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### WEDNESDAY 18TH FEBRUARY 2015

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<tr>
<td>18.30</td>
<td>Opening Ceremony and Awarding of Honorary Fellowships to HRH Princess Muna Al-Hussein, Ms Rachel McLeod and Mr Paul Gallagher</td>
<td>Albert Lecture Theatre</td>
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<tr>
<td>20.40</td>
<td>Annual Faculty Dinner</td>
<td>Board Room &amp; College Hall</td>
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### THURSDAY 19TH FEBRUARY 2015

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<tr>
<th>TIME</th>
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<tr>
<td>07.45-08.55</td>
<td>Registration, Tea/Coffee, Poster &amp; Exhibition Viewing</td>
<td>Examination Hall - First Floor</td>
</tr>
<tr>
<td>09.00-09.10</td>
<td>Welcome Address: Prof. Marie Carney</td>
<td>Cheyne Lecture Theatre</td>
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<td></td>
<td>Dean, Faculty of Nursing &amp; Midwifery, RCSI</td>
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<tr>
<td>09.10-09.25</td>
<td>Address by Her Royal Highness Princess Muna Al-Hussein of Jordan</td>
<td>Cheyne Lecture Theatre</td>
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<td></td>
<td>Patron of the Jordanian Nursing Council and WHO Patron of Nursing and Midwifery in the Eastern Mediterranean Regional Office</td>
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<td></td>
<td>Chair: Prof. Marie Carney, Dean, Faculty of Nursing &amp; Midwifery, RCSI</td>
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<tr>
<td>09.25-09.45</td>
<td>Plenary Speaker: Dr Linda Nugent</td>
<td>Cheyne Lecture Theatre</td>
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<tr>
<td></td>
<td>Postdoctoral Research Fellow, Faculty of Nursing and Midwifery RCSI</td>
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<tr>
<td></td>
<td>Title: Research Excellence Across Clinical Healthcare – the REACH Project</td>
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<td>Chair: Mr Thomas Kearns, Executive Director, Faculty of Nursing &amp; Midwifery, RCSI</td>
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<td>09.45-10.15</td>
<td>Plenary Speaker: Ms Cora Lunn</td>
<td>Cheyne Lecture Theatre</td>
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<td>Director National Leadership an Innovation Centre for Nursing and Midwifery HSE</td>
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<td>Title: Advancing Nursing and Midwifery practice within the HSE Transformation Agenda</td>
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<td>Chair: Ms Mary Mac Mahon, Board Member, Faculty of Nursing &amp; Midwifery, RCSI</td>
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<tr>
<td>10.15-10.45</td>
<td>Plenary Speaker: Dr Marie Laffoy &amp; Ms Terry Hanan</td>
<td>Cheyne Lecture Theatre</td>
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<td></td>
<td>Assistant National Director &amp; Consultant in Public Medicine Nursing Development Coordinator, The National Cancer Control Programme</td>
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<tr>
<td></td>
<td>Title: Evaluation of the Community Oncology Nursing Programme</td>
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<td>Chair: Dr Áine Colgan, Board Member, Faculty of Nursing &amp; Midwifery, RCSI</td>
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<tr>
<td>10.45-11.15</td>
<td>Tea/Coffee, Poster &amp; Exhibition Viewing</td>
<td>Examination Hall, First Floor</td>
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<tr>
<td>11.15-11.30</td>
<td>Ministerial Address</td>
<td>Cheyne Lecture Theatre</td>
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<td></td>
<td>Dr. Leo Varadkar TD Minister for Health</td>
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<td></td>
<td>Chair: Ms Mary Jacob, Vice-Dean, Faculty of Nursing &amp; Midwifery, RCSI</td>
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### VENUE

- **Cheyne Ground Floor**
- **Tutorial Room 1**
  - Ground Floor
- **Tutorial Room 2**
  - Ground Floor
- **Tutorial Room 3**
  - Ground Floor
- **Tutorial Room 4**
  - Ground Floor
- **Tutorial Room 8**
  - First Floor

### CHAIR

- Mr Paul Mahon Teaching Associate
- Mr Martin Rogan Teaching Associate
- Ms Susan Hawkshaw Teaching Associate
- Prof Edna Woolhead Board Member
- Ms Maria Neary Teaching Associate
- Dr Claire Magner Research Associate
- Ms Lasarina Maguire Teaching Associate

### STRAND

- Acute, Intensive & Emergency Care
- Community & Primary Health Care
- Education
- Neonatal & Children
- Professional Issues
- Research Audit Safety
- Ageing & Palliative Care

### 11.30-11.45

- 1.1 Intensive Care Nurses’ Experience of and Role in the Organ Donation Process within the Irish Healthcare Setting
  - Ms Deirdre Coffey
  - Chair: Prof. Marie Carney
  - Title: The use of Patient Reported Outcomes in a cohort of patients attending a routine outpatient epilepsy service
  - Ms Cara Synnott
  - Chair: Prof. Marie Carney
  - Title: Early initiation of a Newborn Individualized Developmental Care and Assessment Program (NIDCAP) reduces length of stay
  - Dr Cheryl Moody
  - Chair: Prof. Marie Carney
  - Title: The influence of Gadamer in acknowledging the patient's perspective as evidence for delivering culturally appropriate care
  - Ms Gayatri Nambiar
  - Chair: Dr Alice Coffey
  - Title: Attitudes to ageing and perceptions of working with older people of students of health and social care
  - Dr Alice Coffey

### 11.45-12.00

- 1.2 Recovering moral integrity as a coping mechanism for moral distress among Emergency Nurses
  - Mr Gerard White
  - Chair: Prof. Marie Carney
  - Title: An investigation of the differences between Local Authority Care Homes that have in-house Registered Nurses compared to Local Authority Care Homes that have Community Aligned Registered Nurses
  - Ms Eunice Chisholm
  - Chair: Prof. Marie Carney
  - Title: The Use of WIKI in Post Graduate Nursing Education
  - Ms Niamh Rohan
  - Chair: Prof. Marie Carney
  - Title: How Effective is Nurse Led Airway Management including Exubation in the Paediatric Post Anaesthesia Care Unit (PACU)?
  - Ms Esther tuna Cassidy
  - Chair: Prof. Marie Carney
  - Title: 7.2 Clinical autonomy and nurse/physician collaboration among emergency nurses
  - Dr Patrick Cotter
  - Chair: Prof. Marie Carney
  - Title: 8.2 Improving Attention and Compliance using Simulated Error Experiences
  - Ms Renae Dougal
  - Chair: Prof. Marie Carney
  - Title: 10.1 Implementing and Supporting Holistic Continence Awareness (ISHCA): creating a new culture of continence care
  - Ms Fiona Dunne

**RCSI Faculty of Nursing & Midwifery**

**19th February 2015: Advancing Nursing & Midwifery Practice: Linking National & International Perspectives**
### 12.00-12.15
- 1.3 Nurses’ attitudes towards Early Warning Score and Emergency Response System in a large Irish teaching hospital: Ms Jasmine Joseph
- 2.3 A Descriptive Study of the Experiences of Relatives/Caregivers with the Use of Buccal Midazolam in the Community Setting: Ms Yvonne Owen
- 4.3 An e-Learning Resource: The National Clinical Leadership Competency Framework: Ms Mary MacMahon
- 5.3 Increasing Kangaroo Care in the NICU: Addressing Staff Attitudes, Beliefs and Barriers: Ms Joanna Novil
- 7.3 A comparison of Nurse and Midwife Prescribing in Ireland and Finland: Promoting a positive prescribing climate. A critical incident study of nurses’ and midwives’ perceptions: Ms Jill Murphy
- 8.3 Barcoding the Breast: Ms Orla O’Byrne
- 10.3 Discharge Planning - a team approach to reducing length of stay for patients awaiting long term care: Ms Angela Smyth

### 12.15-12.30
- 1.4 Decreasing Adult Intensive Care Unit Delirium: Ms Marlane Magee
- 2.4 An examination of the role and activities of nurses caring for patients admitted to a model 4 hospital as part of the National Acute Medicine Programme in Ireland: Dr Melissa Corbally
- 4.4 Professional Identity: Dr Geraldine O’Connor
- 5.4 Predictors of Uncertainty in the neonatal intensive care unit: stress, anxiety, and depressive symptoms of parents of preterm infants: Dr Maryam Alaradi
- 7.4 Stepping stones to facilitating change in the workplace: Ms Michelle Hardiman
- 8.4 Evaluating the Impact of a New Practice Initiative on Haemovigilance Training in a Pediatric Hospital: Ms Tanya Duignan
- 10.4 Dying to Talk: Facilitating discussions on future and end-of-life care with people who have dementia: Ms Jean Barber

### 12.30-12.45
- 1.5 An exploratory study of nurses’ knowledge and practice of using anti-embolism stockings in clinical practice in Ireland: Ms Anne Marie Burke
- 2.5 A quasi-experimental study to assess the impact of a medication management tool on the administration of emergency medications in the event of a simulated neonatal resuscitation: Ms Allison Bone
- 4.5 Identifying the factors for the successful introduction of the electronic assessment of professional practice of nurses and midwives: Mr Chris Peat
- 5.5 The Effect of Growth Hormone Therapy on Children with Russell-Silver Syndrome: A Systematic Review: Ms Rasha Rashad Alasgh
- 7.5 The marriage between inter-professionalism and advancing nursing and midwifery practice: Ms Kathleen Walsh
- 8.5 An audit of meal service and provision in a large teaching hospital in Dublin: Ms Holly Guiden
- 10.5 Refining the GP Out-of-Hours (O&H) Palliative Care Handover Form: Ms Deirdre Shanagher

### 12.45-13.30
Lunch, Poster & Exhibition Viewing

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<td>13.30-14.00</td>
<td>Plenary Address: Dr Orla Doyle Health Economist UCD</td>
<td>Cheyne Lecture Theatre Ground Floor</td>
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<td>14.00-15.15</td>
<td>Concurrent Sessions</td>
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### VENUE
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- Tutorial Room 3 Ground Floor
- Tutorial Room 4 Ground Floor
- Tutorial Room 8 First Floor

### CHAIR
- Ms Fiona Jacob Teaching Associate
- Ms Carol Hilliard Clinical Associate
- Prof Zena Moore Clinical Associate
- Ms Mary O’Reilly Clinical Associate
- Ms Aisling Culhane Teaching Associate

### STRAND
- Acute, Intensive & Emergency Care
- Clinical Practice Issues
- Education
- Wound Mgt & Tissue Viability
- Professional Issues
- Midwifery & Mental Health Issues

### 14.00-14.15
- 1.6 Code Compassion: Reducing Compassion Fatigue in Acute Care Nurses: Ms Christina Fosnot
- 3.1 The development of a rapid assessment nurse practitioner role to aid the patient pathway within a busy Dublin academic teaching hospital: Mr Stephen Kelly
- 4.6 Using a blended learning approach to optimise fourth year undergraduate nursing students’ preparation for internship: Dr Melissa Corbally
- 6.1 The prevalence and resource impact of wounds within an urban area of Ireland: Ms Julie Jordan O’Brien
- 7.6 Experiences of Nurses, Midwives and Key Stakeholders of a Scope of Nursing and Midwifery Practice Framework: Dr Mary Casey
- 9.1 MEOWS – In the United States, do the measures of RN confidence improve with use of the MEOWS too: Dr Nancy Irland

### 14.15-14.30
- 1.7 Intensive Care nurses’ attitudes and knowledge towards organ donation in adult Intensive Care Units in the Republic of Ireland: Ms Jacinta Flynn
- 3.2 The Introduction of Clinical Microsystems into an Emergency Department: Ms Charlotte O Dwyer
- 4.7 Using realistic health care emergency scenarios as a ‘Trigger’ for learning in enquiry-based groups which then simulate the ‘Plan of Action’: Ms Ann Kirwan
- 6.2 The Impact of Laneva Therapy on the Debridement of Chronic Wounds: A Systematic Review: Ms Maire O Meara
- 7.7 Towards negotiated autonomy: An empirical-ethical analysis of autonomy in practice: Dr Anna Marie Gresney
- 9.2 Paternal Postnatal Depression (PPND): Prevalence and Associated Factors: Mr Lloyd Frank Philpott

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19th February 2015: Advancing Nursing & Midwifery Practice: Linking National & International Perspectives
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<td>14.30-14.45</td>
<td>1.8 Getting patients on the right road to home: &quot;Risk Objective Assessment for Discharge&quot; (ROAD) Ms Liz Lees</td>
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<td>3.3 The Prevalence of Exit Site Infection and Peritonitis in Peritoneal Dialysis: A Retrospective Review Ms Sandra Healy Gienhtry</td>
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<td>4.8 The Role of Global Health Education in the Academic Nursing Community Ms Kendra Klawson</td>
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<td>6.3 The relationship between cell deformation and the most common risk factors associated with pressure ulcer development Ms Rosalind O Connor</td>
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<td>7.8 Planned Paradigm Shifts – Empowering Nursing for Change Ms Susan Barnett</td>
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<td>9.3 Mental health stigma as a barrier to physical health care Dr Michael Nash</td>
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<td>14.45-15.00</td>
<td>1.9 Limb Injury: Parental assessment of child's pain and analgesic use prior to attending the Emergency Department Ms Sile O Grady</td>
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<td>3.4 Emergency Department - Workforce Planning Framework To assist the standardisation of workforce planning approaches across Emergency Departments and the Emergency Care Networks nationally Ms Susana Byrne</td>
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<td>4.9 Newly Qualified Midwives’ Experience of the Transition to Qualified Status Mrs Lindsey Rose</td>
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<td>6.4 The impact of educational interventions on patients’ knowledge of the prevention and management of venous leg ulcers – a systematic review Ms Lenora Fitzgerald</td>
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<td>7.9 The values held by nurses – Delphi consensus study Mr Jim Bird</td>
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<td>9.4 Development, Implementation and Evaluation of a Depression Screening Protocol for Acute Stroke Patients: A Quality Improvement Project Ms Celia McIntosh</td>
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<tr>
<td>15.00-15.15</td>
<td>1.10 Establishment of collaborative home catheterization service – Hospital avoidance action research project Ms Gwen Regan</td>
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<td>3.5 Implementation of Quality Safety Walk rounds (QSWRs) in a Dublin Academic Teaching Hospital Ms Petrina Donnelly</td>
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<td>4.10 Why Should I Go Back to School? How to entice RNs to return for their BSN Ms Delene Volkert</td>
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<td>6.5 The Dual process theory and nurses’ pressure ulcer related decision making Dr Ray Samuriwo</td>
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<td>7.10 Building Resilience amongst stressed health and social care workers - The DELAROSE Project Professor John Wells</td>
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<td>9.5 Perceived burden among informal caregivers of individuals with severe mental illness in Malaysia Ms Zamzaliza Abdul Mulud</td>
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<td>15.15-15.35</td>
<td>Keynote Address: Dr Siobhan O’Halloran Chief Nursing Officer, Department of Health</td>
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<td></td>
<td>Title: Advancing Nursing and Midwifery Practice – Policy Context Cheyne Lecture Theatre Ground Floor</td>
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<td>15.35-16.10</td>
<td>Plenary Speaker: Mr Paul Gallagher President of the Nursing and Midwifery Board of Ireland Cheyne Lecture Theatre Ground Floor</td>
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<td>Title: Regulating Advanced Nursing and Midwifery Practice Chair: Prof. Edna Woolhead, Board Member, Faculty of Nursing &amp; Midwifery, RCSI</td>
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<td>16.10-16.30</td>
<td>Closing Address: Professor Zena Moore Head of the School of Nursing and Midwifery, RCSI Cheyne Lecture Theatre Ground Floor</td>
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<tr>
<td>16.30-16.45</td>
<td>St. Luke’s Cancer Research Fund Awards: Ms. Eileen Maher, Director of Nursing, St Luke's Radiation Oncology Network Dublin and Site Manager, St Luke's Hospital, Rathgar, Prof. Marie Carney, Dean Faculty of Nursing &amp; Midwifery, RCSI Cheyne Lecture Theatre Ground Floor</td>
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</table>
MAINTAINING PROFESSIONAL COMPETENCE: CONTINUING PROFESSIONAL DEVELOPMENT AND PATIENT CENTRED OUTCOMES

WEDNESDAY 17TH & THURSDAY 18TH FEBRUARY 2016

Details on abstract submission and registration will be available on www.rcsi.ie/nursingconference in the coming months.

Deadline for abstract submission is 16th December 2015
PRESIDENT’S WELCOME

It gives me great pleasure to welcome you all to the Annual International Nursing & Midwifery Research Conference, organised by the Faculty of Nursing & Midwifery at the Royal College of Surgeons in Ireland. This will be the 34th Annual Conference. It is noteworthy that the Faculty of Nursing & Midwifery here at RCSI was the first institution in Ireland to offer postgraduate education to nurses and the excellent registration for this year is an indication of its continued standing within the nursing community.

As the Faculty begins its 5th decade, nursing has an ever more important role in health care delivery. Nurses have always been the quintessential patient advocate and their focus is always around ensuring that new developments and new policies result in a better experience for the patient. The impact of nurses in Advanced Nurse Practitioner roles has been essential to the success of many new initiatives including the National Cancer Control Programme (NCCP) and this conference focuses on continued enhancement and development of the advanced roles for nurses & midwives.

From its inception, the Faculty has recognised the fundamental importance of research in nursing, as it is in all other healthcare disciplines. Over four decades, this conference has played a very important role and continues to do so in promoting and encouraging high calibre research amongst the nursing profession.

I am particularly pleased that the conference affords the Faculty the opportunity to confer Honorary Fellowships of the Faculty to eminent leaders amongst nurses and we are particularly proud that the three recipients you have chosen this year will shortly become Honorary Fellows of a Faculty of our College.

We wish everyone a most enjoyable experience, both in progressing knowledge and understanding and also renewing and strengthening friendships and relationships and enjoying Dublin.

Mr. Declan J. Magee MB DCH FRCSI
President
CONFERElCE WELCOME

On behalf of Professor Marie Carney, Dean of the Faculty, Faculty Board members and staff, it gives me great pleasure to welcome all delegates and sponsors to our 34th Annual International Nursing & Midwifery Research and Education Conference. It gives me great pleasure to welcome our very special guest HRH Princess Muna Al Hussain of Jordan.

The last twelve months have been a time of considerable development within the Faculty of Nursing & Midwifery. Significant developments within the Faculty included the development of a new five year strategic plan and changes to Faculty governance within RCSi. Last October the Faculty celebrated its 40th Anniversary with the launch of our history publication and the awarding of an Honorary Fellowship to Mr Keith Duffy, for his outstanding work in relation to Autism in Ireland.

As a dynamic and innovative education provider, over its 40 years the Faculty has led the development of post graduate education for nurses and midwives in Ireland. Arising from its endeavours the Faculty has established a distinguished reputation for excellence in education, and has always remained responsive to the clinical and leadership needs of the health service.

The Annual International Nursing & Midwifery Research and Education Conference is the highlight of the academic calendar. The theme of this year’s conference is “Advancing Nursing and Midwifery Practice: Linking National and International Perspectives”. This title provides a great opportunity for critical debate regarding the policy, regulation and health service challenges in relation to advancing professional practice. The programme offers evidence of best practice in research, education and clinical activities supporting this important professional and healthcare agenda. The conference has grown from strength to strength, embracing participation from a wide range of national and international delegates. It also provides a forum to foster opportunities for collaboration and networking and many delegates return time and again to share their knowledge and experience in an environment conducive to growth and development. We appreciate your continued support as it is this that makes the conference such a success.

As you are aware the organisation of a professional conference takes considerable effort. Sincere gratitude is conveyed to the Faculty Board, conference committee, Faculty and School staff and in particular to Ms Lorraine Harte, Faculty Administrator.

I hope that you enjoy yourselves and take full advantage of the education and networking opportunities provided. Please enjoy the poster exhibit and support our generous sponsors. I look forward to meeting with you during the conference.

Mr Thomas Kearns
Executive Director Faculty of Nursing and Midwifery
FACULTY OF NURSING & MIDWIFERY

The Faculty of Nursing and Midwifery at the Royal College of Surgeons in Ireland was inaugurated in October 1974 under the leadership of Mary Frances Crowley (First Dean 1974 – 1979). It takes its place alongside the various faculties in the Royal College of Surgeons. It is a post registration/post graduate continuing education Faculty for nurses and midwives based within the Royal College of Surgeons in Ireland, St. Stephen's Green, Dublin. Miss Crowley and the founder members were professional nurses with foresight and their work is still of enormous benefit to nurses as evidenced in the Faculty's role as a major provider of nursing education in Ireland.

The Faculty of Nursing and Midwifery consists of a Dean and twelve board members who constitute the Board of the Faculty. It is bound by the constitution of the Royal College of Surgeons in Ireland and the Council of the College. The membership of the Board is largely representative of the various specialist areas in nursing and midwifery and is inclusive of representation from the Nursing & Midwifery Board of Ireland. As one of the earliest and longest serving providers of Nurse Education in Ireland, the Faculty of Nursing & Midwifery has ensured wide ranging and relevant programmes of education for nurses and midwives from a variety of clinical nursing specialties.
THE DEAN’S MEDAL

The College Badge mounted on a black background with eight stars to symbolize the essential qualities of leadership

Knowledge
Conciliation
Wisdom
Co-Operation
Responsibility
Availability
Co-Ordination
Prudence

FELLOWSHIP OF THE FACULTY OF NURSING & MIDWIFERY, RCSI

Applications are invited for:
Fellowship Faculty of Nursing & Midwifery- Royal College of Surgeons in Ireland (FFNMRCSI)

Applicants must:
1. Be a registered nurse/midwife with a minimum of five years nursing experience
2. Have a Masters level qualification in nursing or midwifery or other relevant and related Masters qualification

Assessment will take the form of Portfolio submission and viva voce. Guidelines on portfolio presentation are available from the Faculty.

An application form is available at: www.rcsi.ie/FFNMRCSI or from the Faculty of Nursing & Midwifery, RCSI, 123 St Stephen’s Green, Dublin 2 Tel: 01 402-2202 Email: nursing@rcsi.ie

Examination Fee: €500
EXHIBITORS & SPONSORS

The Faculty of Nursing & Midwifery is most grateful to our sponsors for their on-going support of our conference.

ST. LUKE’S CANCER RESEARCH FUND

This meeting has been supported by Chiesi through the purchase of exhibition trade space.
ST. LUKE'S CANCER RESEARCH FUND AWARDS

The Faculty of Nursing and Midwifery wish to acknowledge The Cancer Research Fund, St. Luke’s Hospital for their continued support and in particular for funding the awards.

**Best Oral Presentation €100**
This award will be presented to the best oral presentation delivered in one of the concurrent sessions.

**Runner-up Oral Presentation €75**
This award will be presented to the best runner-up oral presentation delivered in one of the concurrent sessions.

**Best Overall Poster Presentation €75**
This award will be presented to the best poster presentation.

**Runner-up Poster Presentation €50**
This award will be presented to the best runner-up poster presentation.

**Best First Time Presenter €50**
This award will be presented to the best overall oral presentation delivered by an individual who is a first time presenter at a national or international conference.

