum of sexually transmitted infections, including concerns about emerging HIV infection in this younger population. Another study '*Safer Sext Messages - Evaluating a health education intervention in an adolescent population*' was carried out in 2004. This was a pilot study to look at the practicalities of introducing a system of text messaging within an STI clinic as a means of improving safer sexual practices. Staff in the YPC are involved in lots of educational sessions and workshops with teenagers in schools and youth groups to help reduce stigma and raise awareness.

Sandra says she is pleased with the effectiveness of the clinic and the autonomy of her role.

"I think we are achieving our goals in regards to helping remove the perceived stigma of STIs and encouraging people to attend regularly for sexual health screening," she says.

"The clinic is very much a multidisciplinary team effort."

Sandra started her career as a staff nurse in the newly-established Department of Genito-Urinary Medicine in 1987 and progressed to a clinical nurse manager. When she was undertaking a master's degree in nursing, she knew she wanted a change and was ready for another challenge.

A meeting with her former director of nursing helped her to determine that her preference was to be involved in clinical care at an advanced practice level.

"In 1998 we started to have regular meetings with the consultant in the GUIDE clinic, who had always been supportive of the development of nursing roles," she says.

"While an excellent nurse-led service was already in place within the department, it was very limited. A review of the work of nurses in genitourinary medicine in the United Kingdom, which was reflective of what was happening in GU clinics in the UK and also the development of the ANP post in emergency nursing at St James's Hospital, informed the development of my post."

Ongoing audit of the workload suggests there is a need for more ANPs in sexual health

Sandra Delamere

Patient attendances continue to increase and may pose considerable health risks for those who are infected as many STIs are asymptomatic but remain infectious. This may lead to long term problems such as pelvic inflammatory disease, ectopic pregnancy and cervical cancer. The ANP can act as a change agent in addressing many of these problems.

The department have recently returned to offering walk-in clinics as opposed to appointment clinics to try and meet the increasing numbers.

Sandra carried out a comparison study with the Senior House Officer (SHO) on patients attending for sexual health screening in the GUIDE clinic in 2004. Two hundred patients were included in the study which confirmed that patients were as equally satisfied with the care provided by the ANP as they were with that offered by the SHO. It also demonstrated satisfaction with the holistic approach provided by the ANP and highlighted the value of the ANP (Sexual Health) in the Irish health services.

Sandra says ongoing audit of her workload suggests there is a need for more ANPs in sexual health and there are a number of nurses currently working within the clinic who are really interested in taking up ANP roles.

The GUIDE clinic was selected as one of the pilot sites for the Nurse and Midwife Prescribing Project in 2004. This was an exciting new venture and Sandra and Sile Dooley, one of her colleagues have just completed the nurse prescribing course in the Royal College of Surgeons and are now both ready to commence the next phase.

Sandra also provides a sexual health service for HIV positive patients attending St James's Hospital. It runs concurrently with the HIV clinic and offers STI screening, cervical cytology, safer sex advice and post exposure prophylaxis awareness.

While the introduction of Highly Active Antiretroviral Therapy (HAART) has profoundly improved the clinical prognosis of HIV-infected patients with a reduction in associated mortality and morbidity it does present other problems. Undoubtedly the most common and distressing sign for patients receiving certain HIV therapies, is facial lipoatrophy. This condition involves a loss of subcutaneous fat from the face. Sandra developed a nurse-led clinic in January 2006 to provide newfill, a Poly-L-Lactic acid, which is injected into the face, stimulating the production of new collagen. This treatment is reconstructive and not cosmetic and has proven to be a safe and effective treatment for the treatment of facial lipoatrophy in people with HIV disease, resulting in a dramatic improvement of quality of life.

Sandra was reaccredited as an ANP in September 2007 by the National Council for the Professional Development for Nursing and Midwifery and is now looking forward to the new challenges that she will face over the coming years.

Advanced Care for Neonates

Christine McDermott and Edna Woolhead

Advanced Nurse Practitioners (Neonatology)

Rotunda Hospital, Dublin



It is a measure of Christine McDermott and Edna Woolhead's success that the Rotunda Hospital (RH) plans to provide Advanced Nurse Practitioner cover on each shift by setting up another six posts within the next five years.

As the first ANPs in Neonatology in Ireland, Christine and Edna have pioneered new territory in the clinical care of neonates and infants with a birth weight greater than 450 grammes.

Already their research has led to a number of practice advancements, including new evidence-based guidelines and practices for feeding low-birth weight infants and nosocomial infection.

They have also significantly decreased the rate of catheter-associated sepsis by introducing an ANP-led team responsible for inserting and maintaining peripherally-inserted central catheters.