**Special Award: Best Oncology/Palliative Care Oral Presentation €300**
This award will be presented for the best oral presentation delivered in the Oncology/Palliative Care Strand.
The Faculty of Nursing and Midwifery in the Royal College of Surgeons is currently working to a five year strategic plan (2014-2019). Key to the implementation of this strategic plan is the development of key strategic relationships and alliances in terms of the main pillars and goals of this plan. This has resulted in the development of Service level agreements and other contracts with our National Health Service (the HSE), Healthcare product industry, individual health service providers, and professional associations in areas such as education and training provision, development of competence assessment, clinical research development and implementation and project management.

The Faculty approaches educational programme development from the perspective of meeting the needs of service and clinicians: The Faculty provides interdisciplinary and uni-disciplinary programmes.

Programmes currently provided by the Faculty based on need:

- Team and patient centred communication: A foundation for safe quality care
- Clinical outcomes improvement; making a measurable difference: linking patient safety to person centred improvements
- Understanding behaviours that challenge in the older person
- Foundations in and fundamentals of Oncology nursing
- Auditing nursing and midwifery practice
- Medication safety programme for nurses and midwives
- Record management and patient documentation
- Foundations in and fundamentals of Respiratory Nursing
- Bespoke programme to meet identified service and clinician need

If you wish to discuss the development of a tailored programme to meet your specific service or clinician needs please contact:
Mr Thomas Kearns, Executive Director of the Faculty of Nursing and Midwifery
Tel + 353 1 402 2595 / +353 86 408 0150
Email thomaskearns@rcsi.ie
Fleming Medical was founded in 1986 and is headquartered in a 60,000 sq. office and warehouse facility in Limerick. We have over 55 employees across key departments including sales, engineering, product development, and customer service. We are a proven, high quality, market leading medical devices company supplying medical equipment, medical diagnostics, and medical consumables to over 3500 active customers in hospitals, pharmacies, primary care, emergency services and community care throughout Ireland and the UK.

At Fleming Medical, we pride ourselves in being an innovative, creative, and flexible company that is completely customer focused in everything we do. We aim to provide the most cost effective way of meeting our customer’s needs.

Our customer service extends to technical support and service, and clinical expertise and training. Every customer account has a dedicated account manager and we have field sales teams to meet with customers on site to help with any queries.

Our Medipoint facility in Limerick is equipped for customers to view our extensive range of products. Our product specialists can also provide demonstrations and training in our own facility or on site at our customer’s convenience.
STUDY AT THE SCHOOL OF NURSING & MIDWIFERY, RCSi

We offer a wide range of programmes at Level 8, 9 and 10. Why not come talk to us about furthering your education in one of our expansive specialist areas.

A full list of our programmes are available on www.rcsi.ie/nursing

We offer all our programmes by blended learning, giving you the best of both learning environments, a friendly class room environment mixed with the comfort of studying at home, at a pace and time that suits you.

Our lecturers are highly regarded, multidisciplinary professionals with wide ranging skills, we are sure you will arrive a student and leave a scholar.

www.rcsi.ie/nursing
INVITED SPEAKERS AND ABSTRACTS

Opening Speaker
HRH Princess Muna Al-Hussein of Jordan
Patron of the Jordanian Nursing Council and WHO Patron of Nursing and Midwifery in the Eastern Mediterranean Regional Office

HRH Princess Muna Al Hussein is the mother of His Majesty King Abdullah the Second of Jordan. HRH married the Late King Hussein Bin Talal in 1961.

HRH led a group of nurse leaders’ initiatives in advocating for the foundation of an independent Nursing Council, a legislative body that aims at nursing regulation in Jordan. Although this endeavour was not given a priority for two decades, HRH’s commitment to this cause gave birth to the Jordanian Nursing Council in 2002, by the Royal Decree of His Majesty King Abdullah II. HRH was appointed as the President of the Council. The JNC has reformed nursing in the country and established strong ties with world prominent nursing and health institutions. The Jordanian Nursing Council leads the advancement in the country, and is well sought after for consultative and collaborative work with national, regional and global entities.

HRH is the WHO patron of nursing and midwifery in the Eastern Mediterranean Region Office and is an honorary advisor for the World Health Organization Collaborating Centre’s for Nursing Development. HRH is the recipient of the President Award which was awarded to her by the American Nurses Credentialing Centre (ANCC) for her substantial work in supporting nursing globally and was also awarded with an honorary fellowship from the UK Royal College of Physician in 2014.

Plenary Speaker:
Dr Linda Nugent PhD, MSc, BSc, RGN
Post-doctoral Research Fellow, Faculty of Nursing and Midwifery RCSI, Nursing Midwifery Planning & Development Unit, HSE, Dublin North

Dr. Linda Nugent is responsible for the development and implementation of the Nursing & Midwifery REACH (Research Excellence across Clinical Healthcare) programme. The NMPDU, HSE, Dublin North established REACH and it is a strategic research skill and competency development programme for nursing and midwifery staff in Dublin North services.

Dr. Nugent, PhD, MSc, BSc, RGN, has worked clinically in general surgical settings in NHS Lothian, Scotland and Spire Healthcare. She was a nurse tutor and online module facilitator for the MSc in Advancing Nursing Practice Leadership course at the University of Edinburgh. Her doctoral research examined the interaction of Health Value and Perceived Control in relation to outcome behaviours in a Type 2 Diabetes patient population in Scotland.
Plenary Speaker:
Ms Cora Lunn
RGN, H Dip Cardio-Respiratory Nursing, MSc Health and Social Policy
Director National Leadership and Innovation Centre for Nursing and Midwifery HSE

Cora was appointed Director National Leadership and Innovation Centre in 2011. She is responsible for the strategic management and development of the centre and its activity. Cora has 12 years experience in leading and facilitating leadership and team development. Cora trained as a Registered General Nurse in Limerick Regional Hospital. She has held a range of clinical and practice development roles; including Assistant Director of Nursing, Acting Head of Nursing Development and Quality and Project Manager –National Clinical Leadership Development. Her personal goal is to ensure that nurses and midwives have access to the tools, which enables them to do their job well; so that patients' and families’ experience of healthcare is positive.

Plenary Speaker:
Dr Marie Laffoy MB, MPH, FFPHMi, MBA
Assistant National Director & Consultant in Public Health Medicine, National Cancer Control Programme

Dr Marie Laffoy is a consultant in Public Health Medicine. She works in the National Cancer Control Programme where she leads the Community Oncology Division. She previously worked as Director of Public Health with the Eastern Regional Health Authority (2002-2005) and as Assistant National Director for Strategic Health Planning with the Population Health Directorate of the HSE (2005-2008). Her main interests are cancer prevention and the integration of cancer services between acute and primary care settings. She qualified in Medicine in 1983 from University College Galway. She obtained a Masters in Public Health (MPH) in 1988 and her membership of the Faculty of Public Health Medicine (MFPHMi) in 1991. In 1996 she obtained an MBA and her Fellowship of the Faculty of Public Health Medicine (FFPHMi).

Plenary Speaker:
Ms Terry Hanan RNID, RGN, HdipOnc, MSc
Nursing Development Co-ordinator, National Cancer Control Programme

Terry has worked in cancer services in Ireland, in clinical and managerial roles. She has completed a Higher Diploma in Oncology in University College Dublin and a Masters in Health Services Management in Trinity College Dublin. She completed a Cancer Nursing Leadership Programme in the UK and is a Fellow of the Royal College of Surgeons Nursing Faculty.
Ministerial Address:
Dr. Leo Varadkar TD, Minister for Health

Leo Varadkar TD is the Minister for Health and was appointed to this position in July 2014.

He served as Minister for Transport, Tourism & Sport from March 2011. First elected to Dáil Eireann (House of Representatives) in 2007 as the TD (Member of Parliament) for Dublin West, he is also the youngest member of the Irish Government. As Minister for Transport, Tourism & Sport he led a number of bold initiatives, including The Gathering: the largest and most successful tourism initiative ever held in Ireland. He took the decision to link up Dublin’s heavy and light rail commuter network through the Luas Cross City project; open up more bus routes to competition; further develop the National Sport Campus; and grant independence for Shannon Airport. He also developed a new Road Safety Strategy and a National Ports Policy.

In his time as Minister for Transport, Tourism and Sport, the number of international visitors to Ireland has increased by one million per annum, while passenger traffic has increased through the three State airports and on public transport.

Born in 1979 and raised in the Blanchardstown/Castleknock area of west Dublin, Leo attended St Francis Xavier National School and The King’s Hospital in the locality, before studying medicine at Trinity College, University of Dublin and qualifying as a General Practitioner. He is a former member and Deputy Mayor of Fingal County Council, securing the largest personal vote in Ireland in the 2004 local elections. He chaired the EU Council of Transport Ministers during the Irish Presidency of the European Union in 2013 and served on the Foundation Board of the World Anti-Doping Agency (WADA). Leo likes watching rugby and Gaelic football, is a Dublin and Leinster fan and a fitness enthusiast who regularly takes part in running and triathlon events. He likes to travel, attend concerts and go to the cinema.

Leo has a particular interest in political and public sector reform. In Government he set up a more transparent public appointments process for State boards, publishes his expenses on line, and dramatically expanded the role of parliamentary committees in the drafting of new policies and legislation.

Terry is currently working as the Nursing Development Coordinator with the National Cancer Control Programme. She is the project lead for the Community Oncology Nursing Programme and the ‘Strategy and Educational Framework for Nurses Caring for People with Cancer in Ireland 2012’ and was on the project team of the 2013 NCCP Oncology Medication Safety Review.
Keynote Speaker:
Dr Siobhan O’Halloran
PhD, MSc, FFNMRCSI, PG Dip Stats, BNS, RGN, RMHN, RNT, DHHSA
Chief Nursing Officer in the Department of Health, Republic of Ireland

Dr Siobhan O’Halloran was appointed as Chief Nursing Officer in the Department of Health on the 2nd October 2013. The position of Chief Nursing Officer was established at the level of Assistant Secretary in the Department, ensuring that the role of nursing and midwifery is represented at the highest level in terms of policy making for the health service.

Dr O’Halloran, PhD, MSc, FFNMRCSI, PG Dip Stats, BNS, RGN, RMHN, RNT, DHHSA has had a distinguished career in nursing spanning over thirty years. Since 1999 she has held several key positions in the Irish health service.

Plenary Speaker:
Dr Orla Doyle PhD B.A
Economist and Lecturer, UCD

Dr. Orla Doyle is a Research Fellow at the UCD Geary Institute and College Lecturer in the UCD School of Economics. She is the director of the Early Childhood Research Team which consists of senior and junior researchers who focus on the micro analysis of human behaviour using rigorous methodologies, with a particular focus on early child development. She is currently the principal investigator on the six year evaluation of the ‘Preparing for Life’ early childhood intervention. She was recently appointed Assistant Director of the UCD Childhood and Human Development Research Centre and was elected Chair of the Children’s Research Network for Ireland and Northern Ireland. Dr. Doyle received her Ph.D. in economics from Trinity College Dublin in 2005 and holds a B.A. in economics and social science.
Plenary Speaker:
Mr Paul Gallagher
RPN, RGN, MBA
Director of Nursing, St. James's Hospital, Dublin
President, Nursing and Midwifery Board of Ireland
Adjunct Associate Professor, School of Nursing and Midwifery,
Trinity College Dublin

A registered psychiatric and general nurse, Paul joined the corporate management team of St. James’s Hospital, as Director of Nursing in August, 2006. He has responsibility for overseeing the Nursing Practice Development Unit, undergraduate, postgraduate and general education requirements for over 2000 registered nurses, student nurses and healthcare assistant staff. Paul is also responsible for overseeing the recruitment, retention and development of the nursing profession at St. James’s.

In April, 2013, Paul was elected as President of the Nursing & Midwifery Board of Ireland (NMBI). With his fellow board members, Paul is in the process of overseeing the introduction of the Nurses and Midwives Act, 2011.

He has obtained a great deal of clinical and managerial experience in the Intensive Care setting both in Dublin and North America. He was Assistant Director of Nursing at Beaumont Hospital, Dublin, for seven years prior to his current appointment. Paul holds an MBA (Health Services Management) from The Smurfit Business School, UCD and was recently awarded a Diploma in Leadership and Quality in Healthcare from the Royal College of Physicians.

Closing Address:
Prof Zena Moore
PhD, MSc (Leadership in Health Professionals Education),
MSc (Wound Healing & Tissue Repair), FFNMRCISI, PG Dip,
Dip First Line Management, RGN
Professor and Head of School of Nursing and Midwifery

Zena is Professor, Head of School of Nursing & Midwifery, Royal College of Surgeons in Ireland. Zena’s area of clinical research interest is Wound Healing & Tissue Repair and she is actively involved research, systematic reviews and National and International guideline development in this field. Zena has published over 120 articles and book chapters. Zena is an Honorary Senior Tutor at the University of Wales and a visiting lecturer at the Faculty of Health Sciences, Hogskolen i Buskerud, Drammen, Norway. Zena was president of the European Wound Management Association (EWMA) 2009-2011, where today she remains an active member of the association.
Presenter: Dr Linda Nugent, PhD, MSc, BSc, RGN

Organisation: Royal College of Surgeons in Ireland and HSE, Dublin North

Authors: Dr Linda Nugent

Title of Presentation: Research Excellence Across Clinical Healthcare – The REACH Project

This presentation will introduce the Nursing & Midwifery REACH programme. REACH stands for Research Excellence across Clinical Healthcare and it is a strategic research capacity building programme for nurses and midwives in Dublin North services. REACH was established in 2013 by the Nursing Midwifery Planning & Development Unit (NMPDU), HSE, Dublin North. The NMPDU in partnership with RCSi Faculty of Nursing and Midwifery is implementing REACH and aims to develop the research role, profile, skills, research experience and research output of clinical nursing staff in Dublin North services. In line with the recommendations of the evaluation of Clinical Nurse and Midwife Specialist and Advanced Nurse and Midwife Practitioner Roles in Ireland (SCAPE, 2010), REACH aims to set up collaborative research networks of nurse specialists, clinicians and academics in relevant disciplines.

The nursing & midwifery research projects included in REACH aim to cover the full spectrum of care in Dublin North services. They are consistent with national clinical care programmes and with both national and international nursing research strategies. The improvement and advancement of patient care is the ultimate objective of REACH.

Notes
Presenter: Dr Marie Laffoy MB, MPH, FFPHMi, MBA & Ms Terry Hanan RNID, RGN, HdipOnc, MS

Organisation: National Cancer Control Programme, HSE

Authors: Dr Marie Laffoy & Ms Terry Hanan

Title of Presentation: Evaluation of the community oncology nursing programme

Ireland’s cancer incidence will grow by 100% in the next 10-15 years. This, together with advances in oncology drugs and patient treatment options will increase cancer prevalence and survival. Though welcome, medical advances exert pressure on hospital capacity, where traditionally all such patient care is delivered. Alternative ways to safely manage patients is needed to address demand.

The aim of the Community Oncology Nursing Programme is to enable community nurses to provide shared nursing care to oncology patients at home. Community nurses currently provide care to patients from ‘cradle to grave’ but not traditionally cancer care. Community nurses received training that equipped them with knowledge and skills to safely and competently provide care at home to patients undergoing systemic cancer therapy. Theoretical and skills based training was delivered over six months, meeting an identified service need. A resource book was developed to support nurses. The programme was evaluated focusing on the impact on patients, community nursing and the hospital oncology service.

A mixed method approach using qualitative and quantitative components included

- Patient telephone interviews
- Focus groups
- Community and hospital data analysis

The skills-based programme resulted in reduced hospital bed utilisation and unnecessary hospital attendances. It greatly increased the skills of community nurses and improved patient satisfaction. Weak information technology structures for data collection made the evaluation challenging.

This integrated care model was successfully delivered because of the safety features built into the programme, commitment from stakeholders, strong national and local leadership and a resource book supporting community nurses in clinical decision making. This nursing programme highlights how cancer nursing care can be integrated successfully between specialist and primary care services to the benefit of patients and this model could be utilised in the management of other chronic diseases.

Notes
The Irish health service is currently experiencing the implementation of one of the most ambitious reform programmes of recent years. The health reform agenda requires reorganisation of services across all sectors of Irish healthcare. This reform agenda requires leadership of real commitment, creativity and innovation from clinical and corporate leaders. Now more than ever, nurses and midwives are being challenged to effectively govern, lead and assure the delivery of quality safe care.

Hence, the National Leadership and Innovation Centre within the HSE Office of the Nursing and Midwifery Services Director (ONMSD), has been working with nurses and midwives to develop their clinical leadership competencies, knowledge and networks, to enable the provision of safe, quality healthcare which can have a positive impact on the health and wellbeing of society.

Unlocking leadership and innovation potential is essential, in enabling nurses and midwives to advance their practice, embrace new technologies and accept ever-changing roles; in leading the way for their patients, families and colleagues. The work of the National Leadership and Innovation Centre within the HSE Office of the Nursing and Midwifery Services Director (ONMSD) in supporting this agenda will be presented.
Presenter: Dr Orla Doyle PhD

Organisation: University College Dublin

Authors: Dr Orla Doyle

Title of Presentation:
Testing the Effectiveness of Early Intervention in an Irish Experimental Trial

Intervening early in a child’s life has been shown to be effective from a biological and economic perspective. Early intervention can reduce socioeconomic disparities in children’s development, yet the evidence base is restricted to a small number of US studies.

This study investigates the impact of an Irish early intervention programme, Preparing for Life (PFL), from birth until 24 months using a randomized control trial design. PFL is a five year home visiting programme which aims to improve the life course of disadvantaged Irish children by intervening during pregnancy and working with the families until the children start school.

The intervention involves regular home visits from a mentor to support parenting and child development using Tip Sheets. This study explores the impact of the programme by comparing the treatment (n=115) and control (n=118) across 8 domains including child development, child health, parenting, home environment, maternal health and wellbeing, social support, childcare, and household factors and socio-economic status.

Significant treatment effects are identified for labour experiences at birth and child health at each time point; yet the majority of effects on child development are restricted to 24 months. There is also some evidence that the programme raises the efficiency of parental investment by improving the quality of the home environment and parenting skills.

Notes:
Presenter:
Dr. Siobhan O’Halloran

Organisation:
Chief Nursing Officer, Department of Health, Ireland

Authors:
Dr. Siobhan O’Halloran

Title of Presentation:
Advancing Nursing and Midwifery Practice – Policy Context

Advanced practice nursing and midwifery roles are developing globally, and opportunities for advancing practice are expanding due to service developments, demographic changes and the need for efficient and accessible provision of services. The Government Chief Nursing and Midwifery Officers (GCNMOs) participating in the 2014 Global Forum of the WHO, recognise that a functioning and efficient health system that meets population health needs through people-centred integrated care is essential. Such a system should ensure that there should be appropriately educated, regulated, and motivated health workers including nurses and midwives to provide appropriate, efficient and accessible health services. The nursing and midwifery professions continue to evolve and their roles are influenced by local and global challenges. Nurses and midwives are prepared to respond and have demonstrated over time the appetite and commitment to manage health care needs across the life span. Nurses and midwives are frontline professionals who use an integrated and comprehensive approach based on the values inherent in nursing and midwifery towards health promotion, disease prevention, treatment, rehabilitation and palliative care.

The paper will explore some of challenges associated with maximising the nursing and midwifery resource in advanced practice. It will address two main questions
1) How we can support the future generation of nurses and midwives as knowledge workers in a technological age while reforming the service at the point which it meets the patient – the point of truth?
2) In an environment where nurses and midwives are increasingly being called upon to be leaders how does this leadership transcend into practice as critical caring, critical thinking and critical acting?
Underpinning the paper is the belief that accessible high quality care can’t be achieved without exceptional nursing and midwifery care and leadership.

Notes:
Presenter: Mr Paul Gallagher RPN, RGN, MBA

Organization: St. James's Hospital, Dublin, Nursing and Midwifery Board of Ireland, Trinity College Dublin

Authors: Mr Paul Gallagher

Title of Presentation:
Regulating Advanced Nursing and Midwifery Practice

Advanced practice for nursing and midwifery in Ireland has evolved through various stages since its visionary outline highlighted in the Commission of Nursing Report of 1998. Through the building of its foundation established from the work of the National Council for Professional Development of Nursing and Midwifery in the 2000's to the present day legislation and regulatory rules which govern this expanded scope of practice much has occurred to support the professions.

By taking a look at past developments and critically examining today's regulatory environment within Ireland and globally for advanced nursing and midwifery practice the Nursing and Midwifery Board of Ireland (NMBI) is seeking to craft its future framework of regulation, education and professional guidance. Regulatory frameworks are influenced by various factors (such as healthcare policy, disease patterns, and demographics). Thus the NMBI takes cognisance of the international trends of the role of advanced nurse and midwife practitioners in meeting the UN/WHO Millennium Development Goals (MDGs), particularly in the management of non-communicable diseases. Thinking globally and working locally on this front places these practitioners in prime position to implement the Government’s health strategy regarding its chronic disease care pathways and its MDG targets.

Accordingly active ongoing engagement with policy makers, practitioners, service providers, higher education institutions and the public has informed the Board’s work to date. This presentation imparts the key milestones and road marks the forthcoming activities for the construction and implementation of the advanced practice regulatory framework guided by the Nurses and Midwives Act of 2011.

Notes:
ORAL PRESENTATION ABSTRACTS
### ABSTRACT REFERENCE

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Abstracts appear in the Book of Abstracts as submitted by presenters
Abstract Number: 1.1

Presenter: Ms Deirdre Coffey MSc (Neuroscience Nursing), BSc in Nursing Management, Post Graduate Diploma in Neuroscience Nursing, Higher Diploma in Children’s Nursing, BSc in Nursing

Organisation: Beaumont Hospital

Authors: Deirdre Coffey, Catherine Clune Mulvaney

Title of Presentation:
Intensive Care Nurses’ Experience of and Role in the Organ Donation Process within the Irish Healthcare Setting

Background:
The diagnosis of brainstem death is a catastrophic event for a patient and their family. It is within this environment of grief and sadness that an approach for organ donation is made to a family (Arbour 2013). Intensive care nurses play a vital role in the organ donation process by identifying potential organ donors, approaching relatives for consent and supporting the family (Collins 2004).

Aim and objectives:
The aim of the study was to gain a greater insight into the experiences and role of intensive care nurses in caring for potential organ donors.

• To explicate the meaning of intensive care nurses caring for potential donors and their families
• To gain an understanding of how the diagnosis of brainstem death and potential organ donation is approached and managed by nurses
• To use the information to contribute to the shaping of clinical guidelines, policies and education.

Methods:
The study was conducted utilising a qualitative descriptive design. A purposeful sample of twelve nurses took part in unstructured interviews.

Analysis and Results:
Colaizzi’s (1978) framework was used for data analysis. Three themes emerged from the data: nurses’ caring; how the process works; and support and education. The findings of this study indicate that caring for potential organ donors and their families is a challenging but rewarding experience for intensive care nurses. It provides insights into how the topic of organ donation is approached and when is the best time to broach the subject with a family.

Recommendations:
The researcher recommends that future studies should examine the organ donation process from the family’s perspective. This study has implications for nursing practice, education and management.

Notes:
Abstract Number: 1.2

Presenter: Mr Gerard White
RGN, RNT, RANP, BNS, Dip Mgmt, H Dip (A&E), PGDNE, MSc, FFNMRCISI

Organisation: National University of Ireland, Galway

Authors: Gerard White

Title of Presentation:
Recovering moral integrity as a coping mechanism for moral distress among Emergency Nurses

Background:
Modern Emergency Departments place conflicting demands on nurses with increased work loads, diminishing resources and staff shortages. When a conflict arises between nurses’ moral codes and the clinical situation, they may experience moral distress (Jameton, 1984) which can lead to job dissatisfaction, burnout, increased turnover and lower staff retention (Corley et al, 2001). However, very little is known regarding moral distress among emergency nurses.

Aim and objectives:
This study sought to discover the main concern of Emergency Nurses experiencing moral distress.

Methods:
Classical Grounded Theory was used for the analysis of qualitative data including 40 interviews and several episodes of clinical observation. Recruitment was initially performed using purposive sampling followed by theoretical sampling. Data collection and analysis have been conducted concurrently incorporating a process of constant comparison and theory generation. Data has been analysed using a system of open coding, selective coding and theoretical coding (Glaser, 1978).

Analysis and Results:
The main concern of Emergency Nurses was balancing competing demands. Coding revealed the core category of Compromising competence. Compromising competence can lead to moral distress and burnout among some nurses. However, some nurses cope with moral distress by recovering moral integrity. By focusing on small achievable victories, nurses are able to make an impossible situation bearable.

Recommendations:
Recovering moral integrity should be recognised as a moderating factor for moral distress. Steps should be taken to promote successful aspects of patient care and to support the role of the shift leader in Emergency Departments to ease the effects of moral distress encountered by nurses due to patient crowding.

Notes:
Abstract Number: 1.3

Presenter: Ms Jasmine Joseph MSc in Specialist Nursing

Organisation: Tallaght Hospital

Authors: Jasmine Joseph

Title of Presentation:
Nurses’ attitudes towards Early Warning Score and Emergency Response System in a large Irish teaching hospital

Background:
The Early Warning Score (EWS) and the Emergency Response System (ERS) have been introduced in many healthcare settings for early identification and management of acutely unwell patients in the general wards.

Aim and objectives:
The aim of this study was to explore nurses’ attitudes towards EWS and ERS. The objectives were: (a) to describe nurses’ attitudes towards EWS and ERS; (b) to describe nurses’ views about the usefulness of EWS and ERS on patient care and their work environments; (c) to compare ED and general ward nurses’ views of EWS and ERS and (d) to examine relationships between nurses’ education, experience, training and the activation of ERT.

Methods:
A quantitative descriptive design was used to survey 295 nurses working in the general wards and Emergency Department (ED) of a large teaching hospital. Data was analysed using a descriptive statistical tool (SPSS). The ethical approval was obtained from the ethics committee of the participating hospital and the affiliated university.

Analysis and results:
A total of 120 nurses responded to the survey which constitutes a response rate of 40.7%. Participants had high awareness of EWS escalation protocol and the ISBAR communication tool. The use of ISBAR communication tool along with the EWS chart improved communication between healthcare professionals. The EWS and the ERS facilitated nurses to seek help when they were worried about a patient (91%), identified deteriorating patients early (90%) and prevented cardiac arrest in unstable patients (77.6%). Some nurses (12.8%) were reluctant to call ERT because of concern about criticism if their patient is not that unwell. The use of EWS increased nurses (71%) job satisfaction. The ERS neither increased nurses’ work load when caring for a sick patient (66.7%) nor reduced their skills for managing sick patients (89.5%). However, the use of EWS chart as a standard observation chart increased their workload (51%). Overall, the EWS improved patient care and nurses working environment. There was no relationship between nurses’ education (P = 0.80), experience (P = 0.35), training (P = 0.25) and the activation of ERT.

Recommendations:
Education on the use of EWS to nursing/medical staff in orientation programme
On-going in-service education
Mandatory training and competency assessment
Undergraduate programmes
Research
Medical staff perceptions of the EWS, ERT and ISBAR
Comparisons with other hospitals that do not have ERT, which would help to understand whether nurses’ satisfaction levels differ in the presence of ERT.

Notes
Abstract Number: 1.4

Presenter: Ms Marlaine Magee RN, BSN, CCRN

Organisation: Salem Hospital, Oregon, USA

Authors: Marlaine G. Magee, Ann D. Always, Jeanne St. Pierre, Susan Moran

Title of Presentation:
Decreasing Adult Intensive Care Unit Delirium

Background:
Delirium in Adult Intensive Care Units (ICU) has been seen in 20% to 80% of the population and increases lengths of stay by 8 days. One Western United States tertiary care center noted delirium in 63% (n=129) of their ICU patients. The incidence and associated costs due to a prolonged hospitalization suggested strategies to reduce ICU delirium were needed.

Aim and objectives:
Reduce ICU patient delirium by 10% within 6 months.

Methods:
This nurse-led quality improvement project used the Confusion Assessment Method-Intensive Care Unit (CAM-ICU) to assess each patient’s delirium. CAM-ICU scores were reported on admission, during the ICU stay and at time of transfer. Only patients with documented CAM-ICU scores were included. Each patient received various levels of activity depending on patient tolerance and ability. Additional interventions were introduced sequentially in a three-phased approach. Phase I included cycled lighting and a multidisciplinary effort to support uninterrupted sleep at night. Phase II added sleep masks, ear plugs and music or white noise. Phase III limited medications that were known to result in delirium.

Analysis and Results:
Nighttime sleep length was prolonged by one hour. Forty percent (n=161) of patients were reported to have positive CAM-ICU scores at the end of Phase I, 48% (n=134) in Phase II and 35% (n=116) in Phase III. At the time of transfer, the prevalence of delirium was 27% (n=411).

Recommendations:
A reduction in ICU delirium was seen by engaging patients in various activities, creating an environment with day/night distinction, supporting prolonged periods of nighttime sleep. Medications known to contribute to delirium were limited when appropriate. Next steps should include efforts to isolate the most important factors in reducing ICU delirium, sustain and spread.
Abstract Number: 1.5

Presenter: Ms Anne Marie Burke RGN, Dip in Nursing, Hip Dip in Wound Management and Tissue Viability, BSc Nursing Management, MSc in Clinical Health Sciences Education

Organisation: Royal College of Surgeons in Ireland

Authors: Anne Marie Burke

Title of Presentation:
An exploratory study of nurses’ knowledge and practice of using anti-embolism stockings in clinical practice in Ireland

Background:
Venous thromboembolism (VTE) is reportedly the most common preventable cause of death in hospitals with a reported mortality rate of 25,000 people per year. The use of anti-embolism stockings for venous thromboembolism prophylaxis is an important cornerstone in preventative treatment. Nurses need the knowledge to properly fit, care for, and educate patients who have anti-embolism stockings prescribed to them. There are no published Irish studies on nurses’ knowledge or practices in regard to anti-embolism stockings. Therefore this research study explored nurses’ knowledge and practice of using anti-embolism stockings within the Irish context.

Aim and objectives:
To explore nurses’ knowledge of anti-embolism stockings and their reported practices of anti-embolic stockings use in clinical practice in Ireland. Objectives of the study were to explore nurses:
• Knowledge of the indications for and contraindications of using anti-embolism stockings
• Reported practices of selecting and fitting anti-embolism stockings
• Reported practices of the care and education of the patient prescribed anti-embolic stockings
• The education nurses receive on the management of anti-embolism stockings and who delivers this education on the management of anti-embolism stockings.

Methods:
A non-experimental quantitative descriptive research design was used. A randomised sample of 250 nurses was selected to participate. Access to this sample was through the Nursing and Midwifery Board of Ireland research assistance service. The response rate was 26% (n=65).

Analysis and results:
Data analysis was conducted using descriptive statistics. Over one third (35.4%, n=23) of nurses surveyed could not identify the primary indication for anti-embolism stocking use. Not all nurses were aware of the contraindications to anti-embolism stocking use. Consultant preference was reported as the reason for stocking application most frequently by respondents (43.1%, n=28). The majority of participants (89.2%, n=58) surveyed reported that they measure both patient legs to determine the correct size stockings for patients. 95.4% (n=62) reported they provide patient education in regard to anti-embolism stockings. Forty percent (n=26) of the nurses who participated in this study never received any training or education on anti-embolism stocking management.

Recommendations:
Following this research the author recommends further research into this area of practice. National guidelines for VTE prophylaxis for the adult population in Ireland should be developed and disseminated throughout the health service. An accessible educational programme for nurses on VTE prevention should also be developed which could be linked to continued professional development. The Irish health service should monitor and record VTE associated death rates and these figures should be available in the public domain.

Notes:
Abstract Number: 1.6

Presenter: Ms Christina Fosnot RN

Organisation: Banner Good Samaritan Medical Center, Arizona, USA

Authors: Lesley Kelly, Jody Runge, Christina Fosnot, Megan Baker, Damarias Hazell

Title of Presentation:
Code Compassion: Reducing Compassion Fatigue in Acute Care Nurses

Background:
Background: Compassion fatigue (CF) is described as high levels of burnout and secondary traumatic stress (STS) that can result in an inability for caregivers to foster compassionate and caring interactions in their patient care (Stamm, 2010). In direct-care nurses, CF can lead to poor judgment, loss of empathy, work days lost, accident proneness and emotional breakdown; all detrimental to the nurse, organization, and patients (Jenkin, 2012)

Aim and objectives:
An interdisciplinary team conducted a research study examining the predictors of compassion fatigue and translated the findings to an evidence-based practice project to determine the effect of implementing interventions to reduce CF.

Methods:
A cross-sectional, observational study was conducted using an electronic survey to assess the relationship between nurse demographics, satisfaction, intent to leave current position and ProQoL (burnout, STS, and Compassion Satisfaction)(Stamm, 2010).

Analysis and Results:
496 responses showed nurse’s age, experience, and higher staffing ratios were significant predictors of CF while nurses that are recognized, specifically through the Daisy award nomination process, are likely to have lower CF than nurses who are not. To supplement the research in implementing the findings, a literature review added two interventions that are feasible in reducing CF: 1) focusing on immediate response to burnout and 2) meaningful recognition.

Recommendations:
Recommendations: Subgroups were formed for EBP implementation: A Code Compassion team is addressing burnout of acute care nurses through immediate response to critical incidents and stressful events such as post-codes and unexpected patient outcomes; delivering appropriate interventions such as task oriented help, break relief, debriefing, or aromatherapy. A Recognition team is acknowledging exemplary nurses nominated by their peers. Continuous monitoring of outcomes include analysis of Code Compassion events, documenting the effectiveness of interventions on reducing CF and employee satisfaction surveys. The goal of the team is to decrease burnout and increase compassion satisfaction through the deployment of the critical response team and hardwiring a process for peer nurse recognition.

Notes:
Abstract Number: 1.7

Presenter: Ms Jacinta Flynn RGN, Higher Diploma CCU, MSc Speciliast Nursing

Organisation: St James's Hospital

Authors: Jacinta Flynn, Gobnait Byrne

Title of Presentation:
Intensive Care nurses’ attitudes and knowledge towards organ donation in adult Intensive Care Units in the Republic of Ireland

Background:
Organ donation and transplantation has advanced over the years and is now the treatment of choice for patients with end-organ failure. As a result of the success of this treatment the demand for organ donation has accelerated. However, limiting this treatment nationally and internationally is the shortage of organ donors. As a result patients spend longer on the transplant waiting list and some patients die waiting for an organ transplant. Therefore, it is imperative to identify areas where organ donor potential can be increased. The Intensive Care nurse has been identified as a key person in the organ donor process. They spend the most time with the patient and the family and are therefore in an ideal position to identify a potential organ donor. However, a barrier to organ donation is the attitude of nurses which may not always be positive towards the process. This has implications and may influence a family’s decision to donate organs. Therefore, it is essential that ICU nurses’ have a positive attitude and are adequately educated and trained for their role in the organ donor process.

Aim and objectives:
The main objective of this study was to identify the attitudes and knowledge of ICU nurses’ towards organ donation in adult Intensive Care Units in the Republic of Ireland.

Methods:
This research study employed a descriptive non-experimental survey design. A convenience sample of ICU nurses was selected from three large urban, university- affiliated hospital sites in the Republic of Ireland. Participation was voluntary and entailed completion of a pre-existing anonymous self-administered questionnaire. The response rate was 60% (n=181)

Analysis and Results:
Analysis: Descriptive and inferential statistics (chi square, t tests & one way ANOVA) was used to analyze for differences in the sample. The level of significance was set at p< 0.05. Results: The most significant finding identified from this research study was the effect of ethnicity on attitude towards organ donation. Irish nurses in comparison to non-Irish nurses had a more positive attitude towards organ donation and were significantly more willing to donate their own organs and those of a family member upon death (p <0.05). This finding had not been previously identified in the Republic of Ireland. There was also a knowledge deficit identified in relation to brain death diagnosis, consent and organ donor criteria.

Recommendations:
An education seminar on organ donation needs to be devised and include the areas of poor knowledge identified in this study. This education should be delivered to all nurses working within Intensive Care.

Notes
Abstract Number: 1.8

Presenter: Ms Liz Lees RGN, DipN, BSc (hons), PGR Dip HSM, MSc


Authors: Liz Lees, Prof Ann Caress, Janelle Yorke

Title of Presentation:
Getting patients on the right road to home – “Risk Objective Assessment for Discharge” (ROAD)

Background:
This Literature Review forms this first part, portfolio research funded through a National Institute for Health Care Research Fellowship (2014 – 2017). It is focused upon exploring risk assessment tools, which support discharge planning for adult patients from emergency care.

Aim and objectives:
To establish if there is a gap in the evidence base in relation to risk assessment tools to assess adult patients who are admitted to Hospital, via emergency care in the United Kingdom (UK).

Objectives:
1. What national policy exists to guide discharge-planning assessments and how are these associated to adult patients who are admitted to Hospital via emergency care?
2. What is the discharge process used in emergency care to assess patient’s needs for discharge?
3. What, if any risk assessment tools exist to assess discharge planning needs for patients entering hospital via emergency care?
4. What is known about the issues relating to the use of discharge planning tools and their impact in relation to discharge planning in practice?

Methods:

Analysis and Results:
A thematic analysis of 27 National Policies revealed the differences in the discharge process across the four countries. A critical analysis of 39 risk assessment tools illustrated the different tools in use - the following themes arise:
• The USA, Australia & Hong Kong are leaders in this field
• Although there are tools they are not always ‘fit for purpose’
• Dearth of implementation science, underpins poor staff compliance
• Lack of systematic risk nursing assessment
• Literature focused on readmissions rather than planning for discharge.

Recommendations:
To undertake a case study (Yin, 2011) in emergency care to establish how and why these factors occur and what actions are recommended for the systematic risk assessment of patients in preparation for discharge.

Notes:
Abstract Number: 1.9

Presenter: Ms Sile O’Grady Dip, BSc, Hdip Emergency, MSc, Advanced Nursing Practice RGN, MSc, PGDip (IPC)

Organisation: Mercy University Hospital Emergency Department, Cork

Authors: Nicola Cornally

Title of Presentation:
Limb Injury: Parental assessment of child’s pain and analgesic use prior to attending the Emergency Department

Background:
In Ireland a total of 20,476 children aged 0-14 years in 2010, were admitted to the ED following an injury (The Economic and Social Research Institute, 2011). As a result of injury pain is the most frequent symptom of children attending the ED (Cordell et al. 2002). Early control of pain is core to the guidelines of pain management in children, as unrelieved pain can result in negative physiological and psychological effects (Scallon 2004).

Aim and objectives:
To identify parents’ assessment of pain and analgesic use, for their children attending the Emergency Department (ED) with a limb injury and to examine the factors influencing their decision to give or withhold analgesia.

Methods:
A quantitative descriptive cross-sectional study. A convenient sample of parents or legal guardians of children attending the ED following a limb injury were selected to complete a questionnaire. One hundred questionnaires were distributed with a response rate of 70% (n=70). Descriptive and inferential statistics were calculated using SPSS.

Analysis and Results:
Parental Global Impression of Pain revealed that 90% of parents believed that their child was in pain. Only 31 out of 70 parents (44.3%) gave medication to their child prior to attending the ED. Those who gave medication did so mainly because they did not want to see their child in pain (n=17, 34.7%). Of those who did not give any medication, 42.6% stated that their child could tolerate the pain (n=23). Interestingly, those presenting with fracture injuries were twice as likely to have received analgesia prior to arrival, than those who presented with other types of injuries.

Recommendations:
Specific education is required to change negative parental attitudes taking into consideration socio-economic characteristics to improve and increase pain management of children at home following an injury. It is hoped that these results would generate discussion and implement further insight into this area amongst nurses. Perhaps a qualitative study would be beneficial to gain further insight into the factors influencing parent’s reasons for giving analgesia.

Notes:
Abstract Number: 1.10

Presenter: Ms Gwen Regan, RGN, MSc, PG Dip (IPC)

Organisation: Health Service Executive

Authors: Gwen Regan

Title of Presentation:
Establishment of collaborative home catheterization service – Hospital avoidance action research project

Background:
Female catheterisation and some supra-pubic re-catheterisation is carried out currently in PCCC. Clients who require male catheterisation are in many areas required to attend urodynamics out-patients for changing of their catheters as required. There were approximately 50 men in one PCCC area attending urodynamics outpatients in an acute hospital for catheter changes, impacting outpatient appointment waiting times, and placing a burden on these gentlemen and their carers who in many cases have complex co-morbidities.

Aim and objectives:
The aim of this project was to provide male catheter changes in the community setting (i.e. clients home) in one PCCC, in collaboration with an acute hospital Urodynamics Department, with this service carried out by competent community & PHN nursing staff to ensure highest standards of care are carried out.

Methods:
The project was carried out using action research methodology. The HSE Change Model (2008) was employed to ensure the project met it aims and objectives within an acceptable timeframe. Strict criteria for acceptance to the service were developed to ensure client safety.
A client satisfaction questionnaire was developed to evaluate the success of this project from the clients perspective. This evaluation is to be carried out in March 2015 when the service has been operational for a full year. Verbal feedback from clients and their carers has been very positive to date.

Analysis and Results:
The service was offered as a choice / alternative for clients to avail of. 95% of clients offered the service accepted it, demonstrating, in line with international evidence, a desire clients have to be treated in their communities as near to home as possible. The preference for accessibility over clinician qualification was also shown as clients moved from the hospital based care model to community care, which for many changed the person performing the procedure on them from a doctor to a nurse.

Recommendations:
In order to develop this service more community nurses will be required to expand their roles and undertake male catheterisation. The author recommends this skill is taught to nurses at undergraduate level as the evidence shows that for the clients (who fit the safety criteria outlined) outcomes are not compromised having a nurse perform this over a doctor.

Notes:
Abstract Number: 2.1

Presenter: Ms Cara Synnott, RGN/Diploma in Nursing Post Graduate Diploma in Neuroscience, Nursing MSc 
Student-Advanced Practice Nursing/Epilepsy

Organisation: St. James’s Hospital and Royal College of Surgeons in Ireland

Authors: Cara Synott, Catherine Clune Mulvaney

Title of Presentation:
The use of Patient Reported Outcomes in a cohort of patients attending a routine outpatient epilepsy service

Background:
The literature supports the use of Patient Reported Outcomes (PROs) in improving the patient/clinician interaction, and self-care strategies in chronic disease. The study uses one Lewinian cycle of action research with learning in action based on Kolb’s experiential learning cycle involving a collaborating epilepsy team.

Aim and objectives:
The aim of this action research study was to evaluate the use of Patient Reported Outcomes in a cohort of patients attending a routine epilepsy outpatient service

Methods:
Data collection using Patient Reported Outcome measurements, Patient and Clinician Satisfaction Surveys and patient focus group was planned.

Analysis and Results:
The use of the Patient Reported Outcome questionnaire was used to determine if patient initiated review could move patients gradually away from routine visit to a more self managed and virtually supported interactions using telephone and email advice service. Patient self reporting of the psychosocial impact of epilepsy was identified using the PRO questionnaire. Clinicians and patients expressed satisfaction with the clinical interaction and the use of the PRO at the clinic visit. However, self reported mental health issues identified with the use of the PRO were not routinely assessed by the clinicians.

Recommendations:
Patient Reported Outcomes use for our patient group needs further evaluation, but has shown to positively impact on patient satisfaction and communication of health needs. Patients support the use of PRO in patient initiated review in the future.

Notes:
Abstract Number: 2.2

Presenter: Ms Eunice Chisholm, RGN, RM, BA, M Nursing

Organisation: NHS Grampian/RGU

Authors: Eunice Chisholm

Title of Presentation:
An investigation of the differences between Local Authority Care Homes that have in-house Registered Nurses compared to Local Authority Care Homes that have Community Aligned Registered Nurses

Background:
It is usual for Local Authority (LA) care homes not to have in-house registered nurses and the use of NHS community nurses aligned to the care home would be the norm. A registered nurse situated in-house is a new initiative that concurs with the health and social care integration agenda for Scotland (Scottish Government 2014).

Aim and objectives:
The aim of this study is to explore the impact of registered nurses in LA care homes compared with LA care homes without registered nurses. The differences that will be explored relate to registered nurse roles including timely and holistic delivery of care that maintains continuity for the 24 hour period. Registered nurses working in LA care homes provide a continued nursing presence that includes support and training for the other staff employed within the LA care homes. The study will include a literature review of national and international evidence on the topic area to identify any substantive bodies of work.

The study will explore the perceptions of registered nurses in both in-house locations and community aligned locations. The study will ascertain the advantages and disadvantages of registered nurses located in LA care homes and make recommendations for future workforce planning. This study has relevance in today’s competitive and changing health and social care environment and will add to the body of knowledge on the importance of registered nurses in care home settings.

Methods:
The study will adopt a qualitative approach and the design will include interview method to gain the views and opinions of registered nursing staff and their managers. The sampling framework will be purposive and involve the voluntary participation of the registered nurse populations in 4 LA care homes. Two of these LA care homes currently have in-house registered nurses and two will be selected that do not have in-house registered nurses.

The ethical perspectives will be addressed through RGU ethics committees and NHS ethical approval will also be sought.

Analysis and Results: Not yet available

Recommendations: Not yet available

Notes
Abstract Number: 2.3

Presenter: Ms Yvonne Owen MSc Advanced Practice (epilepsy), BSc Nursing Management, HDip Neuroscience Nursing, RSCN (H Dip), RGN, RnP

Organisation: Beaumont Hospital and Royal College of Surgeons in Ireland

Authors: Yvonne Owen, Catherine Clune Mulvaney

Title of Presentation:
A Descriptive Study of the Experiences of Relatives/Carers with the Use of Buccal Midazolam in the Community Setting

Background:
Epilepsy is a chronic neurological condition associated with recurrent seizures some of which can be prolonged. Prolonged seizures can increase the risk of status epilepticus which is potentially very harmful and can life threatening. Buccal midazolam (BM) is recommended as the first line of treatment for prolonged seizures. It is recognised as an effective, safe and acceptable form of treatment. Commonly the person responsible for administration of BM is the relative or carer of the person with epilepsy. There is a limited amount of studies in the literature examining the use of BM from the relative/carers perspectives in the community.

Aim and objectives:
The aim of this study is to explore and describe the experiences of relatives/carers with the use of buccal midazolam in the community setting.