Edna says that the ANP role helps to facilitate an efficient and timely service and provide an increased support service for parents.

"We have the knowledge and skills to provide emergency care to the ill neonate, make independent and interdependent treatment decisions, and perform diagnostic and other procedures traditionally regarded as the sole responsibility of the medical practitioner," she says.

"We also attend high-risk deliveries where we resuscitate newborn infants, if necessary."

"We're both instructors on the RH's neonatal resuscitation programme, so we assist in the education of midwives, nurses and medical staff from our own hospital and from other hospitals."

"We also provide education and support for nursing and medical colleagues, both formally in a classroom setting and informally in the clinical environment."

"Our role also involves providing support for parents during a very traumatic period. We explain their baby's condition and progress, and prepare them for the eventual discharge of their infant."

"Our days can be very varied depending on the caseload in the unit."

Christine and Edna undertook honours degree programmes in neonatal studies at Southampton University following enquiries by hospital staff into the advanced neonatal nurse practitioner roles in the United Kingdom.

Both women are general nurses and midwives, with the majority of their experience in neonatal nursing.

Edna worked as a staff midwife and clinical midwife manager in the neonatal unit at RH and has also completed a Master's Degree in Nursing at the Royal College of Surgeons.

Christine was also a clinical midwife manager, and holds a Master's Degree in Midwifery (Clinical Practice) from University College, Dublin.

Both women undertook more than 1,000 hours of supervised clinical practice in order to meet the National Council's requirements for ANP post-holders.

We have received total support from the three consultant neonatologists

Christine McDermott and Edna Woolhead

They attend neonatal conferences at home and abroad, frequently give talks about their advanced practice roles, and encourage and support others seeking similar positions.

Edna says the ANP role had been universally welcomed by their colleagues.

“We have received total support from the three consultant neonatologists who have been actively involved in the development of the posts, our preparation and continuing education,” she says.

“The non-consultant hospital doctors who have worked with us over the past few years have also been very accommodating.”

“As the numbers of ANPs in neonatology increase, we hope to develop our own support network.”

Christine says that with the support and encouragement of their colleagues, they hope to continue to develop the ANP role and the services they provide.

“From a service perspective, we plan to provide a support service for parents, initially consisting of a phone call within the first week after discharge to check how they are coping and answer any queries they may have,” she says.

“In addition, ANP-led neonatal transports - for example from outlying hospitals to a centre of excellence - are common in other countries and we would hope to introduce a similar situation here.”

“However, the future of ANP neonatology hinges on the development of additional posts in the coming years.”

Both women say that they welcome advancements in the laws governing ANPs requesting radiological tests and prescribing medications, as changes giving ANPs more freedom in these areas will further enhance practice.

With the support and encouragement of our colleagues we hope to continue to develop the role and encourage others to follow in our footsteps

Christine McDermott and Edna Woolhead

Leading the Fight Against Cervical Cancer

Karen Farrar

Clinical Nurse Specialist (Women's Health)

Adelaide and Meath Hospitals, incorporating the National Children's Hospital, Tallaght, Dublin



Karen Farrar has taken her enthusiasm for women's health to the extreme - jumping out of airplanes and hiking across the Pyrenees Mountains to raise funds for the Women's Preventive Healthcare Unit at the Adelaide and Meath Hospitals, incorporating the National Children's Hospital (AMNCH) in Tallaght, Dublin.

However, it was her fear of public speaking and sitting exams that proved the most challenging hurdle in her journey towards developing the first Advanced Nurse Practitioner post in Women's Health Ireland. As a clinical nurse specialist in Women's Health, Karen has been key to expanding the service to incorporate advanced practice.

Now, nearly 10 years later, her fears well and truly behind her, Karen has helped to reduce the wait times for the hospital's colposcopy clinic, improve the level of service provided to patients and enhance the continuity of care.

More than 95 per cent of the colposcopy patients at the clinic are seen by Karen or her colleague Mary Martin.

In 2007 alone, the two women saw more than 2,300 patients and performed more than 1,000 treatments and tests. "Before the role of nurse colposcopist was introduced in 1999, a colposcopist was only present in the hospital two days a week and was in theatre for one of those days", Karen says.

"Now, if a patient has a query or a problem it can be dealt with immediately or at least on the same day, and cytology and histology results can be checked upon arrival in the department."

"In addition, a nurse is now on site to counsel anxious patients over the phone before they attend the clinic and to deal with any problems or complications that arise occasionally, such as infections or secondary haemorrhages post-treatment."

"We have also been able to set up a nurse-led cervical smear clinic where colposcopy patients have their cervical smear tests taken between visits, thus providing continuity of care."