Methods:
A qualitative descriptive design was employed. Semi-structured telephone interviews were used for data collection and a total of 16 interviews completed. Data analysis was performed using Colazzi Data Analysis Framework (1978).

Analysis and Results:
Relatives/carers report anxiety and distress when faced with seizures. Many of participants found BM to be effective in stopping seizures however some participants reported side effects, and issues with administration. Many of their concerns regarding the medication related back to knowledge deficits in regards to BM administration. This lack of knowledge contributed to their anxiety and concerns.

Recommendations:
Relatives and carers have a pivotal role in the pre-hospital treatment of seizures. They require comprehensive education on BM administration and appropriate psychological support so that they can effectively cope with the stressful situations they face when dealing with seizures.

Notes
Abstract Number: 2.4

Presenter: Dr Melissa Corbally, DProf (Health and Social Care), MSc, BNS (Hons), RGN

Organisation: School of Nursing and Human Sciences, Dublin City University

Authors: Melissa Corbally, Gloria Macri, Susan Hawkshaw, Anne Kirwan

Title of Presentation:
An examination of the role and activities of nurses caring for patients admitted to a model 4 hospital as part of the National Acute Medicine Programme in Ireland

Background:
The Acute Medicine Programme (HSE et al., 2010), is an initiative of several healthcare groups within the Health Service Executive which aims to ensure that patients presenting with acute illnesses benefit from quality medical care with a greater efficiency of resources. Little is known about the nursing contribution to patient care within acute medical contexts.

Aim and objectives:
This study sought to examine nurses’ contributions to patient care by examining their activities and decision-making at individual, interpersonal and organisational levels in a model 4 hospital. A second objective focussed on exploring the scope for role expansion within current nursing practice along with clinical nursing pathway development within the context of acute medicine nursing within a model 4 hospital (e.g. CNS /ANP roles).

Methods:
This qualitative exploratory study used a combination of one to one interviews and focus groups to collect data from nurses and key stakeholders associated with the Acute Medical Floor. In total 24 staff members participated in the study.

Analysis and Results:
Combined content and thematic analysis resulted in 8 core categories relating to: the context of acute medicine (e.g. the range of patients admitted to the Acute Medical Floor, changes relating to the Acute Medicine Programme) and the nature of acute medical nursing (e.g. activities, roles, qualities, skills, challenges and unique aspects of acute medical nursing). Mixed opinions were obtained regarding role expansion and scope for pathway development was acknowledged.

Recommendations:
This exploratory study generated useful insights into the complexity of acute medical nursing work. Whilst there are some similarities with studies of general nursing activity (Scott et al 2006) high diversity of patient groups and the speed in which nursing activity is undertaken resonates with international studies of acute medical nursing work (e.g. Lees 2012, Lees et al 2013) indicating some unique differences.

Notes
Abstract Number: 2.5

Presenter: Ms Allison Bone RSCn, BSc, MSc

Organisation: Waterford Institute of Technology

Authors: Ms Allison Bone, Dr Linda Sheahan

Title of Presentation:
A quasi-experimental study to assess the impact of a medication management tool on the administration of emergency medications in the event of a simulated neonatal resuscitation

Background:
The calculation of weight based resuscitation drug doses for neonates is complicated. Resuscitators need to respond quickly and calculating drug doses under these circumstances is difficult. A medication management tool, in the form of two books, which eliminate the need for any calculations to be undertaken, has been developed locally.

Aims and Objectives:
This aim of this study was to measure the impact of this tool when used for the administration of emergency medications.

Methods:
This study employed a quasi-experimental pre-test post-test design incorporating a purposive sample of doctors and nurses (n=19) from two sites. Pre-test, at a simulated neonatal resuscitation, each participant was given two medications to prepare using traditional methods of calculation and then post-test using the medication management tool.

Analysis and Results:
Analysis was undertaken for the time taken to prepare and administer the drug and the deviation from the recommended dose. The mean time for the preparation of the first and second medication request was reduced by 61% (p=0.000) and 63% (p=0.000) respectively. The mean dose deviation for the first and second medication request was reduced from 64% to 53% (p=0.72) and from 204% to 45% (p=0.202) respectively. There was no statistically significant difference in the frequency of dose deviation from pre-test to post-test (p=0.61 and p=0.062). The majority of dose deviations 75% (n=6) post-test were secondary to the selection of the incorrect page of the medication management tool. Fifty percent (n=4) of the post-test errors resulted in a dose deviation less than 10%, in comparison to 9% (n=1) pre-test.

All participants strongly agreed that they would use the medication management tool again.

Recommendations:
The medication management tool requires an adjustment to provide the user with a weight range on each page, eliminating the need to calculate the nearest infant weight.

Notes:
Abstract Number: 3.1

Presenter: Mr Stephen Kelly R.N.I.D, R.G.N, PG DIP Ed, MSC ed, CERT HRM, RNP

Organisation: Beaumont Hospital

Authors: Stephen Kelly

Title of Presentation:
The development of a rapid assessment nurse practitioner role to aid the patient pathway within a busy Dublin academic teaching hospital

Background:
With the development of the Special delivery unit (SDU) and the introduction of a 6 hour patient experience time (PET) from registration to admission/discharge. Emergency departments were challenged to find more effective ways to deliver a time efficient and quality service to its cohort of patients.

Aim and objectives:
With the development of the Special delivery unit (SDU) and the introduction of a 6 hour patient experience time (PET) from registration to admission/discharge. Emergency departments were challenged to find more effective ways to deliver a time efficient and quality service to its cohort of patients.

Methods:
A retrospective study of the attendances was utilized to determine the Patient experience times of the patients seen by the rapid assessment nurse.

Analysis and Results:
Initially a three month trial period was settled on to assess the benefit of the new post. This decreased the average PET from 8.1 hours to 5.9 hours. Following this trial a second nurse was introduce to provide the service.

Recommendations:
The Hospital is now recommending that a full time 24/7 service is introduced to reduce the patient experience time further.

Notes
Abstract Number: 3.2

Presenter: Ms Charlotte O’Dwyer RGN, RCn, MSc

Organisation: Temple Street Childrens Hospital and Royal College of Surgeons in Ireland

Authors: Charlotte O’Dwyer, Sibeal Carolan, Steve Pitman

Title of Presentation:
The Introduction of Clinical Microsystems into an Emergency Department

Background:
The provision of high quality care is the responsibility of all healthcare staff, but in today’s climate of ever decreasing budgets and resources it is even more important. The Emergency Medicine programme (EMP) has been charged by the Health Service Executive (HSE) to revolutionise the way emergency departments (ED) provide care in an effort to reduce the patient experience times in the ED.

Aim and objectives:
The overarching aim of the EMP is the provision of safe quality care, and one of the methodologies for achieving this aim is the use of systems management tools. The Emergency Medicine Programme recommends the use of Clinical Microsystems (microsystems).

Methods:
This change project centres on the implementation and use of microsystems within an emergency department and describes the processes involved in its implementation into practice. The HSE change model based on an organisational approach was used as a framework to guide the change into practice.

Analysis and Results:
The Stufflebeam (CIPP) evaluation model was used to assess the success of both the implementation of microsystems into practice and evaluate the resultant improvements in patient care. A number of quality improvement projects were undertaken and these have been assessed and evaluated by the group.

The evaluation of the project has provided for the continued use of clinical microsystems in the department.

Recommendations:
A data base or website similar to HSELanD should be developed in collaboration with the EMP where staff can access training vignettes, and provide a vehicle to display the quality improvements that occur as result of using microsystems. As identified in the literature review much of the research on microsystems originates from the Dartmouth institute, the EMP should look to publish the work completed to date nationally, to support the use of microsystems in practice.

Notes
Abstract Number: 3.3

Presenter: Ms Sandra Healy Geraghty RIDN, RSCN, H dip SCN, BSc Nursing, Certificate Renal Nursing

Organisation: Our Lady’s Hospital for Sick Children, Crumlin

Authors: Sandra Healy Geraghty, Jenifer Keogh

Title of Presentation:
The Prevalence of Exit Site Infection and Peritonitis in Peritoneal Dialysis: A Retrospective Review

Background:
Peritonitis remains the most common complication of peritoneal dialysis (PD). Infection leads to peritoneal membrane failure and change of treatment modality. The success of PD depends on prevention and treatment of PD related infections.

Aim and objectives:
The study will examine the rate of peritonitis, the implementation of the exit site scoring system and the resultant outcomes in our patient population (January 2013-January 2014).

Methods:
A retrospective review was conducted of 12 PD patients attending the nephrology department in 2013. The data was collected manually and was correlated using a clinical monitoring database.

The risk factors for PD were evaluated includes:
- Potential risk factors were considered and a pre operative assessment completed.
- Exit site dressing procedures and treatment of exit site infections were examined.
- The frequency of exit site cleansing and the type of dressing used were evaluated based on the appearance and growth of organisms at the site. Actions were assessed with the exit site scoring sheet in conjunction with international standards.
- Training of parents and staff in the connection of PD.

Analysis and Results:
Low rates of exit site infections and peritonitis were identified compared with international rates. Out of 12 patients only 8.3% had an exit site infection that led to Tenckhoff catheter removal. A further 16.6% had an episode of peritonitis, with 8.3% having a positive growth in their peritoneal fluid.

Recommendations:
There are disparities on the usage of the exit site scoring system within the profession. Exit site evaluation is a subjective decision, requiring further training to enhance patient outcomes. The occurrence of peritonitis was minimal, continuing assessment is necessary to maintain and improve these rates. The main objective is that patients were successfully treated, allowing them to proceed to renal transplant.

Notes:
Abstract Number: 3.4

Presenter: Ms Susanna Byrne RGN, MSc

Organisation: HSE-ONMSD and RCSi Institute of Leadership

Authors: Susann Byrne, Sibeal Carolan

Title of Presentation:
Emergency Department - Workforce Planning Framework. To assist the standardisation of workforce planning approaches across Emergency Departments and the Emergency Care Networks nationally

Background:
Appropriate levels of staffing are fundamental in meeting patients’ needs and assuring the quality and safety of their time spent in the emergency setting.

Aim and objectives:
To design and develop a Workforce Planning Framework to assist ED nurse managers and other relevant staff in determining the most effective and appropriate utilisation of their existing nursing (and support staff) resource in the Emergency setting.

Methods:
A triangulated approach was used to develop the toolkit and testing phase, informed by multiple sources. This included
• Comprehensive literature review and review of existing sources of workforce data collection methods across the system
• Consultation and active engagement with the Project Advisory Group
• Site visits to test the key tools in 5 ED’s coupled with collection of data to inform the case studies/ worked examples in the final toolkit
• National and international consultation on the tools

Analysis and Results:
Further development of workforce planning frameworks
Standardisation of workforce planning approaches across EDs nationally;
Competency development of healthcare professionals to develop the proficiency in making informed workforce decisions

Notes
Abstract Number: 3.5

Presenter: Ms Petrina Donnelly MSc in Organisational Change & Leadership Development

Organisation: Beaumont Hospital/RCSI/DCU

Authors: Petrina Donnelly Karen Greene, John Walsh

Title of Presentation:
Implementation of Quality Safety Walk rounds (QSWRs) in a Dublin Academic Teaching Hospital

Background:
Many reports both nationally and internationally have outlined poor patient outcomes secondary to suboptimal quality care. Sources of error are diverse; they include failure of process safeguards, faults in equipment, and lack of teamwork. Patient safety is thereby dependent on the optimal interactions of the components of the healthcare system.

QSWRs assist with developing a culture of safety and help identify and mitigate sources of error. QSWRs:
• Demonstrates senior manager's commitment to quality and safety for patients and staff.
• Increases staff engagement and a culture of open communication.
• Identify, acknowledge and provide opportunities to share good practices.
• Supports a proactive approach to minimising risk, beginning with timely reporting and feedback.

Aim and objectives:
implement QSWR's in both clinical and clinical support areas in a DATH's
• Design the process for conducting QSWRs in the organisation.
• Develop a bespoke training programme for all SMT members and clinicians facilitated by an international clinician who is an expert on QSWRs.

Methods:
The HSE (2008) Change Model structured this action research. Focus groups assisted in developing a process to meet the organisation's needs which was piloted and evaluated.

Analysis and Results:
The HSE QSWR tool-kit (2013) was adapted to meet the needs of clinical and clinical support areas. An escalation pathway has been drafted to ensure a clear process for issues to be managed and followed up. Two areas have been chosen to pilot the process to evaluate the process prior to organisational roll-out. Training of those involved in the pilot is scheduled for January 2015 and first walk-round will take place following same.

Recommendations:
Senior executive involvement and clinician engagement are key factors to successful QSWR's

Notes:
Abstract Number: 4.1

Presenter: Ms Bridget Murray
RGN, BSc (Nursing), HDip (Critical Care Nursing), MSc (Nursing), PG Dip ED (Clinical Health Sciences)

Organisation: RCSI

Authors: Bridget Murray

Title of Presentation:
Tell me this! What is blending learning?

Background:
Learning is defined as a “permanent change in mental processing, emotional functioning, and/or behaviour” when individuals acquire new knowledge or skills (Bastable 2008). Acknowledging it as a fundamental process, many individuals take it for granted, believing that once an adult they will have learned how to learn. Cowman (2008) notes that it is a complex process and how a person learns can be determined by factors such as favoured mode of perception and cognitive processing. Nevertheless, it can be a natural occurring process and sometimes learning can happen quite unnoticed to the individual (Pritchard 2009). Blending learning is combining face to face classroom learning with online learning. There are many of definitions surrounding blended learning, according to Garrison and Vaughan 2008 it can be conceptualised as “the thoughtful fusion of face-to-face and on-line learning experiences”.

Aim and objectives:
To provide an opportunity to explain blended learning and to briefly take you through the process of integrating technology into your learning and clinical practice.
To provide nurses/midwifes with the opportunity to learn and develop competency with online learning and face to face education.

Methods:
“Nurse/midwife’s sometimes have good reasons for not attending class due to their working schedule. Recording lectures, fast becoming common practice in universities, and making those available to nurses/midwives allows the students to view the lecture content and keep abreast of their coursework. It also gives the nurse/midwives the opportunity to revisit the lecture at a time of their choosing. Utilizing technology can allow content to be made more accessible to the nurse/midwife whereby classroom sessions can be recorded, course documentation uploaded and immediate access to a range of material and resources. Virtual classroom is a real time online classroom environment allowing lecturers to use audio and video to present contents such as PowerPoint presentations to a live audience. Virtual classrooms are really useful for online courses and are also effective in providing additional access to educators/students. When applying blending learning there are many tools or applications for consideration including:
• discussion forums, blogs, wiki pages, web-casting , e- portfolios, e-learning, online quizzes, surveys
Web-based learning and face-to-face/classroom learning are blended together into an effective learning tool that appears to be suited to the needs of nurses/midwifes in the health service.

Recommendations:
“In conclusion, blended learning prepares Nurses/Midwifes for their working life by engaging them during their clinical practice and acquiring strategies for life-long learning.

Finally, this old Chinese Proverb, on Education as interpreted by Ei-Ichiro Ochiai (1993) provides a good summary.
“Tell me, I will forget
Show me, I may remember
Involve me, and I will understand”

Notes:
Abstract Number: 4.2

Presenter: Ms Niamh Rohan RNT

Organisation: RCSI

Authors: Ms Anne Marie Burke

Title of Presentation:
The Use of WiKi in Post graduate Nursing Education

Background:
The introduction of new technologies from the internet has added a new dimension to the online student learning environment (Mathew et al. 2014). The introduction of Web 2.0 digital tools such as the WiKi allow students to engage, interact and create knowledge collaboratively (Mathew et al. 2014, Morley 2014). A WIKI is a web based online collaborative platform on which students with access rights can contribute, modify or edit online content (Mathew et al. 2014). Engaging and developing an online WIKI can facilitate learning, collaboration and ease of documentation while developing online communities (Mathews et al. 2014). Studies suggest that as a form of assessment it can be a flexible and enjoyable experience for the students involved (Stephens et al. 2013).

Methods:
The WIKI was used to facilitate a group work project based around a module on interdisciplinary communication and teamwork on the Post graduate Certificate in Nursing/ Midwifery programme. Students were also expected to give a presentation of their group work on the final study day of the module. This WIKI project and oral presentation formed 50% of the modules summative assessment in tandem with a reflective assignment. Students were assigned groups randomly, and given clear instruction and guidelines on the project. The WIKIs for each group were set up on the college Moodle Virtual Learning Environment by the programme co-ordinator

Analysis and Results:
The WIKI was identified as an effective mechanism for student engagement regardless of geographical location or nursing discipline. Student activity was monitored by nurse tutors ensuring academic credibility of the WIKI as a valid assessment tool.

Notes
Abstract Number: 4.3

Presenter: Ms Mary MacMahon RGN, RM, RNT, Cert Onc

Organisation: National Leadership and Innovation Centre for Nursing and Midwifery, Office of the Nursing and Midwifery Services Director (OnMSD), HSE

Authors: Mary Mac Mahon, Teresa Moore, Annette Connoll, Cora Lunn, Loretto Grogan, Marie Kilduff

Title of Presentation: An e-Learning Resource: The National Clinical Leadership Competency Framework

Background: Competency development is a central component of Continuous Professional Development. There is now considerable emphasis on the development of leadership skills and competencies in Nursing and Midwifery to drive clinical effectiveness. With this in mind, The Office for the Nursing and Midwifery Services (ONMSD), HSE, facilitated by the National Leadership and Innovation Centre for Nursing and Midwifery, developed a pilot programme, the National Clinical Leadership Development Framework (NCLDF), comprised of 7 core competencies. This has now been developed as a comprehensive e-learning resource, The National Clinical Leadership Competency Framework with E-Portfolio development. This e-learning resource will be available to every Nurse, Midwife, CNM and CMM in the health service.

Aim and objectives:

Aims:
• To provide a national approach and structure for competency development and achievement for all clinical leaders.

Objectives:
• Assists and supports the clinical leader to identify and develop the competencies required to perform effectively in delivering quality safe care
• Engages the participant in activities that will support learning and knowledge development
• Develops clinical leadership skills and knowledge to support quality improvement in clinical practice

Methods:
Following a needs analysis, a pilot programme, the NCLDF was established. Following a comprehensive independent evaluation of this programme, the e-learning resource, the National Clinical Leadership Competency Framework with E-Portfolio, has been developed.

Analysis and Results:
The pilot programme was evaluated by an independent group with a number of recommendations. Following on from this evaluation, the e-learning resource, the National Clinical Leadership Competency Framework comprised of 7 core competencies, was developed. The framework has been reviewed by both national and international experts prior to the final stage of development as an e-learning resource.

Recommendations:
Recommendations from the expert groups have been implemented. Further evaluation will follow the implementation phase of the resource later in 2015/16.

Notes:
Abstract Number: 4.4

Presenter: Dr Geraldine O’Connor EdD, MMSc, BNS, RNT, RN

Organisation: Dundalk Institute of Technology

Authors: Geraldine O’ Connor

Title of Presentation: Professional Identity

Background:
This study examines how student nurses in Ireland develop their professional identity while undertaking the clinical experience component of the nursing education and training programme. The study is set against a backdrop of change and transformation, not only within nursing education but also the health care system in Ireland.

Aim and objectives:
To design and develop a Workforce Planning Framework to assist ED nurse managers and other relevant staff in determining the most effective and appropriate utilisation of their existing nursing (and support staff) resource in the Emergency setting.

Methods:
The methodology was principally qualitative and a narrative approach was used in order to engage with the in-depth process of the real life experiences of nursing students. A purposeful sample of nursing students attending one college in Ireland was selected and in depth interviews with student nurses was undertaken.

Analysis and Results:
Two main themes emerged from the data, influences on becoming a nurse, and learning in the clinical environment. The first theme suggests that nursing students might approach the development of a nursing identity form different positions, such as family familiarity with nursing, mature students experiences as health care assistants, having access to a local college or having suitable characteristics to being a nurse. The second theme, learning in the clinical environment demonstrated how the student nurse had to constantly negotiate and re-negotiate what it meant for them to be a student nurse. Students were constantly exposed to both positive and negative elements which had an impact on their professional identity.

Recommendations:
The findings of this study offer some understandings of the professional identity formation of student nurses in Ireland today. Continued research on professional identity formation is required to further understand this issue.

It was evident from this study that supporting and working with a student nurses, especially in the case of the first year student, led to an increase in the workload of the qualified nurse. Findings in this study highlight the need for continued support for preceptors who undertake the role of educating and guiding students through the clinical placement.

The education programme would also need to highlight the reality of the clinical environment, with its constant changing of staff, and the constant changing of clinical sites. Student nurses expectations of their preceptors, of the clinical environment and of their own role would need to be re-examined to give a more accurate picture. In addition, lecturers need to include an accurate image of how busy the clinical environment is and the impact of this on student’s learning.

The difficulties which the health care assistants encounter while adjusting from one community of practice to another would need to be further examined and addressed to ease their transition.

Notes:
Abstract Number: 4.5

Presenter: Mr Chris Peat OBE, MA, BA (Hons)

Organisation: Axia Interactive Media

Authors: Chris Peat

Title of Presentation:
Identifying the factors for the successful introduction of the electronic assessment of professional practice of nurses and midwives

Background:
The potential for electronic portfolios, to improve the assessment of the professional practice of nurses and midwives, during and post qualification has long been recognized both in Ireland and internationally. This potential has not been realized until now. One university has successfully implemented e-AoPP, the electronic assessment of Professional Practice, across all its qualification programmes.

Aim and objectives:
The aim of this session is to analyze the critical reasons why this project has worked, in part through a comparison with other similar projects which have had a less successful outcome.

Methods:
The analysis will be informed by a review of existing practice nationally and internationally. In addition user surveys and more in depth case studies from those involved in implementing this approach will be used.

Analysis and Results:
The main findings of the research are that the perceived barriers to introducing electronic assessment can be overcome providing the assessment is well constructed; all the key stakeholders are effectively engaged and the technology is fit for purpose;

Recommendations:
These results demonstrate that electronic assessment can advance nursing and midwifery practice through liberating all those involved, from the paper trail often associated with traditional assessment methods thereby providing more time for teaching and reflective judgments.

Notes:
Abstract Number: 4.6

Presenter: Dr Melissa Corbally DProf (Health and Social Care), MSc, BNS(Hons), RGN

Organisation: Dublin City University

Authors: Melissa Corbally, Anne Kirwan, Mary Kelly, Adele Keough, Sinead Costello, Sinead Plunkett

Title of Presentation:
Using a blended learning approach to optimise fourth year undergraduate nursing students’ preparation for internship

Background:
The 36 week internship, devised with the intention to consolidate clinical and theoretical learning (An Bord Altrainais 2005) has been found to be a challenge for students who are required to learn and think quickly in an ever-changing clinical context.

Aim and objectives:
A 4th Year Module, called/titled ‘Preparation for Clinical Nursing Practice’ was constructed to facilitate blended learning activities through providing a spectrum of teaching and learning environments. A simulated practice exercise provided a challenging clinical context, in addition to other face to face and online learning contexts which challenged the students to think and act quickly.

Methods:
In total, six different practice learning activities are incorporated within this module with a view to maximize peer to peer and active learning strategies (Bonk and Graham 2006). Students rotate through one of the six learning activities each week ensuring that all students have an equal exposure to all learning environments over the course of the module. Whilst all of the activities are facilitated by lecturers, two of the practice learning activities are online, whilst four are conducted in the Clinical Education Centre. All of the assessment relating to the module is undertaken and submitted online. The poster will provide a detailed illustration of the content of the learning activities which include simulated clinical practice, peripheral intravenous cannulation and assessment of the deteriorating patient.

Analysis and Results:
Preliminary evaluation of the module is broadly positive. Particular learning activity evaluations (i.e. online and simulated clinical practice) have resonance with international studies using blended learning approaches (Haigh, 2007, Hsu 2012)

Recommendations:
The multiplicity of teaching and learning activities in this module appear to stimulate students to utilise a broad spectrum of teaching and learning strategies to prepare for their rostered clinical placement.

Notes:
Abstract Number: 4.7

Presenter: Ms Anne Kirwan MSc, BSc, RnT, RGN, RM

Organisation: Dublin City University

Authors: Anne Kirwan, Melissa Corbally

Title of Presentation:
Using realistic health care emergency scenarios as a ‘Trigger’ for learning in small enquiry-based groups which then simulate the ‘Plan of Action’

Background:
It is well acknowledged that the clinical environment is increasingly complex and challenging with multiple health care emergencies. This is particularly pertinent to first year student nurses who struggle to perform in emergency scenarios due to a lack of exposure to the clinical environment. Jeffries (2005) promotes the use of simulation as a relatively efficient method of teaching content and critical thinking skills safely without fear of causing harm to actual patients.

Aim and objectives:
This first year option module provided the student with the opportunity to learn and develop skills required to recognise and respond to realistic simulated health care emergencies in a safe and supported environment using an enquiry-based learning approach.

Methods:
Realistic health care emergency scenarios were used as ‘Triggers’ (Price 2003 pg 44) for a cohort of fifty five students to learn inductively in small groups of eight. The assessment of the practice scenario, recognition of what is known or not known then guided further exploration of current best evidence by participants. A ‘Plan of Action’ (Price 2004 pg 45) was then developed by the group in response to the ‘Trigger’. Students then individually simulated this ‘Plan of Action’ which is evaluated against a predesigned criteria based on current best practice.

Analysis and Results:
Students’ evaluation of this module resonates with Jeffries (2005), highlighting the value of enquiry-based simulation exercises at first year level in both encouraging critical thinking whilst also reflecting the realities of working as part of a team. Greater attention to debriefing after simulations also identified in the evaluation are reflective of the literature (Wilford, Doyle 2006) and will inform future enhancements of this module.

Recommendations:
Both enquiry-based learning and simulation appear to stimulate students learning helping to prepare them for clinical realities.

Notes:
Abstract Number: 4.8

Presenter: Ms Kendra Clawson BSN, RN

Organisation: Seattle Childrens Hospital, University of Washington

Authors: Kendra Clawson, Maureen Oscadal, Sarah Gimbel, Pam Kohler

Title of Presentation:
The Role of Global Health Education in the Academic Nursing Community

Background:
The prevailing forces of globalization make it increasingly obvious that health is tied to factors beyond our nations borders. Moreover, the ever-increasing disparities in health highlight the ongoing inequalities. This understanding had necessitated a call for the nursing profession to be more responsive, thus an examination of global health in nursing is essential.

Aim and objectives:
The goal of our research is summarize existing practices, explore linkages between international experiences and global health educational programmes, and gauge student interest in global health topics at a top academic nursing institution in the western United States.

Methods:
Quantitative data was obtained via a brief anonymous online survey of the three 2012-2014 nursing cohorts. The survey was created for this project through a host application, Catalyst, and distributed via email list serve. Qualitative data was collected through online program reviews and semi-structured interviews. Interviews were conducted with three purposively selected global health professionals who previously served with Peace Corps.

Analysis and Results:
Results demonstrated a significant interest in global health, 92 of 240 (38%) students responded to the survey 70 % of respondents stated that they “agree” or “strongly agree” they would would be interested in taking a global health elective through the institution. Catalyst statistical analysis was used to generate these results. We were also able to identify themes linking Peace Corps experiences with awareness of global health topics, educational choices, and professional development. Assistance in analyzing the data was provided by an experience social researcher.

Recommendations:
Improving global health my begin by nurturing an interest. Academic programmes committed to global health by offering mentoring, organizational partnering and certificate/diploma programs my begin to ensure access to quality health care for the worlds population.

Notes:
Abstract Number: 4.9

Presenter: Ms Lindsey Rose BA (Hons) Midwifery, MSc Healthcare Education

Organisation: Anglia Ruskin University

Authors: Lindsey Rose

Title of Presentation:
Newly Qualified Midwives’ Experience of the Transition to Qualified Status

Aim and objectives:
The aim of this study was to investigate some of the challenges that newly qualified midwives experienced when establishing autonomous competent practice in their first year as a midwife.

Methods:
A qualitative, inductive approach was taken using interpretive phenomenology. Semi-structured interviews were used to collect the data. A field diary was kept in order to ensure that the researcher considered both her perceptions and the interactions with participants. Interpretive phenomenological analysis was used to interpret the data. Data was collected from newly qualified midwives during their initial year after they commenced their first post as a qualified midwife.

The participants were from one NHS Trust in the East of England, all of whom had completed their training at a local university and were in their first year in practice, with approximately six months experience.

Analysis and Results:
The research aimed to provide insight into the professional experiences of newly qualified midwives in order to inform curriculum development and the effectiveness of the practice development midwife’s role.

Recommendations:
This research has provided insight into the value of the preceptorship programme and particularly individualised programmes. It highlighted the importance of ensuring that this period is organised in order to provide the support and experience that newly qualified midwives need on entering the profession.

It is recommended that midwifery education programmes consider providing simulation opportunities for students to develop clinical and organizational skills. This will allow student midwives to practice prioritising and managing care in a safe environment. Newly qualified midwives should be encouraged to keep a reflexive diary in which they can explore their experiences and develop strategies for the future.

Notes:
Abstract Number: 4.10

Presenter: Dr Delene Volkert, RN, MSn, CNE

Organisation: Great Basin College, Nevada, USA

Authors: Delene R. Volkert

Title of Presentation:
Why Should I Go Back to School? How to entice RN's to return for their BSN

Background:
Recently, numerous studies have correlated higher quality of patient care in facilities which have a higher percentage of nurses that are prepared at baccalaureate levels (Blegen, Goode, & Park, 2013; Aiken, Cimiotti, Sloane, Smith, Flynn, & Neff, 2012; Kramer, Maguire, & Brewer, 2011). The Institute of Medicine released a report in 2009 calling for an increase in baccalaureate trained nurses to 80% by the year 2020. In 2010, the percentage of nurses educated at this level was approximately 50% nationwide. First it is necessary to understand the motivational factors that prompt ADN students’ to return to school and enroll in RN to BSN completion programs. Secondly, it is necessary to assess the learning strategies which students in these different program levels report.

Aim and objectives:
Aim 1: to determine if higher intrinsic or higher extrinsic goal orientation factors are reported by students in RN to BSN programs and ADN programs.
Aim 2: to assess for correlation between the use of higher cognitive learning strategies in students that report higher intrinsic goal orientation factors.
Aim 3: to assess for significant differences in the use of higher cognitive learning strategies between RN to BSN students and ADN students.

Methods:
This study will utilize the Modified Motivated Strategies for Learning Questionnaire (MSLQ) reference tool to conduct a study with two groups of randomly sampled students – one group will consist of RN to BSN students and the second group will consist of ADN students. This study will assess if students in RN to BSN programs report higher on intrinsic goal orientation factors than students in ADN programs. This study will assess if there is a correlation between the use of higher cognitive learning strategies in students that report higher intrinsic goal orientation factors. Both will be analyzed utilizing independent t tests.

Analysis and Results:
This is the theoretical development for a study and as such, analysis/results have not been completed.

Notes:
Abstract Number: 5.1

Presenter: Dr Cheryl Moody PT, DPT, PCS, C/NDT

Organisation: Childrens Hospital Colorado

Authors: Sharon Sables-Baus, Susan Moran, Tiffany Callahan

Title of Presentation:
Early initiation of a Newborn Individualized Developmental Care and Assessment Program (nIDCAP) reduces length of stay

Background:
Although infants born ≤ 32 weeks gestational age are at risk for long term developmental delays, nIDCAP has been shown to minimize age-related delays, decrease length of stay and hospital costs. One Midwestern United States hospital noted a 17% nIDCAP referral rate among infants admitted ≤ 32 weeks gestational age. Efforts to improve referrals were warranted.

Aim and objectives:
To increase the nIDCAP referral rate in 12 months to 50% for infants ≤ 32 weeks gestational age

Methods:
A multidisciplinary leadership team identified and addressed potential barriers to referrals. A nIDCAP consult order was added to the electronic medical record admission order set with repeated measures to educate key personnel of the change. Weekly multidisciplinary rounds were attended by the project lead to identify eligible infants.

Analysis and Results:
NIDCAP referrals increased to 50.6% (n = 87). Admission and discharge postmenstrual age for infants that received NIDCAP was M = 27.85 (SD = 1.86) and M = 38.28 (SD = 5.10) weeks respectively, whereas the infants that did not receive NIDCAP were slightly older at admission (M = 29.87, SD = 2.49) and discharged sooner (M = 35.96 weeks, SD = 5.60). Although the average length of stay (LOS) for NIDCAP-enrolled infants was longer, if enrolled < 6 days after admission, they were discharged an average of 25.02 days sooner (M = 57.17; M = 82.19) and 3.33 weeks younger (p = 0.027).

Recommendations:
Early NIDCAP intervention may lead to a reduction in LOS and medical costs. Successful improvement efforts require an alignment with organizational goals, and a collaborative team to initiate, plan, implement, and evaluate a project over time. Next steps will seek differences per gestational age.

Notes:
Abstract Number: 5.2

Presenter: Ms Esther Tuna Cassidy MSc, RNP, RCSn, RGN

Organisation: Temple Street Children’s Hospital, Dublin

Authors: Esther Tuna Cassidy, Dr T O’Connor

Title of Presentation:
How Effectiveness is Nurse Led Airway Management including Extubation in the Paediatric Post Anaesthesia Care Unit (PACU)?

Background:
Airway management including extubation in the paediatric PACU is an extended nurses role that has being practiced for over 20 years within this hospital setting. The practice allows the patients to recover from anaesthesia with the return of normal airway reflexes in the patient’s time. This is known to reduce airway complications. It also has the potential to improve theatre efficacy by increasing the through put in theatre. Both Nationally and in the UK there is a drive to increase this practice with the aim of improving theatre productivity and efficiency. There is however very little evidence based research to support the practice especially in the paediatric setting. This study addresses the gap.

Aim and objectives:
Airway management including extubation in the paediatric PACU is an extended nurses role that has being practiced for over 20 years within this hospital setting. The practice allows the patients to recover from anaesthesia with the return of normal airway reflexes in the patient’s time. This is known to reduce airway complications. It also has the potential to improve theatre efficacy by increasing the through put in theatre. Both Nationally and in the UK there is a drive to increase this practice with the aim of improving theatre productivity and efficiency. There is however very little evidence based research to support the practice especially in the paediatric setting. This study addresses the gap.

Methods:
Data on respiratory adverse events from 1007 paediatric patients was collected prospectively in the PACU over a 10 week period. The age ranged from 1 week to 16 years. Airway types were: 73.3% of patients were intubated, 11.5% face masks, 8.8% laryngeal mask airways (LMA’s), 4.5% mask and oral airway, 0.1% other, 1.8% missing data. Mild, moderate and severe respiratory adverse events were recorded and compared with research from similar settings.

Analysis and Results:
There were a total of 9% adverse respiratory events in the PACU. Off these 93% were managed by nursing staff, 5.7% were managed by anesthetic staff with 1.3% missing data. The rate of laryngospasm was 2%, re-intubations 0.1%, no unplanned admissions to PICU, the emergency call bell usage was 0.1%. The average length of stay in PACU was 20 minutes. When compared with the literature these findings compared well to known key PACU complication.

Notes:
Abstract Number: 5.3

Presenter: Ms Joanna Norvil RN BSN

Organisation: Childrens Hospital Colorado

Authors: Joanna M. Norvi, Karensa Morgan, Hannah Smallegan, Leslie Badget, Kristen Siegele, Mary Ann D’Ambrosio, Ricci McManaman, Susan L. Moran

Title of Presentation:
Increasing Kangaroo Care in the NICU: Addressing Staff Attitudes, Beliefs and Barriers

Background:
Kangaroo Care (KC) has been shown to reduce pain and the incidence of necrotizing enterocolitis. Shorter lengths of stay and improved long-term neurological and developmental outcomes have also been associated with KC. One Level IV neonatal intensive care unit acknowledged only 19% (N = 139) of the nurses were providing parental KC at least two times per week. Therefore, an increase in the occurrence of KC was warranted.

Aim and objectives:
Increase the prevalence of KC by 10% within two months.

Methods:
Efforts to achieve the aim were founded on Kotter’s Leading Change and Mezirow’s theory of transformative learning. The nurse-led interdisciplinary team created a sense of urgency by comparing local practice to benchmark data. Key stakeholders also conducted a literature review, identified barriers and developed plans to change current perceptions and practice.

The program was promoted by multiple emails, highlighted in huddles and illustrated on bulletin boards located in areas frequented by staff. Unit leadership covered patient assignments while interested staff nurses attended one of the half-hour sessions.

During the sessions, new graduate nurses simulated a staff nurse aiding the mother as she transitioned her critically ill infant from the bed to the chair. Participant suggestions for policy improvement were encouraged. An electronic survey was emailed following 20 hours of simulations over 5 days.

Analysis and Results:
58% (N = 139) nurses attended the sessions and 79 (57%) responded to the post program survey. 39 (28%) of the respondents self-reported KC was performed at least two times per week; an increase of 9%.

Recommendations:
Kotter’s theoretical framework offered the essential program structure while Mezirow’s transformational learning provided value through experience, discourse and critical reflection. Next steps will involve further diffusion of knowledge and sustaining change.

Notes:
Abstract Number: 5.4

Presenter: Dr Maryam Alaradi PhD, NNP-BC, RN

Organisation: Royal College of Surgeons Bahrain

Authors: Dr Maryam Alaradi

Title of Presentation:
Predictors of Uncertainty in the neonatal intensive care unit: stress, anxiety, and depressive symptoms of parents of preterm infants

Background:
Admission of a sick neonate to the neonatal intensive care unit (NICU) can be a very stressful experience for the parents. Parents strive to deal with stress, uncertainty, anxiety, and depressive symptoms in this potentially threatening environment. Research on parental uncertainty in neonatal population is limited. Moreover, very few studies examined predictors of stress, anxiety and depressive symptoms in parents of NICU infants.

Aim and objectives:
The purpose of this study was to identify predictors of uncertainty, stress, anxiety and depressive symptoms of parents of preterm infants in the NICU

Methods:
A cross sectional explorative design was used to recruit a convenient sample of 32 pairs of parents of preterm infants from NICUs in three hospitals in the US. Parents completed demographic questionnaire, the Parental Perception of Uncertainty Scale (PPUS), the Parental stressor Scale: NICU (PSS:NICU), the State Anxiety Inventory (SAI), and the Center for Epidemiologic Studies-Depression (CES-D). An infant demographic questionnaire and Clinical Risk Index for Babies (CRIB) were also recorded

Analysis and Results:
Descriptive statistical analysis was conducted. Multiple linear regressions were used to identify predictors of uncertainty, stress, anxiety, and depressive symptoms followed by path analysis for the significant predictors. The results showed that NICU parents experienced moderate to high levels of uncertainty, stress, and state anxiety and low levels of depressive symptoms. Statistical differences were found between parents in level of state and stress anxiety, but not in uncertainty and depressive symptoms. Uncertainty had the greatest effect on state anxiety and depressive symptoms.

Recommendations:
Parental screening on admission and thereafter is essential to identify parents at risk for developing stress, anxiety and depressive symptoms. For future research, this study will be replicated using a sample from Bahrain and comparing the results with the American sample.

Notes:
Abstract Number: 5.5

Presenter: Ms Rasha Rashad Alsaigh RN, BSc, MSc (Child Health and Wellbeing)

Organisation: King Abdulaziz University, Jeddah, Saudi Arabia

Authors: Ms Rasha Rashad Alsaigh, Maryanne Murphy (Assistant Prof School of Nursing & Midwifery TCD)

Title of Presentation:
The Effect of Growth Hormone Therapy on Children with Russell-Silver Syndrome: A Systematic Review

Background:
Russell Silver Syndrome (RSS) is a clinically and genetically heterogeneous growth disorder with many dimorphic features including significantly short stature. Recombinant Growth Hormone (GH) therapy is used to increase growth in children with RSS.

Aim and objectives:
Is growth hormone therapy effective for increasing the height of children with RSS?

Methods:
The following medical databases were extensively searched: PubMed, Embase, Web of Science and Scopus using the following key words: Russell Silver Syndrome; Silver Russell Syndrome; Intrauterine Growth Retardation with Somatic Anomalies; Dysmorphic Intrauterine Growth Retardation; Growth Hormone Therapy; Recombinant Human Growth Hormone Therapy; Biosynthetic Human Growth Hormone Therapy and Height. Conference proceedings were also included in the search. Cohort (one group pre-post) studies and retrospective cohort studies were selected for this review. The participants selected were pubertal children with Russell Silver Syndrome. The intervention is the administering of growth hormone therapy injections, given subcutaneously at a frequency of at least 6 days/week given at a dose suitable for the participants. The outcomes measured or analysed were height and growth velocity as primary outcomes and side effects and dropout rates as secondary outcomes.

Analysis and Results:
Quality assessment and data extraction were performed by one reviewer and checked by a second. Data synthesis of the outcomes was performed using a narrative synthesis.

Recommendations:
The data in this review showed that height and growth velocity for children with RSS do increase and are much closer to the normal mean for both while on GH treatment, yet it was not possible to achieve an overall mean of increment for both. Growth Hormone Therapy (GH) is a significant method for enhancing the growth of children with RSS. The scientific evidence is in favour of GH therapy when used in children with RSS, but the quality of the evidence is still low.

Notes:
Abstract Number: 6.1

Presenter: Ms Julie Jordan O’Brien

Organisation: Royal College of Surgeons in Ireland

Authors: Ms Julie Jordan O’Brien

Title of Presentation:
The prevalence and resource impact of wounds within an urban area of Ireland

Background:
International studies suggest that 3.7 people per 1,000 are affected by a wound. Changing developments in the Irish health care system means there is an increased demand for the provision of wound care. Research has indicated that up to 68% of community nurses time is spent on wound care1,2.

Aim and objectives:
To explore the prevalence and management of wounds within an urban setting in Ireland.
To make recommendations for practice based on the findings of the study.

Methods:
A Cross-sectional survey design, using a validated data collection instrument3. The study setting was one healthcare region with a population of 1,187,176, and included acute care, long stay, community settings and a prison service.

Analysis and Results:
Point prevalence was 3.7% (n=445) and surgical wounds were the most prevalent 42.7% (n=190). Other wounds included leg ulcers 18.9% (n=84), pressure ulcers 10.3% (n=46), diabetic foot ulcers 5.2% (n=23) and others 13.2% (n=102). Chronic wounds were present >five years 8.5% (n=38). Dressing times varied from 10 minutes 20% (n=92) to an hour 1.2% (n=5). Most dressings were changed 3 times a week 28.5% (n=127) but 5.8% (n=26) and 10% (n=45) were changed daily or alternate days which can impact on resources such as dressings / nurse time. Common types of primary dressings used were iodine 12.8% (n=57) and Hydrofibre 9% (n=40) although it was interesting see antibacterial dressings were applied despite the fact that 80% (n=356) were reported as non-infective wounds. Only 48% (n=11) with diabetic foot ulcers received offloading, and of the 46 Pressure ulcers 14.2% (n=7) had no pressure redistribution device. Furthermore, 33% (n=17) with venous leg ulcers were not receiving compression therapy.

Recommendations:
Point prevalence was 3.7% (n=445) and surgical wounds were the most prevalent 42.7% (n=190). Other wounds included leg ulcers 18.9% (n=84), pressure ulcers 10.3% (n=46), diabetic foot ulcers 5.2% (n=23) and others 13.2% (n=102). Chronic wounds were present >five years 8.5% (n=38). Dressing times varied from 10 minutes 20% (n=92) to an hour 1.2% (n=5). Most dressings were changed 3 times a week 28.5% (n=127) but 5.8% (n=26) and 10% (n=45) were changed daily or alternate days which can impact on resources such as dressings / nurse time. Common types of primary dressings used were iodine 12.8% (n=57) and Hydrofibre 9% (n=40) although it was interesting see antibacterial dressings were applied despite the fact that 80% (n=356) were reported as non-infective wounds. Only 48% (n=11) with diabetic foot ulcers received offloading, and of the 46 Pressure ulcers 14.2% (n=7) had no pressure redistribution device. Furthermore, 33% (n=17) with venous leg ulcers were not receiving compression therapy.

Notes:
Abstract Number: 6.2

Presenter: Ms Maire O’Meara General Nursing BSc, PG Dip Wound management and Tissue Viability, MSc

Organisation: Royal College of Surgeons in Ireland

Authors: Maire O’ Meara, Prof Zena Moore

Title of Presentation:
The Impact of Larvae Therapy on the Debridement of Chronic Wounds: A Systematic Review

Background:
Chronic wounds affect millions of people globally. It is a debilitating condition that diminishes health related quality of life. Wound bed preparation is necessary for wound healing. In order for some wounds to heal, debridement plays an important role. Larvae therapy is one form of debridement, which will be the main focus of this systematic review.

Aim and objectives:
To explore the literature pertaining to the use of larvae therapy in chronic wounds to determine its impact on debridement.

Methods:
This systematic review included studies in English, randomised control trials, clinical control trials, comparative studies, retrospective studies, prospective studies and systematic reviews. The chronic wounds included in the review were pressure ulcers, diabetic foot ulcers and leg ulcers.

Analysis and Results:
Data Collection & Analysis: Studies that fit the inclusion criteria were included in this review. Data analysis was completed in narrative form. The PRISMA statement was used for synthesising the systematic review included in this study.

Analysis and Results: After completing a systematic research of the literature, 14 studies were included in this review. The main primary outcome was rate of debridement of a chronic wound. Secondary outcomes included healing rate, pain, health related quality of life and acceptability of larvae therapy.

Recommendations:
The overall results show that larvae debridement therapy is an effective, safe and fast method of debridement in chronic wounds.

Notes:
Abstract Number: 6.3

Presenter: Ms Rosalind O’Connor BSc Nursing (Gen), MSc Tissue Viability & Wound Management

Organisation: St. Michael’s Hospital, Dun Laoghaire and Royal College of Surgeons in Ireland

Authors: Rosalind O’Connor

Title of Presentation:
The relationship between cell deformation and the most common risk factors associated with pressure ulcer development?