"The role also provides increased patient choice, as it gives the option of a female practitioner."

Karen is able to assess, diagnose, review and discharge patients, as well as perform treatments such as Large Loop Excision of the Transformation Zone (LLETZ) to remove precancerous cervical cells.

When not involved in direct patient care in the clinic or on the telephone, Karen's time is spent developing protocols, attending and organising meetings, conducting research, providing education and support to colleagues, and developing the service.

Karen says she enjoys the autonomy and challenge of her role.

"Colposcopy is a very exciting and rewarding area to specialise in for nurses working within the gynaecological field," she says.

"The role provides an opportunity for personal development, management of your own caseload and a chance to work both autonomously and collaboratively within a multidisciplinary team."

"I love the patient interaction. Most patients are very anxious. It is such a privilege and a pleasure, in most cases,

Colposcopy is a very exciting and rewarding area to specialise in for nurses working within the gynaecological field

Karen Farrar

to be able to reassure these ladies that they have an abnormality which may regress naturally or to be able to treat it immediately.”

“I am very happy that I took on this hugely challenging and equally rewarding job of pioneering and developing the role of nurse colposcopists in Ireland.”

To prepare for her role, Karen spent approximately eight years working in gynaecology, including two years assisting in the colposcopy clinic area, before commencing training as a colposcopist.

She completed a MSc in Women's Health and qualifications in a range of other areas such as counselling, health promotion and health services management.

She maintains her accreditation and recertification with the British Society for Colposcopy and Cervical Pathology by actively maintaining her skills and pursuing further education opportunities. Karen has also worked as an assistant on the European Cervical Cancer Consortium in Europe for three years.

Evaluation of this type of role has been limited; however, a patient satisfaction survey conducted at the hospital in 2003 showed excellent patient satisfaction rates.

In addition in 2003 the Irish Health Services Accreditation Board assessors described the Colposcopy Clinic team as ‘highly motivated, pushing forward the boundaries’ and ‘being committed to high quality patient/client care’.

Karen gives credit for support to her colleagues on the multidisciplinary team, particularly Professor Walter Prendiville whose vision drove the development of this post and who provided training for Karen and her colleague Mary.

I am very happy that I took on this hugely challenging and equally rewarding job of pioneering and developing the role of nurse colposcopists in Ireland

Karen Farrar

The Future of Heart Failure Nursing

Mary Ryder

Advanced Nurse Practitioner (Heart Failure)
St Vincent's University Hospital, Elm Park, Dublin



Mary Ryder is a pioneer of heart failure nursing.

She was the first appointed Clinical Nurse Specialist in the specialty in 2000, was integral in establishing the Heart Failure Unit at St Vincent's University Hospital (SVUH) and in February 2007 became Ireland's first Advanced Nurse Practitioner in Heart Failure.

After only six months in the ANP role, her experience in the field and dedication to its patients have already resulted in some remarkable advancements and benefits for both the Heart Failure Unit and the mainly elderly population who use its services.

Most notably, Mary has overseen the introduction of holistic home visits for heart failure patients and she is working to improve the links between heart failure patients and palliative care organisations.

Other ANP-led initiatives, such as using the role to follow-up patients identified as low risk patients on discharge from hospital. This follow-up is in conjunction with GPs where low-risk patients are reviewed by ANP and GP and only attend the heart failure unit for a 3 month and annual review visit, thereby making post-discharge care more effective and user-friendly for patients and reducing the workload for other unit staff. The home service is also offered to patients who for various circumstances would be unable to attend the heart failure unit for specialist care.

Mary says she enjoys the autonomy of the ANP role and receives a positive response from both patients and colleagues.

"With the ANP role, I feel that I am finally using my skills and experience to maximum potential," she says.

"In fact, I have persuaded one of my colleagues to start the ANP programme in University College Dublin, as I strongly feel that this is the future of heart failure nursing."

"I find that the patients don't even ask to see a doctor now. The title amazes them and they appreciate one person completing the visit. The continuity builds their confidence."

"Other staff in the Heart Failure Unit who have experienced the role have said they feel it provides more holistic and expert care, which is particularly important when dealing with chronic disease such as heart failure."

Some of the services provided by the Heart Failure Unit include patient education; clinical review at weeks two, six and twelve post-discharge; weekly telephone calls for three months post-discharge and annual medication reviews.

Mary as the ANP has expanded these services by adding group education sessions for newly diagnosed heart failure patients and their family, this has saved 82 hours of nurses time over a 9 month period, which would have been required for individual patient education, and annual refresher group talks from a multidisciplinary team; and incorporating group education to the eight-week exercise program.