Background:
Pressure ulcers are not a new phenomenon. Indeed, despite a surge of interest in pressure ulcer prevention strategies, they remain a global health care problem. EPUAP/NPUAP defines pressure ulcers as injury to a localised area of the skin and these injuries are graded from 1-4. Pressure ulcers place huge financial burden on health services nationally and internationally and also affect the quality of life of those who suffer from them. Although pressure ulcer aetiology is relatively unknown, it is understood that there are four mechanisms associated with pressure ulcer development, with the fourth mechanism known to be cell deformation. This is a recent hypothesis, considered to be of prime importance in pressure ulcer development. Thus the writer explored how the common risk factors associated with pressure ulcer development relate to cell deformation.

Aim and objectives:
The aim of this systematic review was to explore how the three most common risk factors associated with pressure ulcer development (immobility, malnutrition and incontinence) expose the individual to cell deformation.

Methods:
Systematic Review.

Analysis and Results:
Fifteen studies were included in this review. These included animal, in vitro and human studies. The animal and in vitro studies examined pressure ulcer aetiology. The included human studies examined the risk factors (nutrition, incontinence and immobility) and how they contribute to pressure ulcer development. The authors of the included studies failed to demonstrate how these risk factors relate to the pathology of pressure ulcer development.

Recommendations:
The most commonly believed risk factors associated with pressure ulcer development are nutrition, incontinence and immobility. None of the included articles demonstrated how these risk factors relate to the fourth mechanism of pressure ulcer aetiology namely cell deformation. Therefore, further research is warranted to explore this concept in more detail.

Notes:
Abstract Number: 6.4

Presenter: Ms Lenora Fitzgerald RGN, HDip RM, BSc, HDip PHN, MSc (Hons)

Organisation: Royal College of Surgeons in Ireland

Authors: Fitzgerald L, Moore Z

Title of Presentation:
The impact of educational interventions on patients’ knowledge of the prevention and management of venous leg ulcers – a systematic review

Background:
As the elderly population grows, so too does the prevalence of chronic venous leg ulcers (VLU). Compression therapy is recognized as the gold standard treatment for VLUs and has an important role to play in reducing the risk of recurrence. Promoting concordance with this therapy is challenging for health professionals and patients alike. Effective health promotion and health education interventions are recognized as important elements in the successful management of this patient group.

Aim and objectives:
The aim was to answer the research question; “What is the impact of educational interventions on patients’ knowledge of the prevention and management of venous leg ulcers?” The objective was to determine the impact of health education/health promotional activities on patients’ health literacy and attempt to establish the effects these activities have on VLU healing and prevention of recurrence.

Methods:
A Systematic review was undertaken using the guidance of the Cochrane Collaboration, through systematic searching of identified literature, data extraction and quality appraisal.

Analysis and Results:
Following a systematic search of the literature, 16 studies were included. Patient participation in an educational intervention is largely viewed as a positive experience. The included studies varied in their approach to educational interventions and outcome assessments. No study provided conclusive evidence on patient knowledge attainment, and its impact on VLU healing and recurrence prevention.

Recommendations:
Regular provision of tailored educational interventions to meet the individual needs of patients with VLUs is an important consideration when planning care delivery for this patient group. Nurse education and availability of cost-effective resources are essential to the successful implementation of evidence based practice, and creating an environment of partnership and understanding. This has the potential to improve health literacy and healing outcomes in those who experience VLUs.

Notes:
Abstract Number: 6.5

Presenter: Dr Ray Samuriwo PhD, RGN

Organisation: Cardiff University

Authors: Professor Alan Pearlman

Title of Presentation:
The Dual process theory and nurses’ pressure ulcer related decision making

Background:
Consistent delivery of safe high quality health care relies on nurses’ ability to make appropriate judgements and decisions about the treatment of patients. Nurses have to make a number of judgements and decisions in pressure ulcer prevention and management (1). Studies (2-4) have identified that nurses find it challenging to distinguish between different grades of pressure ulcers and between pressure ulcers and moisture lesions. Incorrect judgements about the state of a patient’s skin of pressure ulcer can lead to the implementation of inappropriate or ineffective measures (1-3).

Dual process theory of decision making:
Decision making research and has set out two distinct ways of thinking (system 1 and system 2) that people use to make judgements and decisions in what is known as dual process theory (8, 9). When, where and in what balance system 1 and system 2 are used is an active subject of research in many domains of application.

Analysis and Results:
Studies (10, 11) on the dual process theory indicate that experts have an enhanced intuitive process for decision making that is underpinned by pattern recognition, which allows them to decide the best course of action with the experiential information stored in their memory. Experts develop their expertise through practice and reflection on experience; which results in a higher level of expert heuristic or intuitive decision making in contrast to the more emotional intuitive decision making of novices (10, 12).

Recommendations:
The dual process theory appears to account for some of the findings about the shortcomings of nurses’ pressure ulcer related decision making in different studies (1, 2). It may be prudent to put in place measures such as clinical decision support systems or decision making aids (13, 14) to enable nurses to consistently make more appropriate decisions about pressure ulcers.

Notes:
Abstract Number: 7.1

Presenter: Professor Marie Carney RGN, RM, RNT, MBA, PhD, FFNMRCISI

Organisation: Royal College of Surgeons in Ireland

Authors: Professor Marie Carney

Title of Presentation:
Regulatory Dimensions of Advanced Nurse and Midwifery Practice from an International Perspective

Background:
Regulation of advanced practice nursing does not occur in many countries. Ireland is currently in the minority in regulating advanced practice at national level. Legislative and regulatory practices vary between and within countries. Professional nursing organisations have recognised advanced practice in some countries by regulation and in some by voluntary certification. The United States has developed the LACE Consensus Model to clarify the roles of advanced practice nurses and to standardise education, licensure and certification, areas where confusion exists.

Aim and objectives:
To explore the regulation of advanced nurse practice internationally and to identify differences and commonalities.

Methods:
A literature review of 510 scholarly nursing papers published in CINAHL, PubMed and MEDLINE between 2002 and 2014 and in 30 websites, was undertaken. The papers were reviewed, utilising content analysis. The SALSA analytical framework—Search, Appraisal, of Literature, Synthesis and Analysis (Grant & Booth 2009) was joined with NVIVO 9.0 software for document analysis, which involved organising, linking, categorising, questioning, shaping and synthesising relevant qualitative data.

Analysis and Results:
There is a lack of consistency in legislative systems internationally. Nursing organisations have recognised advanced nurse practice by regulation in some countries and by voluntary certification in others. There is also “title” difference. There are up to 13 different titles being used to denote advanced practice, leading to debate on the subject. Ireland uses the title of “advanced nurse/midwife practice” (ANP/MP) to identify the advanced practice nurse and some countries, including the United State, use the title “advanced practice nurse” (APN). Research has demonstrated that care delivered by advanced nurse practitioner’s has enhanced patient outcomes yet regulation of advanced practice is not undertaken in most countries.

Recommendations:
Implications for nurse manager: Nurse and midwife managers need to know that criteria for regulation of advanced practice are in place and that they reflect the minimum requirements for safe practice.

Notes:
Abstract Number: 7.2

Presenter: Dr Patrick Cotter DN, MSc, HDipN(A&E), BSc, DipMgt, RGN, RM, RNP, RANP

Organisation: Cork University Hospital

Authors: Dr Patrick Cotter, Prof. Geraldine Mc Carthy

Title of Presentation:
Clinical autonomy and nurse/physician collaboration among emergency nurses

Background:
A number of reports identify nurses as having a significant role in addressing the challenges of providing modern healthcare. Emergency nurses have reported competence in a wide range of emergency care skills. However, Emergency Department (ED) nurses appear to have lower levels of clinical autonomy than other nurses. A number of influences have been identified in the literature including levels of collaboration with physicians and the organisations in which nurses work.

Aim and objectives:
To investigate clinical autonomy and Nurse/Physician collaboration among emergency nurses in Ireland.

Methods:
A descriptive correlational study using a survey design with a purposive convenience sample of 141 ED staff nurses (response 70.9%) from 3 EDs in Ireland. Data were collected using the Dempster Practice Behaviours Scale (DPBS) the Nurse/Physician Collaboration Scale (nPCS) and the newly developed Organisational Influences on Nursing Scale. Demographic information was also sought from participants

Analysis and Results:
Participants were predominantly female (87%), relatively young (mean age 35.57, SD=7.83) and educated to degree level (48%) or higher (31%) with 40% possessing specialist emergency nursing qualifications. Participants reported moderate levels of clinical autonomy and Nurse/Physician collaboration. No relationships were found between sample characteristics and clinical autonomy and Nurse/Physician collaboration among emergency nurses. Relationships were found between levels of clinical autonomy and Nurse/Physician collaboration ($r=-0.395, n=100, p<0.001$), and organisational influence on nursing ($r=0.455, p<0.001$) and also between Nurse/Physician collaboration and organisational influence on nursing ($r=-0.413, p<0.001$).

Recommendations:
Clinical autonomy of nurses has been linked with quality outcomes in healthcare. The quest for quality in modern healthcare in a challenging environment should acknowledge that strategies need to focus beyond education and skills provision and include essential elements such as Nurse/Physician collaboration and the organisational influence on nursing to ensure the greater involvement of nurses in patient care.

Notes:
Abstract Number: 7.3

Presenter: Ms Jill Murphy RGN, MSc, Gerontological Nursing

Organisation: University of Limerick

Authors: Ms. Jill Murphy, Ms. Susanna Tella, Ms. Liz Kingston

Title of Presentation:
A comparison of Nurse and Midwife Prescribing in Ireland and Finland: Promoting a positive prescribing climate. A critical incident study of nurses’ and midwives’ perceptions

Background:
The phenomenon of nurse/midwife prescribing has captured the interest of researchers throughout the world; however, there is a lack of studies comparing nurse prescribing internationally (Van Ruth et al 2008). This study attempts to draw together global perspectives of nurse prescribing in Ireland and Finland through critical incident technique. Bradbury-Jones et al (2007) recognise the importance of international collaborations between healthcare professionals and Irvine et al (2007) acknowledge the exchanging of global knowledge is all the more important, as changing health needs/demands has resulted in greater global challenges. Comparative research in different countries affords the opportunity to share knowledge and learn from others on both achievements and errors (Bradbury-Jones 2007) and may lead to best practice of prescribing.

Aim and objectives:
Gain insight into nurses/midwives positive and negative experiences of prescribing and promote a positive climate of prescribing care in Ireland and Finland

Methods:
An exploratory, descriptive qualitative study using Flanagan’s Critical Incident Technique (CIT), (Flanagan 1954). The rationale in using CIT is it’s suitability in the initial stages of new developments, as it can be used to identify problems that are not always obvious in a system (Kontio et al 2011).

Analysis and Results:
Flanagan’s inductive process for analyzing critical incidents is currently been used to complete study findings in a timely manner for presentation at conference in February 2015. Initial findings include the importance of effective assessment and trust with clients and patients.

Recommendations:
The World Health Organisation calls for cross country research as a mechanism of sharing global knowledge in healthcare, to meet global challenges for healthcare providers and users. It is hoped that by comparing the findings of this study, insight will be provided into nurses/midwives experiences of prescribing. This will add to the body of knowledge in promoting a positive climate of prescribing care in Ireland and Finland.

Notes:
Abstract Number: 7.4

Presenter: Ms Michele Hardiman RGN, RPN, HDip, MA (Health Mgt), PhD candidate

Organisation: Galway Clinic

Authors: Michele Hardiman

Title of Presentation:
Stepping stones to facilitating change in the workplace

Background:
PD offers a structured and robust methodology to achieve necessary, sustainable change in healthcare environments through facilitation (McCormack, et.al. 2013). McCance et.al (2013) suggest that facilitation can lead to the development of transformational leaders and sustained person-centred cultures. Practice Developers therefore, need to be able to develop individuals within the workplace as facilitators of PD and provide work-based learning opportunities to enable individuals to grow. Dewing (2010) describes the process of facilitation in PD as the assisting of others to unlearn the rituals of practice, discovering new ways of learning through PD processes and the applying and sharing of the new learning in their own workplace. Although various facilitation models exist within PD (e.g. Shaw, et. al., 2008; van Lieshout, 2013), The Critical Companionship (CC) Framework (Titchen, 2000) has remained an often referred to model for use in practice. However, documented evidence for its application since its inception has been minimal. In part, this may be due to the complexity of the model, its language and the length of time needed to develop expertise in using the model which has been seen as impractical (Dewing and Wright 2003). As part of a PhD, the CC model has been theoretically examined and two new related models have been developed.

Aim and objectives:
To provide a work-based facilitation model to enable clinical leaders to be effective in the facilitation of change.
To establish if the Critical Ally and Critical Friend models (Hardiman and Dewing, 2014), provide stepping stones to enable leaders to grow as facilitation of change within their own workplace.

Methods:
Participatory action research

Analysis and Results:
This presentation will demonstrate the models and tell you about their use as part of a Participatory Action Research Study. Early indications indicate that the theoretical models do provide a useful guide to leaders who wish to develop novice practitioners in an acute hospital setting.

Notes:
Abstract Number: 7.5

Presenter: Ms Kathleen Walsh RGN, MSN, MSc Healthcare Ethics and Law

Organisation: Nursing and Midwifery Board of Ireland

Authors: Kathleen Walsh

Title of Presentation:
The marriage between inter-professionalism and advancing nursing and midwifery practice

Background:
The scope of practice of regulated healthcare professionals are becoming increasingly fluid across the healthcare continuum and historical professional boundaries are being challenged. Accompanying these progressive changes is the growing interest for inter-professionalism and the identified need for shared values and standards amongst practitioners.

Aim and objectives:
• Explore the concept of inter-professionalism in the spheres of professional regulation, education and practice, and within the context of patient safety events and health policy developments in Ireland.
• Consider the potential of a shared code of professional values for health care professionals detailing the essential elements and their rationale for inclusion.

Methods:
• International literature on professionalism and codes of ethics and conduct for healthcare professionals
• Key Irish and international patient safety events and recommendations
• Health policy and professional regulatory initiatives

Analysis and Results:
There is much to be learned from other countries’ experiences in promoting inter-professionalism which encompasses mutual values for healthcare practitioners. The readiness of Irish stakeholders to embrace this concept was debated with recommendations put forward identifying the context and commitment required for its success.

Notes:
Abstract Number: 7.6

Presenter: Dr Mary Casey PhD, MSc (Nursing) (Hons), BNS (Hons), RGN (Hons), RM, RNT

Organisation: University College Dublin

Authors: Mary Casey, Gerard Fealy, Catriona Kennedy, Josephine Hegarty, Geraldine Prizeman, Martin McNamara, Pauline O’Reilly, Anne-Marie Brady, Daniela Rodhe

Title of Presentation:
Experiences of Nurses, Midwives and Key Stakeholders of a Scope of Nursing and Midwifery Practice Framework

Background:
Scope of professional practice frameworks offer a system of rules and principles to regulate its members and demonstrate its responsibility to society. Key issues in reviewing the scope of practice include notions of specialist and advanced practice, accountability, autonomy, competence, supervision, continuing professional development and delegation. Evaluation of scope of practice frameworks has particular application value to nurses, midwives, regulatory bodies and healthcare employers across the globe.

Aim and objectives:
This paper reports on the qualitative findings from a national review of a nursing and midwifery scope of practice framework.

Methods:
Focus groups and interviews were conducted among a convenience purposive sample of key stakeholders, including nurses and midwives working in the widest range of services and settings in 2014. The participants contributed to thirteen focus groups and thirteen interviews.

Analysis and Results:
Six global themes emerged as follows: Evolution of the nursing and midwifery professions and practice; Scope of practice: understanding and use; Expanding scope of practice; Professional competence; Practice setting and context; Reflections on the current framework.

Recommendations:
Nurses and midwives are generally willing to expand their scope of practice, and see it as resulting in improved patient care, improvement in overall quality of standards and increased job satisfaction. Frameworks should be enabling, providing guidance on how the practitioner should act in circumstances of uncertainty. They should offer clarification to the expectations and responsibilities of the respective employer. Finally, they should emphasise individual accountability and contain a decision-making algorithm to promote autonomy and self-reliance in the decision-making process.

Notes:
Abstract Number: 7.7

Presenter: Dr Anna-Marie Greaney RGN, RNT, PhD

Organisation: Institute of Technology, Tralee

Authors: Anna-Marie Greaney

Title of Presentation:
Towards negotiated autonomy: An empirical-ethical analysis of autonomy in practice

Background:
Patient autonomy has gained increased prominence in healthcare ethics, policy and practice in recent decades. This poses challenges when individual autonomy competes with other moral principles and professional accountability. The proliferation of self-testing technology provides a contextualised example of this ideological shift. The philosophical assumption underpinning these technologies is that they facilitate greater autonomy through self-management. This study explores that assumption and the wider understanding of autonomy in healthcare.

Aim and objectives:
The study illuminates the ethical principle of autonomy in the clinical context of individuals engaged with self-testing technology. Combined empirical-ethical analysis extends the relevance of the work for a wider audience.

Methods:
Heideggerian phenomenology provides an overarching philosophy for the research. The study adopts an empirical ethics research design, which integrates philosophical analysis and empirical enquiry in a cyclical fashion. Ethical analysis precedes and follows empirical investigation. Interpretive phenomenology is utilised to elicit the lived experience of autonomy among 12 individuals with diabetes engaged in the self-testing process. The perspectives of prominent stakeholders such as healthcare professionals and scientific community members are also sought.

Analysis and Results:
Data is analysed collectively in accordance with a hermeneutic approach. Findings reveal an understanding of Autonomy as lived: The interdependent phenomenon of autonomy in self-testing whereby the patient experience of autonomy is underpinned by three inter-reliant relationships - Relationship with device, Relationship with illness and Relationship with healthcare provider. Findings suggest that autonomy is a contextualised, relational process, which exists as a continuum and occurs within constraints. The concept of ‘negotiated autonomy’ is suggested as a means to operationalise autonomy within the patient/healthcare professional relationship.

Recommendations:
Findings have implications for bioethicists, policy-makers, healthcare professionals, and the scientific community. Negotiated autonomy is presented as a practical means to bridge the autonomy/paternalism divide and reconcile respect for autonomy with professional accountability.

Notes:
Abstract Number: 7.8

Presenter: Ms Susan Barnett  
Clinical Program Manager for Orthopaedic Service Line, Adjunct Professor of Nursing  

Organisation: Parker Adventist Hospital, Parker, USA  

Authors: Susan Barnett  

Title of Presentation:  
Planned Paradigm Shifts – Empowering Nursing for Change  

Background:  
For change in practice to be successful, nursing and therapy staff must be empowered with knowledge and skills applicable to the event. The use of a proven model is a valuable tool in changing the paradigm of patient care management while maintaining staff and customer satisfaction. The PARiHS change framework is one model for implementing research into nursing practice.  

Aim and objectives:  
This project was undertaken to facilitate same day discharge of elective orthopedic total joint replacement patients though research, nurse empowerment and education.  

Methods:  
The PARiHS change model, multi-disc approach, and evidence basis for safe discharge in a shorter time frame were blended. The equation of Successful Implementation = function(Evidence, Context and Facilitation) allowed for incorporation of key measures for patient safety, patient and physician satisfaction, and goal attainment.  

Analysis and Results:  
Patients are now safely discharging the day of surgery under the care of focused and engaged care teams. To date, there are no known readmissions, infections or adverse events in this population. Percentage of discharge to home is rising, currently at >25% for total hip, total knee, and partial knee arthroplasty. Longer length of stay options remain in place for patients needful of that care pathway.  

Recommendations:  
Continued evaluation of patient outcomes is required for quality vs. industry change related to length of stay. Nurse staffing must be maintained at an increased level to absorb the intense workload associated with admission and discharge of this population.  

Notes:
Abstract Number: 7.9

Presenter: Mr Jim Bird BA, RN

Organisation: University of Southampton

Authors: Dr Kelly Hislop Lennie, Mr Jim Bird

Title of Presentation:
The values held by nurses – Delphi consensus study

Background:
Increased focus upon the values of healthcare professionals in England has accelerated in recent months in response to major reports including Francis (2013), Willis (2012) and Keogh (2013). The importance of values and behaviour exhibited by healthcare professionals has been emphasised as integral to the delivery of high quality care and patient experience. Recruiting the right nursing students with the right values is essential to deliver a safe and excellent care experience within the future nursing profession. The relationship between values and subsequent behaviour is complex, whilst there has been some attempt in the literature to investigate issues surrounding this subject, there is little research specifically identifying and measuring the values held by the nurses. (Rokeach 1973; Rassin 2008).

Aim and objectives:
To create a tool to identify and measure the values viewed as ‘important’ by registered nurses, service users and undergraduate nursing students; to be utilized within a project to measure the benefits of a values based pre-entry admissions/selection tool on registered nurses.

Methods:
A Delphi Consensus Survey was conducted to identify professional values seen as essential to be held by a nurse, adapting an existing questionnaire of self-assessed values in nurses (Rassin, 2008). Three consecutive rounds were sent to 42 clinicians, service users and student nurses (10% attrition between rounds 1 and 3).

Analysis and Results:
After each round, values achieving the greatest consensus between all participants are removed from the subsequent round and become part of the final tool.

Recommendations:
This study is the first, to the author’s knowledge that has brought together the opinions of trained nurses, student nurses and service users regarding the values important to be held by clinical nurses. The tool will be used in our ongoing study to observe the progress from student to staff nurse, and how the priority of the essential values identified from this work may change.

Notes:
Abstract Number: 7.10

Presenter: Professor John Wells and Mr Michael Bergin
Wells Phd, MSc, BA, PGDipEd, RPN, RNT & Bergin, PhD, MMedSc, BSc, RPN,RGN

Organisation: Waterford Institute of Technology

Authors: J Wells, M Bergin

Title of Presentation:
Building Resilience amongst stressed health and social care workers - The DElAROSe Project

Background:
The European Framework on Psychosocial Risk Management identifies health and social care workers as particularly vulnerable to work stress (2008). Within the context of austerity measures implemented by the Irish Government from 2009 to the present and their impact on health professionals and other care providers, these issues of work based stress are particularly pertinent. An employment moratorium; salary cuts; increased working hours and incentivised retirement schemes, combined with a restructuring of health services, have contributed to an increasingly stressful working environment. In this context, building resilience in the health and social care workforce is a significant task if that workforce is to survive ‘hard times’ and services are to be kept safe.

Aim and objectives:
This paper will outline how an EU funded translational research project, the DElAROSe programme, is being developed to provide a platform for health and social care workers to manage their work related stress.

Methods:
DElAROSe is, an EU funded project, based upon a previous scoping exercise of health and social care workers in 5 EU countries to explore health and social car workers’ coping capacities in order to build their resilience. It is currently in the design phase of piloting an online web based intervention in relation to impact on workers’ stressors and incentivizing such workers and employers to engage with the online programme on a regular basis and examine issues of tech fatigue through online survey methods.

Analysis and Results:
The presenters will outline the programme content and design of the interventions and piloting work at the time of presentation. They will also discuss the challenges posed in managing a multi-national European research project.

Recommendations:
Developing online based interventions in the area of work related stress are a promising cost effective approach for services (both employers and employees) in times of constrained resources.

Notes:
Abstract Number: 8.1

Presenter: Ms Gayatri Nambiar-Greenwood PhD student, MA, PGCAP, RGN

Organisation: Manchester Metropolitan University

Authors: Nambiar-Greenwood, G.