Heart Failure patients can contact the unit seven-days-a-week to report symptom deterioration. The ANP role enables IV diuretics without hospital admission, which has prevented 99 hospitalisations over a 3 year period at a net cost benefit of €1,266 per patient treated. The ANP reviews patients earlier than scheduled when symptoms deteriorate and offers a new diagnostic clinic for General Practitioners, accident and emergency staff and other specialities at SVUH.

I strongly feel that the ANP role is the future of heart failure nursing

Mary Ryder

In addition, the ANP works closely with other members of the multidisciplinary team, meeting weekly to discuss patients.

Mary teaches and provides training for hospital staff and university students, presents at conferences nationally and internationally, is a board member of the European Heart Failure Association and participates in courses organised by the European Society of Cardiology. Mary has also published in peer-reviewed European Journals.

Audits of the role are underway; however, Mary believes many benefits have already been demonstrated from the expanded nursing role, particularly in relation to coordinating audit and research projects within the nursing division of the heart failure team.

She also believes passionately in the need to improve links for heart failure patients with palliative care organisations and is committed to using the autonomy of the ANP role to make this happen.

“One of our patients died in a hospice after two years with our service,” she said.

“When she was transferred to the hospice she was frightened, particularly as we were not in a position to have any professional input into her care. She expressed a wish that I as the ANP would liaise with the palliative care team as she was confident with my decision-making in the past and our relationship.”

“This made it clear to me that it is important to improve palliative care links for our heart failure patients to further improve the continuity of care; hence, my current work with the Irish Hospice Foundation and the Health Service Executive in this area.”

Mary was awarded a Nurse Fellowship of the European Society of Cardiology in 2007 for her work.

Advanced Nurse Practitioner in Emergency Care

Paula Mc Brearty

Advanced Nurse Practitioner (Emergency)

Mater Misericordiae University Hospital, Dublin



Paula Mc Brearty, is one of four accredited Advanced Nurse Practitioners (ANPs) in the emergency department at the Mater Misericordiae University Hospital. She is competent to assess, diagnose, treat and discharge patients who present with a history of trauma to the upper limb/lower limb, minor head injury, facial injuries, ear, nose, eye and throat and all wounds, superficial and deep.

The ANP service was introduced to the hospital in 2000 to enhance service provision to patients presenting with minor injuries or illness.

In preparation for her role as an ANP, Paula completed a Masters in Science in Nursing programme along with a Clinical Diagnostic Skills module at University of Ireland, Trinity College Dublin. She subsequently completed Advanced Practice modules at University College Dublin.

Paula has completed the nurse prescribing course and is currently awaiting her final results. She hopes to soon join her three ED colleagues in awaiting approval by the Drugs and Therapeutics Board within the hospital to commence prescribing.

“Each episode of ANP care demonstrates a comprehensive patient assessment that encompasses history taking, physical examination, diagnosis and creating a treatment plan,” she says.

Paula enjoys the challenge and diversity of her role, as well as the ability to work as an autonomous and independent practitioner. In 2007, the ANP service saw 61% of patients within one hour of triage and 82% were seen within four hours.

Pivotal to the role of the ANP are the concepts of autonomy in clinical practice, expert practitioner and pioneering professional and clinical leadership.

“The emergency department is an unpredictable setting and each working day brings new challenges, therefore it is necessary for the ANPs to be flexible and adapt their skills to diverse presenting complaints.”

Acknowledging that patient need is integral to a nurse led service, the ANPs undertook an observational study to examine if the current service provides timely and appropriate access for patients. The findings revealed that 20% of all patients who presented to the emergency department in July 2005 and February 2006 were suitable for assessment, treatment and discharge by the ANPs.

In addition to her demanding workload, Paula is currently undertaking a patient satisfaction survey with her colleagues, having recently conducted a study into the demographic pattern of non-Irish patients attending the emergency department with minor injuries/ illnesses.

The findings reveal that 19% of patients that attended the ANP service over a six-month period were non-Irish. The majority of the non-Irish attendees were male, aged 16-35, employed and not registered with a GP. Utilisation of this data is recommended for future service planning in relation to language interpretation services, identification of individual needs and the availability of information in relation to GP registration.

The emergency department is an unpredictable setting and each working day brings new challenges, therefore it is necessary for the ANPs to be flexible and adapt their skills to diverse presenting complaints

Paula Mc Brearty

Paula's role involves providing formal and informal peer educational sessions, as well as formal in-service educational sessions to staff, higher diploma in emergency nursing students and pre-registration student nurses. Medical students, interns and senior house officers also regularly source the expertise of the ANPs.

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