Title of Presentation: The influence of Gadamer in acknowledging the patients perspective as evidence for delivering culturally appropriate care

Background: This presentation intends to concentrate on the rationale and initial analysis of an on-going interpretive hermeneutic phenomenological PhD doctorate entitled, "What do patients perceive as Culturally Appropriate Care (CAC)?" Influenced by the philosophy of Hans-Georg Gadamer and as per the objective of hermeneutics, this paper will clarify the conditions for understanding from the initial research data collected rather than developing a procedure or method for its understanding.

Aim and objectives: To consider what patients, rather than cultural care theories, books or government directives on equality and diversity state CAC should be. To analyse the data within the influence of Gadamer’s perspective on understanding.

Methods: The study utilised in-depth semi structured interviews of 21 participants from the 5 main ethnic groups of the North West of England (White English, White Minority, South Asian, African Caribbean, Chinese /Oriental background). All participants had been patients within the NHS within 3 years of interview.

Analysis and Results: Provision of CAC is based upon providing services that cater to these needs and can be limited to individuals that look different from the majority population. Patients want nurses to ask about what they may require, rather than assume through learnt stereotypes or fear of cultural insensitivity. Main requirements from all groups: Respect, Smile, Listening, Lack of judgement of difference

Recommendations: • Understanding is hermeneutical • We are always part of what we seek to understand (it is impossible for the researcher not to project provisional meanings onto the collected data to come to new understanding) • Understanding or interpreting data should be situated within the mutual horizon of the researcher and the ‘thing’(the research question) to be interpreted. It is an element in the process of understanding what you have collected

Notes:
Abstract Number: 8.2

Presenter: Ms Renae Dougal

Organisation: Saint Alponsus Regional Medical Center Boise USA

Authors: Renae L. Dougal, MSn, Rn, CLnc, CCRP, Karen R. Breitkreuz, Melanie C. Wright

Title of Presentation:
Improving Attention and Compliance using Simulated Error Experiences

Background:
Providers anecdotally report a greater sensitivity to risks following personal experience with errors or preventable AEs. Research indicates the greater the perceived consequences associated with a missed event, the higher the likelihood that the event will be detected.

Aim and objectives:
To evaluate the impact of different characteristics of error situation simulations on perception of risk amongst nursing students and RNs.

Methods:
Scenarios using mixed methods intended to demonstrate human fallibility in routine tasks were completed and evaluated in nine simulation events, in two laboratory simulation settings. Presentation factors varied to include adult and pediatric patients, type of embedded errors such as wrong medication and route, number of embedded errors, and whether the participant acted alone or in teams. Post-simulation qualitative discussions were held to identify factors that may influence whether the simulation experience provided a lasting impact on patient safety risk perception attitudes and behaviors. Participants were surveyed post-simulation regarding perceived realism and changes in attitudes regarding error likelihood, prevention behaviors and consequences.

Analysis and Results:
For those scenarios completed, 27% were team effort, 73% were carried out alone. Survey responses regarding memorability of the experience, reflected mean scores of 7.2 to 8.3 on a scale of 1-10. Realism and attitudes towards potential risk were also measured. Most participants failed to identify and appropriately manage at least one embedded error. In post-simulation debriefings, participants believed completing two scenarios compared to one, added to the impact of the experience. Participants perceived value in reading real-life stories of errors in conjunction with the simulations. Whether or not the participants were told that there were embedded errors did not appear to impact their perception of the experience.

Recommendations:
Use of error simulations to expose nursing students and RNs for maintaining awareness of risk and the need for risk prevention practices.

Notes:
Abstract Number: 8.3

Presenter: Ms Orla O’Byrne RN, RM, HDip Risk Management, BSc Nursing Management

Organisation: Rotunda Hospital

Authors: Orla O’ Byrne, Niamh Hegarty, Hazel Cooke

Title of Presentation: Barcoding the Breast

Background: Infant feeding is seen as a non-critical daily task and is, by its nature repetitive & performed frequently. Because of this there is an increased potential for infants inadvertently receiving the wrong breast milk due to human error. In a spiraling litigation culture, there is no room for human error. Breast milk errors have frequently been cited in the literature as an immense source of stress for parents as well as having a potential detrimental effect on the affected infant.

Aim and objectives: A review of practice to improve patient safety resulted in the introduction of Lactrack, which is a bar code system that was developed and successfully adopted in Sunnybrook Hospital, Toronto, Canada. This system is based on similar neoteric technology bar coding in use for blood transfusions.

Methods: Since it was introduced in the Rotunda, the system was adapted to meet the specific needs of the Irish hospital setting. LacSure, formally Lactrack is an integrated suite of software modules for improving expressed breast milk (EBM) administration safety. Its function is to ensure that the correct EBM is fed to the correct infant by using positive identification at the bedside i.e barcoded technology.

Analysis and Results:

- July 2012 - July 2013
  - Total of feed transactions = 27,090
  - Total recorded mismatches/near misses = 80 or 0.30%
- July 2013 – July 2014
  - Total of feed transactions = 27,952
  - Total of recorded mismatches/near misses= 80 or 0.29%

Recommendations: The system has proved a success within the neonatal unit and overall compliance is excellent. Real time auditing of the LacSure system is vital for identifying near misses & tracking of breast milk in a timely manner. This innovative technology is a positive development towards improving patient safety and lends itself to the development of other aspects in neonatal care.

Notes:
Abstract Number: 8.4

Presenter: Ms Tanya Duignan RGN, RCN, BSc Nursing Mgt

Organisation: Temple Street Children's University Hospital

Authors: Tanya Duignan

Title of Presentation:
Evaluating the Impact of a New Practice Initiative on Haemovigilance Training in a Pediatric Hospital

Background:
A significant number of patients encounter serious adverse events due to errors occurring at some stage of the blood transfusion process, which could have been prevented. Root cause analysis of these events identifies knowledge deficit as being the predominant causative factor. It has been highlighted that training is key in providing safe, effective and appropriate blood transfusion care for our patients (Serious Hazards of Transfusion, 2012). The Electronic Blood Tracking System (EBTS) is a national project which is being rolled out in all hospitals within the HSE. This system aids compliance with EU Blood Directive (2002) in relation to article 14 on Traceability and Article 15 the reporting of Serious Adverse Reactions and Events.

Aim and objectives:
To use the new system as a means of ensuring only staff who are trained could access blood

• To ascertain if the new practice initiative would have any impact in compliance with training, when compared with audit taken at the same period last year

• To achieve 100% compliance with haemovigilance training in all clinical areas, thereby improving transfusion safety for our patients (National Haemovigilance Office 2012)

Methods:
An updated list of all staff nurses and health care assistants, currently working in each clinical area was obtained. A report was generated from the haemovigilance training log, to highlight staff members requiring training. Education sessions on the new blood tracking system were delivered in short practical sessions, making it easily achievable for staff to attend throughout the day. A total of 330 staff attended (n= 330) over a three month period from June to August 2014.

Analysis and Results:
There has been a significant improvement in compliance with training, since the introduction of blood track, when compared to the same period last year (audited in August 2013), with a 20% rise in uptake.

• 7/11 areas > 90% compliance in comparison to only one area in previous audit

• > 50% compliance in 10/11 clinical areas (4/11 clinical areas for previous audit)

• Overall compliance is 87% v 67% (last audit)

• Only 12% of staff have expired training records v 17% for previous audit. Given the recommendations below, it is hoped to have all those retrained by December this year

Recommendations:
A repeat audit will be carried out twice yearly, to ensure this compliance is maintained with the aim to reach 100% (currently at 90% November 2014).
Abstract Number: 8.5

Presenter: Ms Holly Guiden

Organisation: Beaumont Hospital

Authors: Holly Guiden

Title of Presentation:
An audit of meal service and provision in a large teaching hospital in Dublin

Background:
Malnourished patients develop more complications, have poorer outcomes and have longer hospital stays than well nourished patients. Adequate meal provision in hospital is crucial to achieving better nutritional status.

Aim and objectives:
The aim was to evaluate the meal service delivery in Beaumont Hospital including duration of meal times, accuracy of meals received and provision of assistance for those requiring it. We sought to identify any barriers and developmental areas around meal service.

Methods:
An observational audit was conducted by 14 dietitians across 3 meals for one day on 7 different wards. Timing of meals, assistance provided, staffing levels and meal/snack ordering were recorded.

Analysis and Results:
203 patients were included with 595 potential patient meals occasions recorded. Due to fasting a total of 484 meals were delivered. While meal interruptions were observed, the effect on oral intake was almost neutral. The average time from meal trolley arrival onto the ward to delivery of last patient tray was 23.1 minutes (Range 7-55 minutes). Breakfast was highlighted as the most delayed meal (Average time 36.7 minutes, Range 22-55 minutes) delivered due to nursing handover and timing of meal arrival to ward. 84% of those requiring assistance received it and all patients had at least 30 minutes to eat meals. 19% of meals served were not as ordered / extra orders were omitted, with 46% of this error being at the evening meal. 53% of the high calorie dessert were omitted, and 51% of milk orders were not received, despite its availability.

Recommendations:
The audit highlighted the need for improved meal time care, including protection of meal times, extra staff support, and increased delivery of snacks and milk. Reconfiguration of meals may optimise meal consumption and reduce wastage. Ongoing audit of the food delivery service is planned. Food service and delivery is a key component of a patient’s treatment and warrants the same priority as other clinical supports.

Notes:
Abstract Number: 9.1

Presenter: Dr Nancy Irland DNP, RN, CNM

Organisation: Providence St. Vincent Medical Center, Portland, OR, USA

Authors: Nancy Irland

Title of Presentation:
MEOWS – In the United States, do the measures of RN confidence improve with use of the MEOWS tool?

Background:
The postpartum unit of many hospitals is an entry point into obstetrical nursing for many nurses in the U.S. Until these RNs
develop enough experience to interpret their patient’s conditions, they often lack confidence in their assessments, which
delays provider notification. Uncertainty contributes to variation and inconsistency in clinical decision-making (French, 2006).

Aim and objectives:
The purpose of this study was to determine if use of the MeOWS (Modified Early Obstetric Warning System) improves RN
confidence in assessing high risk patients and results in earlier provider notification.

Methods:
• The setting was a 40-bed postpartum unit in a 450-bed, high risk tertiary care center in the United States.
• This was a quantitative, test/re-test design using descriptive statistics.
• The researcher wrote 5 fictional postpartum case studies based on actual patient situations. The nurses were asked to
respond using a Likert scale as to whether the patient was at risk of a critical condition and how confident she was of her
assessment. Then she was asked to identify the first three actions she would take, including provider notification.
• After the nurses completed the initial case studies, the researcher explained and demonstrated the MEOWS tool, which is
currently in use in the UK. The nurses returned to the same case studies and used the MEOWS tool to respond to the same
patient scenarios.

Analysis and results:
• There was an increase in the frequency of how often the RN would choose to notify the provider first, from 40% without use
of MEOWS to 67% with use of MEOWS.
• Frequencies of continuing to assess the patient before escalating care were reduced from 30% without the tool to 4% with
use of the tool.
• The mean frequency of absolute confidence in their assessments increased from 56% without use of the MEOWS tool to 71%
with the tool

Recommendations:
Because the obstetric personnel in the UK are primarily midwives, versus registered nurses in the US, it is difficult to know
whether the MEOWS might be more acceptable in the US. Real-time research in the US is recommended to determine if the
UK research results are generalizable.

Notes:
Abstract Number: 9.2

Presenter: Mr Lloyd Frank Philpott RGN, PHN, MPH, PG Dip EN, PG Dip PHN, PG Dip Health Protection, BSc Nursing, Dip Nursing.

Organisation: University College Cork

Authors: Mr. Lloyd Philpott, Dr. Paul Corcoran

Title of Presentation:
Paternal Postnatal Depression (PPND): Prevalence and Associated Factors’

Background:
Postnatal depression (PND) has been perceived as a product of biological causes, typically associated with women. Consequently, most of the research to date has focused on mothers’ perspective. However, researchers now believe that PND is also a product of psychosocial causes. It can therefore be presumed that such causes would also impact on the mental health of fathers in the postnatal period.

Aim and objectives:
The aim was to examine the prevalence of PPND and to examine associations with a range of demographic and clinical factors.

Methods:
A cross-sectional, correlational design was used. A sample of fathers (n=100) was recruited. To be eligible to participate, fathers had to be 18 years or older and have a child less than 12 months old. The study was conducted in the South of Ireland. Data was collected using a questionnaire that contained two sections. The first section consisted of the Edinburgh Postnatal Depression Scale (EPDS). The second section consisted of socio-demographic and clinical questions.

Analysis and Results:
Data were analysed using Statistical Packages for the Social Sciences (SPSS) 20.0. An overall prevalence of PPND was computed. A 95% confidence interval was obtained. Chi-square tests were used to examine associations between categorical factors. The prevalence of PPND in the study was 12% using the Edinburgh Postnatal Depression Scale cut off score ≥ 12. Several risk factors were identified as statistically significant. The factors found to increase the risk of PPND in the study included; a lower level of education, having an infant with sleep problems, having a pre-term or overdue infant, having a history of depression, lack of support from a partner, living in rented accommodation, poor economic circumstances, not having paternity leave and not being married.

Recommendations:
With a prevalence of 12% PPND is a real and significant public health issue that is presently underscreened, underdiagnosed and undertreated. The majority of the research conducted so far has been cross-sectional. Thus, there is limited understanding of the trajectory of PPND over the postpartum year. Research using multiple sampling points starting in the antenatal period is needed.

Notes:
Abstract Number: 9.3

Presenter: Dr Michael Nash DProf, MSc, PCLT, BSc (Hons), RPN, RNT

Organisation: Trinity College Dublin

Authors: Michael Nash

Title of Presentation:
Mental health stigma as a barrier to physical health care

Background:
Mental health service users (MHSUs) have poor physical health, resulting in higher mortality and morbidity than the general population. MHSUs suffer from stigma associated with mental illness. Stigma leads to negative stereotypes which can become barriers to physical healthcare interventions such as screening or health promotion.

Aims and Objectives:
• A multi-disciplinary working group was established.
• The Surgical waiting list card was redesigned for the hospital. The new waiting list card incorporates a patient questionnaire that will suffice as evidence of current health status.
• This tool serves as a screening tool, thus enabling the service to identify service users at risk of being cancelled on the day of admission due to variations in health status and complications of co-morbidities.
• A phone assessment based on the information gathered through the questionnaire highlights the need for further investigation and interventions.
• Criteria applied with the MDT will see some patients attend the screening service for a minimum set of laboratory work up (bloods) and an ECG.

Methods:
Descriptive Mixed Methods Study

Analysis and Results:
Sample size=126 Response rate = 69 (55%)
Participant characteristics
61% had a current physical problem.
57% reported dissatisfaction with their general physical health
54% were unhappy with the management of their physical problem
37% were not fully aware of their physical health care plan
Participants experienced stigma in the form of
1. Diagnostic overshadowing – where the mental illness diagnosis overshadows the person resulting in physical health complaints being down to their mental health problem (56%)
2. Practitioner doubt about the veracity of symptom reports - 41% agreed that health professionals doubted their physical complaints because of their mental illness, 55% felt sometimes health professionals did not believe their reports of being physically unwell
3. Being treated differently - 52% felt they had been treated differently by health professionals because of their mental illness

However, for a very slim majority stigma did not appear to affect help seeking behavior
1. 55% of respondents disagreed that they had not asked for help with physical problems because they felt health professionals would not believe them
2. 56% of respondents reported that they would seek medical help even though their mental illness might be brought up

Recommendations:
Specific education and training around stigma,
Promotion of critical reflection to prevent diagnostic overshadowing
Abstract Number: 9.4

Presenter: Ms Celia McIntosh MS, RN, FNP-C, CCRN, CEN, SCRN

Organisation: Rochester Regional Health System (RRHS) St. John Fisher College, Rochester, New York, USA

Authors: Celia McIntosh

Title of Presentation: Development, Implementation and Evaluation of a Depression Screening Protocol for Acute Stroke Patients: A Quality Improvement Project

Background:
Stroke is a major public health burden worldwide. It is the fourth leading cause of death and the leading cause of adult disability in the United States (American Stroke Association, 2014). According to a report issued in 2014 by the Centers for Disease Control and Prevention (CDC), approximately 800,000 people per year have a stroke. Stroke kills almost 130,000 people per year and accounts for 1 out of 19 deaths annually. Stroke costs the nation $36.5 billion annually. There are an estimated 5.7 million stroke survivors in the United States (Go et al., 2014). One of the most significant issues, however, is that literature suggests that approximately one-third of stroke survivors will experience major depression (Shoemaker, 2001; Hollender, 2014). Post stroke depression (PSD) is one of the most common emotional disturbances and the greatest long term psychological consequence following stroke (Kumar, Aggarwal, & Gaur, 2011). PSD can lead to poor functional and rehabilitation outcomes, reduced quality of life, increased healthcare utilization, increased mortality, subsequent cardiovascular events, alterations in sleep patterns, alterations in weight and appetite, loss of energy, a sense of worthlessness, suicidal ideation, anhedonia, decreased socialization, psychomotor retardation, and/or agitation (Hollender, 2014; Rothenburg, Hermann, & Lanctot, 2007; Williams et al., 2007). Under-recognition and under-treatment of PSD can further impact the health care system and prolong inpatient length of stay and outpatient clinic visits (Rothenburg, Hermann, & Lanctot, 2007). Therefore, early assessment and treatment of PSD in acute stroke patients would help decrease negative consequences of PSD.

Aim and objectives:
The purpose of this Doctorate of Nursing Practice (DNP) quality improvement project is to develop a depression screening protocol for acute stroke patients to increase early detection via a standardized validated screening tool and establish treatment recommendations for PSD. To goal of this project is to improve early detection and treatment of PSD for patients with acute stroke in an acute care hospital setting. The intent is to improve functional and rehabilitation outcomes, reduce hospital utilization and healthcare cost, and improve quality of life for these patients.

Methods:
Based on an extensive review of the literature and consultation with clinical experts, an evidence based depression screening protocol will be created using the Patient Health Questionaire-9 (PHQ-9). The RN participants will be asked to use this screening instrument to evaluate all patients admitted with the diagnosis of stroke who are 18 years of age or older, have the ability to read or understand English (or be able to utilize a translator phone or inpatient translator), or, transient ischemic attack (TIA) with progression to stroke based on Magnetic Resonance Imaging (MRI) admitted during the protocol implementation phase. The RN's, the neurology team and the medical providers will be educated on the purpose of the screening and how to complete the screening. The protocol will be implemented at the RHHS, a 528 bed tertiary hospital on 7800, the acute stroke unit in Rochester, N.Y. There are currently no formal screening protocols for assessment and diagnosis of depression in these patients within the organization.

Analysis and Results:
The depression screening protocol will be implemented on the unit by November 23, 2014. Post-intervention data will be obtained after January 31, 2015. A retrospective chart review will be conducted at the end of the pilot to evaluate provider adherence with the protocol. The data extracted from the medical record will included: physician documentation of depression screening, depression screening score, and physician documentation of appropriate treatment or follow up based on the protocol. These treatments or follow-up will include recommended follow-up, depression screening, recommendation for counseling, pharmacotherapy, psychotherapy, and expedited mental health referral. Data will be analyzed using descriptive statistics.

Recommendations:
Through literature we know a large portion of stroke patients experience depression, which impacts their functional outcome. Despite heightened awareness, a large portion of patients remain undiagnosed. The intent of this standard is to assess and treat a patient after their index stroke for depression. It is anticipated that the use of this depression screening protocol for acute stroke patients will enhance patient outcomes, improve patient safety, and enhance nursing practice. If the protocol proves to be successful in the RRHS acute stroke unit, then this protocol can be implemented in the outpatient stroke clinic, become the standard of care when assessing, diagnosing and following up on patients. This protocol will also be implemented into the electronic medical record to help maintain sustainability.
Abstract Number: 9.5

Presenter: Ms Zamzaliza Abdul Mulud MSc (Gerontological Nursing), BSc, Dip Nursing, RN

Organisation: University College Cork

Authors: Zamzaliza Abdul Mulud, Prof Geraldine McCarthy, Dr Mark Tyrrell

Title of Presentation:
Perceived burden among informal caregivers of individuals with severe mental illness in Malaysia.

Background:
Caregiver burden has become a subject of interest due to the deinstitutionalization of patients with mental illness into the community. In some cultures, caregiving is considered part of one's filial obligation, therefore, in Asian countries, almost 70% of family members are primary informal caregivers compared to only 25-50% in Western countries. However, there is limited information on caregiver burden in developing countries such as Malaysia.

Aim and objectives:
The aims of this study were to measure burden among caregivers of individuals with mental illness and to examine the association between socio-demographic factors and caregiving-related stressors with caregiver burden.

Methods:
A quantitative, cross sectional design was conducted to explore the relationship between demographic variables, caregiving-related stressors with caregiver burden. Self-administered questionnaires were used to collect and caregiver burden was measured using the Malay version of the Caregiver Burden Inventory. Study was carried out in two Psychiatric Outpatient Clinics in Malaysia and samples (n=201) were selected using non-probability, consecutive sampling.

Analysis and Results:
Descriptive, univariate and multivariate analyses were used to examine the association between socio-demographic variables and caregiving-related stressors, with caregiver burden. Greater burden was experienced by older Chinese women who were unemployed and having medical illness with moderate health status. Caregiving-related factors that associated with caregiver burden were duration of caregiving, unavailability of support and resources, and patients' behavioral disturbances. Multiple linear regression model revealed that socio-demographic factors and caregiving-related stressors significantly predicted caregiver burden (F [24,161] = 6.10, p<0.01) and explained 47.6% of the variance in caregiver burden.

Recommendations:
The results highlight the importance of targeting interventions for caregivers who are older women, unemployed and having medical illness. Improvement in general and professional supports is beneficial to alleviate burden among caregivers of individuals with severe mental illness.

Notes:
Abstract Number: 10.1

Presenter: Dr Alice Coffey PhD, M.Ed, BA, RGN, RM, RNT

Organisation: University College Cork

Authors: Ms. Catherine Buckley, Dr. Alice Coffey, Prof. Uta Gaidys, Prof. Julita Sasoni, Dr. Dagnija Deimante-hartmane, Prof. Marjut Arola, Prof. Irma Mikkonen

Title of Presentation:
Attitudes to ageing and perceptions of working with older people of students of health and social care

Background:
The European Older People’s Platform urged appropriate training and education for all health and social care professions for work with older people. Vanwinkle et al (2010 and 2013) suggest that student’ perceptions of caring for older people are positively influenced by specific curricular content, a structured approach to the educational preparation and support for their practice. In this context the EU-funded Project ELLAN (2013 – 2016) takes place with a consortium of 28 partners from all over Europe.

Aim and objectives:
The aim of this study was to ascertain the attitudes towards ageing and views of working with older people among students of health and social care with 5 European partners (Ireland, Germany, Latvia, Finland and Italy). The objective was to compare results between groups of students and across the five countries.

Methods:
A descriptive correlational design was used. Ethical approval was sought and granted from the local ethics committees in each of the partner countries. A convenience sample of 150 students representative of health and social care professions in one University or Institute of Higher Education in each country were invited to complete a survey including two questionnaires:

Recommendations:
Findings of this research show that there is a correlation between attitudes and interest in working with older people. This study highlights important issues that are relevant to researchers, curriculum developers and policy makers. The findings of this study will inform an agreed Core European Competencies Framework for working with older people.

Notes:
Title of Presentation:
Implementing and Supporting Holistic Continence Awareness (iSHCA): creating a new culture of continence care

Background:
Evidence shows that, the lack of knowledge and awareness among healthcare workers regarding incontinence, deficits in proper documentation, limited information relating to the management (McCarthy et al., 2008) and Saxter et al. (2008) and also no validated continence assessment tool available. In acknowledgement of this a proactive approach was taken through the innovative development of an eLearning education resource - iSHCA and development of assessment tool to support the health care professionals in relation to the assessment and management of incontinence in the older person to improve practice and enhance the quality of life.

Aim and objectives:
To promote a person-centered approach to continence promotion leading to individualized assessments to enhance quality of life of older persons.
To increase awareness among all staff groups regarding urinary incontinence, management plan and correct use of incontinence containment products following accurate assessments.

Methods:
Through a multidisciplinary approach, an audit of continence documentation and needs analysis was completed and recognized the need for improvement. Development of an e learning educational resource through an e-authoring tool and each has an assessed component integrated within it. Evaluation is given by participants on completion. Development of a validated continence assessment tool and peer reviewed care pathways leading to a holistic approach to continence care.

Analysis and Results:
Validation of assessment tool through peer review
Category 1 approval from Nursing and Midwifery Board achieved.
Website www.ishca.net went live in April 2014
To date the website has received over 8,000 hits with visitors from all over the world
Audit of the programme is currently ongoing

Recommendations:
This e learning programme has increased awareness among staff that the promotion of continence in the older adult can have a huge impact on their quality of life. This has resulted the recommendation for a mandatory uptake of the programme in all residential units to promote quality care of older adults.

Notes:
Abstract Number: 10.3

Presenter: Ms Angela Smyth RGN, MSc

Organisation: St. Vincent’s University Hospital and RCSI Institute of Leadership

Authors: Angela Smyth, Sibéal Carolan, Steve Pitman

Title of Presentation:
Discharge Planning - a team approach to reducing length of stay for patients awaiting long term care

Background:
In the Irish healthcare context the projected ageing demographics and increasing demand for service is evident. This paper describes a change project introduced within an acute academic teaching hospital setting.

Aim and objectives:
The establishment of a discharge team, which would be based within the hospital’s Transitional Care Unit.

Methods:
This unit is specifically for patients who are ‘medically fit’ for discharge but await long term care. The development of this unit was driven by a need to maximise the use of acute beds within the organisation. The need for a team approach to discharge planning within the unit was identified following a review of data which indicating a decrease in discharges and increase in length of stay, coupled with complex discharge requirements. The HSE Change Model encompassing the phases of initiation, planning, implementing and mainstreaming was used to guide the establishment of this change project. The literature highlighted many of the challenges facing healthcare globally in relation to reduction in budgets coupled with limited resources.

Analysis and Results:
Evaluation of the change project at nine months demonstrated achievement of set objectives through a collaborative team approach. There were a total of 123 discharges, demonstrating a weekly average of 2.3 discharges. Pre the implementation of the discharge team the average number of weekly discharges was 1.9; this has now increased to 2.5 since the establishment of the discharge team. This data reinforces the benefits of a focused team approach to discharge planning.

Recommendations:
• A strong proactive discharge model is required to assist patients when they first avail of the organisations services.
• The organisation needs to continue building links with community to develop services for this patient profile.
• The monthly General Practitioner meeting held in the organisation can be utilised as a forum to influence future service developments in the community.

Notes:
Abstract Number: 10.4

**Presenter:** Ms Jeannette Barber RGN,RM, RCN, Diploma Gerontology, Higher Diploma Palliative Care, Bsc Nursing Management, Mcs Primary Health Care.

**Organisation:** St Michaels Hospital, Dunlaoghaire, Co. Dublin.

**Authors:** Carmel Collins, Lasarina Maguire, Deirdre Shanagher, Dr Suzanne Timmons, Anne Quinn, Jean Barber

**Title of Presentation:**
Dying to Talk . Facilitating discussions on future and end-of-life care with people who have dementia

**Background:**
People dying with dementia are a very vulnerable group, who are at risk of never being formally diagnosed or being involved in end-of-life care (EOLC) discussions. Within the healthcare sector, many staff are reluctant to initiate EOLC discussions with people with dementia due to fears of causing distress, role uncertainty and lack of confidence in delivering bad news(1) To date, there has been a notable absence in the literature to support staff to initiate EOLC discussions (2).

**Aim and objectives:**
To develop a framework to support health care professions to communicate with people who have dementia about their future and end-of-life care.

**Methods:**
An Expert Advisory Group was convened to provide clinical expertise in the developing of a guidance document. A literature review was completed (using PubMed, CINAHL, Cochrane) and these findings directed the scope of the guidance document. The Expert Advisory Group collaborated over a 3 month period before the guidance document was circulated for consultation with advisory groups, specialists, frontline service providers and service users.

**Analysis and Results:**
The guidance document was developed to support staff from all care settings to initiate EOLC discussions with people who have dementia. The guidance document aims to highlight the specific communication needs of people with dementia and the importance of applying the palliative approach with this terminal condition. A framework was developed to optimise staff’s capacity to positively engage and communicate with people.

**Recommendations:**
Additional supports and guidance is required to support healthcare staff to effectively communicate with people who have dementia about their future and end-of-life care.

**Notes:**
Abstract Number: 10.5

Presenter: Ms Deirdre Shanagher BSc (Cur), MSc Gerontological Nursing

Organisation: Irish Hospice Foundation

Authors: Deirdre Shanagher, John Weafer, Annette Heffernan, Marie Lynch

Title of Presentation:
Refining the GP Out-of-Hours (OOH) Palliative Care Handover Form

Background:
A project commenced in 2012 with an OOH service to develop a palliative care information transfer process. A GP OOH Palliative Care handover form was developed and pre-piloted in 2013. After the pre-pilot phase the form was redesigned and condensed from 3 pages to 1 page. A guidance document and information leaflet was developed to support implementation of the form in one geographical area.

Aim and objectives:
This work aims to report on an evaluation of the implementation and use of the form and identify necessity and relevance of the tool within other healthcare settings.

Methods:
A mixed methods approach was used. Quantitative data from forms received was gathered and a series of qualitative interviews were carried out with GPs and nurses who used the form and with healthcare workers in residential centres and members of the specialist palliative care community who hadn’t used the form. Interviews were recorded and data analysed for key themes.

Analysis and Results:
Early findings indicate that:
1. Those that had used the form identified that it supports the transfer of relevant information from GPs to OOH services to assist in the care of patients with palliative care needs.
2. Within other healthcare settings the forms adds to existing paperwork.
3. Use of such a form has the potential to enhance information transfer and service delivery within other healthcare settings. The use of a shorter form appears to increase the likelihood of form field completion

Recommendations:
The use of a shorter form appears to increase the likelihood of form field completion. The use of this form within nursing home settings could aid in the delivery of holistic care to patients and assist with the transfer of information between professionals.

Notes:
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Abstracts appear in the Book of Abstracts as submitted by presenters
Abstract Number: P.1
Presenter: Dr Nancy Irland DNP, RN, CNM
Organisation: Providence St. Vincent Medical Center, Portland, OR, USA
Authors: Nancy Irland

Title of Presentation:
MEOWS – In the United States, do the measures of RN confidence improve with use of the MEOWS tool?

Background:
The postpartum unit of many hospitals is an entry point into obstetrical nursing for many nurses in the U.S. Until these RNs develop enough experience to interpret their patient’s conditions, they often lack confidence in their assessments, which delays provider notification. Uncertainty contributes to variation and inconsistency in clinical decision-making (French, 2006).

Aim and objectives:
The purpose of this study was to determine if use of the MEOWS (Modified Early Obstetric Warning System) improves RN confidence in assessing high risk patients and results in earlier provider notification.

Methods:
• The setting was a 40-bed postpartum unit in a 450-bed, high risk tertiary care center in the United States.
• This was a quantitative, test/re-test design using descriptive statistics.
• The researcher wrote 5 fictional postpartum case studies based on actual patient situations. The nurses were asked to respond using a Likert scale as to whether the patient was at risk of a critical condition and how confident she was of her assessment. Then she was asked to identify the first three actions she would take, including provider notification.
• After the nurses completed the initial case studies, the researcher explained and demonstrated the MEOWS tool, which is currently in use in the UK. The nurses returned to the same case studies and used the MEOWS tool to respond to the same patient scenarios.

Analysis and results:
• There was an increase in the frequency of how often the RN would choose to notify the provider first, from 40% without use of MEOWS to 67% with use of MEOWS.
• Frequencies of continuing to assess the patient before escalating care were reduced from 30% without the tool to 4% with use of the tool.
• The mean frequency of absolute confidence in their assessments increased from 56% without use of the MEOWS tool to 71% with the tool.

Recommendations:
Because the obstetric personnel in the UK are primarily midwives, versus registered nurses in the US, it is difficult to know whether the MEOWS might be more acceptable in the US. Real-time research in the US is recommended to determine if the UK research results are generalizable.

Notes:
Abstract Number: P.2

Presenter: Dr Nancy, Ireland DNP, RN, CNM

Organisation: Providence St. Vincent Medical Center, Portland, OR, USA

Authors: Sofia Costas, Darla Maier, Sherry Hutton

Title of Presentation:
A cross-sectional, observational study of the associations between maternal fluids during parturition, newborn output, and weight loss of breastfed newborns in the first 72 hours of life (this is a replication study)

Background:
The study facility, which is part of a west coast integrated healthcare system in the U.S., has 371 beds with 79 dedicated to perinatal services. The system is taking steps to obtain Baby-Friendly certification which recommends reducing the frequency of formula supplementation for healthy newborns, unless medically indicated. A weight loss of > 10% of birth weight is the indicator used for medical supplementation.

Aim and objectives:
The purpose of this study was to replicate the original work of Canadian researchers Noel-Weiss, Woodend, Peterson, Gibb & Groll (2011), who analyzed the relationship between maternal IV and oral fluids administered in labor and newborn weight loss and output. Their study suggested that a 24 hour newborn weight may be more accurate than birth weight for weight loss calculations due to maternal fluids administered in labor and newborn fluid homeostasis.

Methods:
Maternal intravenous and oral fluids volumes were recorded from admission through delivery. In addition to the birth weight, newborns were weighed every 12 hours from the birth time, until hospital discharge. Soiled diapers and wipes were collected and weighed in the same 12-hour increments.

Analysis and Results:
Sample size of this study was 98 couplets, with an average maternal age of 32. The number of primiparous women in the Canadian study was 42% vs 33% in this study. Newborns in the original study lost more weight in first 12 hour period than newborns in this study and more received supplemental feedings. This could be related to the higher number of primiparous women in the original study. In contrast to the findings of the original study, we found no correlation between maternal intake and newborn weight loss or output.

Recommendations:
This study validated the current practice of using the newborn’s birth weight to calculate the percent of weight loss as a medical indicator for supplementation.

Notes:
Abstract Number: P.3

Presenter: Ms Nicole Ringo Masters of Science Nursing Education (MSN/ED)

Organisation: Azusa Pacific University, United States

Authors: Nicole Ringo

Title of Presentation:
Resolving Ineffective Postpartum Nurse Behaviours to Support Breastfeeding Exclusivity

Background:
The World Health Organization and the American Academy of Pediatrics recommend that mothers exclusively breastfeed their babies for the first six months of life. Methodist Hospitals current rate of breastfeeding exclusivity at the time of discharge is 31%. Maternal confidence, support and the delivery of inconsistent breastfeeding education have been suggested as barriers to lactation success. Evidence based practice promotes strategies to enhance understanding, and consequently, bring about a shift in the acquisition of skills, confidence and behaviours.

Aim and objectives:
The aim of this research is to identify the effect of a two part educational strategy to improve nurse behaviours and support breastfeeding exclusivity in order to increase the rate at discharge by 10%.

Methods:
Breastfeeding education was provided to postpartum nurses in their annual skills packet that included three items: a breastfeeding information booklet, a breastfeeding script that provided answers to frequently asked question, and case study module focused on breastfeeding problems. After completing the education portion, the nurses met individually with the lactation consultant. The lactation consultant administered the breastfeeding knowledge pretest, observed a breastfeeding patient teaching session performed by the nurse, and completed a breastfeeding education evaluation.

Analysis and Results:
Midas Perinatal Core measure algorithm was used to identify breastfeeding monthly exclusivity rates for nine months. Breastfeeding exclusivity rates ranged from 36% to 23% with an overall rate of 29%. Three months demonstrated a significant decrease in breastfeeding exclusivity, however those particular months had the highest Chinese patient census.

Recommendations:
Further research is needed to explore Chinese breastfeeding practices.

Notes:
Abstract Number: P.4

Presenter: Professor Fiona Timmons, PhD, MSc, FFNMRC, MA, BSc Hons (Open) BA (Open) BNS RGN RNT
Organisation: Trinity College Dublin
Authors: Fiona Timmons, Catherine McCabe, Elizabeth Prochaska

Title of Presentation:
A survey of UK midwives’ views of their assertive behaviour in the workplace

Background:
There is perceived pressure within nursing and midwifery to be ‘nice’ (Percival 2001). As such behaviours that can be perceived to be in opposition to the stereotypical nice caring nurse or midwife can be met with disapproval (Brown et al 2006). There is insufficient evidence to determine whether or not modern nurses and midwives are assertive or not and certainly some organisational barriers have been revealed (Timmins and McCabe a,b).

Aim and objectives:
To determine midwives’ views of their use of assertive behaviours in the workplace

Methods:
A convenience sample of 90 delegates attending the yearly Birthrights (UK) conference completed an online survey.

Analysis and Results:
89% of participants worked for the NHS and the majority worked directly with women (83%). Most had at least one year’s experience as a midwife. 74% reported finding it difficult with using assertive behaviours in the workplace. However for more than half this was dependent on circumstances, with only 11% stating that it was always difficult to do so. Only 36% of the group had received education or training in assertive behaviour. Obstacles cited to the use of assertive behaviour were mainly environmental, with organisational culture emerging as the top ranking barrier. Several items seemed to support the use of assertive behaviour in the workplace, with a sense of respect for women in midwives care ranking highest (81%). Management emerged as the group with which midwives practised assertiveness less frequently. Declining appropriate requests in particular was more common with other grades of staff.

Recommendations:
Information and training is required in this area. The benefit of learning assertiveness is that it is a learned behaviour and skill that one can choose to use in certain circumstances. Midwives by identifying those situations in which they feel most vulnerable they can begin to practice verbal and physical behaviours privately to assist them with future situations.

Notes:
Abstract Number: P.5

Presenter: Dr Aileen Lynch BSc, MSc, PhD

Organisation: Trinity College Dublin

Authors: Honor Nicholl, Aileen Lynch, Thelma Begley, Carole King, Catherine Tracey

Title of Presentation:
Perspectives of parents informing the development of the first Irish web resource on children with rare conditions - implications for practice

Background:
In Ireland and internationally the use of the web by parents of children with rare conditions for information, advice and support is increasing. However searching the web can be an overwhelming, frustrating and disappointing experience as literally thousands of links may be returned to web pages that contain irrelevant and incomprehensible material. No dedicated Irish website exists for these parents or healthcare professionals including nurses and midwives.

Aim and objectives:
To (i) identify parents’ web-based information needs and (ii) make recommendations from the information collected to help provide data to devise a specific purpose Irish web resource for parents of children with rare conditions.

Methods:
Data collection and analysis:
• Part (1) a focus group interview (n=8) thematically analysed
• Part (2) an online questionnaire (n=128) was developed and adapted from Part (1) and questionnaires from Porter and Edirippulige (2007) and Tozzi et al. (2013). Analysis was undertaken using SurveyMonkey and MS Excel. Ethical approval obtained.

Analysis and Results:
Analysis indicates that respondents would welcome the development of a website that is credible providing evidence-based information with linkages to other credible websites, to support groups and services. Also provide access to leading healthcare professionals with specialist knowledge and psychological support, multidisciplinary team involvement and interactivity with parents.

Results show the creation of a specific purpose Irish website to assist in the care of children with rare conditions would be a valuable resource. Literature also demonstrates that currently there are no studies on this specific topic and as such this study adds to the body of research and gives, for the first time an insight into the web-based needs and requirements of parents caring for their children with rare conditions.

Recommendations:
Use respondents views in the development of website
Further research into:
• Healthcare professionals web interaction with parents
• Parents searching habits during their child’s life
• The impact of rare conditions websites on parents

This study was funded by the Saoirse Foundation

Notes:
Abstract Number: P.6

Presenter: Ms Kerry Wilder MBA, BSN, RN

Organisation: Childrens Health Dallas Texas

Authors: Kerry Wilder, LaDonna Northington, Sharon Irving, Carole Kemper, Beth Lyman

Title of Presentation:
New Opportunities for Verification of Enteral Tube Location .. The “NOVEL” Collaborative .. A 24 Hour Prevalance Study

Background:
The challenge of best practices for the placement of nasogastric tubes (NGT) has been a long debated subject. A variety of best practice procedures have been outlined, yet according to the literature, discrepancy exists among which procedures are being utilized. NGT placement and verification centers on safety for the patient, yet 2011 data revealed that 21 deaths and 79 cases of harm have been attributed to enteral formula administration into the lung.

Aim and objectives:
Aims:
1. Identify best practice strategies for accurate nasogastric (NGT), orogastric (OGT) and trans-pyloric tube placement/verification for neonatal and pediatric patients.
2. Disseminate knowledge to professionals to improve clinical practice.

Objectives:
1. Determine the number of patients with an NGT in place in one day
2. To characterize the population by patient size, tube size and location
3. To document the participating hospitals’ policy on feeding tube verification method(s).

Methods:
Our target populations included neonates (NICU patients), pediatric inpatient and pediatric home care patient’s ages 0 to 20 years and included 57 U.S. hospitals. We excluded patients who required an NGT/OGT to be used for gastric decompression.

Analysis and Results:
Of all the tubes counted in one day in the identified U.S. hospitals:
(a) 59% were located in the NICU
(b) 21% located on general floors
(c) 18% located in the PICU

Of all tube verification methods reported:
(a) 35% aspiration
(b) 22.8% auscultation
(c) 17% PH
(d) 14% Measurement
(e) 10.5% X-ray.

Recommendations:
Preliminary data validate that despite current recommendations of utilizing X-ray as the gold standard, large variations still exist for NGT placement and verification. Further research is needed and currently underway with a special emphasis in the NICU.

Notes:
Abstract Number: P.7

Presenter: Ms Kimberley Vollrath MS, RD, CNSC

Organisation: Children’s Hospital Colorado

Authors: Adam Rosenberg, Beth Gabrielski, Jane Deacon, Susan L Moran

Title of Presentation:
Improving the mixing accuracy of infant feedings following NICU discharge

Background:
The consequence of incorrectly mixing infant feedings includes hyponatremia, hypernatremia, electrolyte and renal disturbances, inappropriate growth, readmission and death. At follow up, two Midwestern United States hospitals reported a feeding mixing rate of 50% and identified the readmission of two infants with life threatening hypernatremia. An effort to improve infant feeding mixing accuracy was warranted.

Aim and objectives:
To improve infant feeding mixing accuracy rates at follow up to 75% within 12 months.

Methods:
A multidisciplinary team of dieticians, consultants, advanced practice nurses, unit leadership, quality improvement specialists and staff nurses conducted a literature review, identified potential barriers and developed strategies to identify the relationships between the aim and the changes to be tested. Nurse teaching included a mixing demonstration and written instructions. In return, parents were expected to correctly mix the recipe a minimum of three times within 48 hours of discharge. A feeding questionnaire was added to the follow up phone calls and clinic appointments to assure parental understanding of mixing instructions.

Analysis and Results:
Mixing accuracy of feedings across the two centers improved to 95% (N=35) within 10 months. No readmissions were reported as a result of inaccurately preparing feedings.

Recommendations:
Support from the unit leadership and front-line staff, experience with improvement and measurement, good working relationships among team members and an understanding of patient needs resulted in a successful outcome. This project affirms the widely accepted practice of return demonstration during which time the parents had the opportunity to ask questions and the staff can emphasize the important nature and scope of the procedure. Next step involves notification of primary care provider if follow up phone calls identify improper mixing.

Notes:
Abstract Number: P.8

Presenter: Ms Liz Greene RGN, RM, BSc. Midwifery, MSc. Neonatal Intensive Care Nursing

Organisation: Rotunda/Current TCD postgrad student-CHSE

Authors: Liz Greene

Title of Presentation:
Parents’ Experiences Of Neonatal Nurses Providing Family Centred-Care (FCC) In The Neonatal Intensive Care Unit

Background:
FCC is recognized in the international nursing & medical literature as beneficial for both the neonate/child & their family. FCC is a philosophy and model of care which emphasizes partnership between the nursing/medical staff and the neonate & their family as a core concept of care planning & delivery in the neonatal unit/hospital. FCC is facilitated when a hospital/unit has a commitment to the philosophy of FCC which promotes partnership with, and empowerment of parents through a variety of means. The NICU nurse is the most visible & influential professional in the facilitation of FCC at the cot-side, the role of the nursery nurse as ‘gatekeeper’ between parents and their baby being long established in the literature.

Aim and objectives:
To discover and improve NICU parents’ experiences of family-centred care, as provided by the neonatal nurses.

Methods:
Purposeful sampling: 10 parents participated in audio-recorded, semi-structured interviews

Analysis and results:
Data was analysed using an interpretive hermeneutic approach to discover the submerged essences/truths of the parents’ experiences of receiving family-centred care from the neonatal nurses. Parents experienced family-centred care from the nurses that was deemed to fall into four major categories: Comforting FCC, Empowering FCC, Hit or Miss FCC, and Waiting for FCC. The primary barrier to family-centred care being facilitated was determined to be the busyness of the neonatal nurses due to the high activity level of the neonatal intensive care unit. Lack of individualised family-centred care was also a significant barrier that parents’ experienced.

Recommendations:
An improved ratio of nurse to neonates, and their families would allow neonatal nurses to provide better, more individualized family-centred care.
Enhanced collaboration between parents and the nurse managers & neonatologists would allow unit policies to be negotiated, confirming the importance of families within the decision-making structures and policies of the neonatal unit/hospital.

Notes:
Abstract Number: P.9

Presenter: Sandra H. Geraghty RDN, RCSN, H Dip SCN, BSc Nursing, Renal Course

Organisation: Our Ladys Childrens Hospital Crumlin

Authors: Siobhan O’Sullivan, B.Sc (Hum Nut), Jennifer Keogh, Sandra H. Geraghty

Title of Presentation:
A Retrospective Review of the Implementation of a Vitamin D Supplementation Policy in Children with Chronic Renal Impairment

Background:
The U.S. National Kidney Foundation Guidelines (NKF KDOQI) recommend vitamin D supplementation be commenced in children with chronic kidney disease when serum 25-hydroxyvitamin D levels are <75nmol/L. A policy on vitamin D supplementation based on this was introduced into Our Lady’s Children’s Hospital, Crumlin, in January 2012. The aim of this audit is to assess adherence to the vitamin D supplementation policy, to measure the effectiveness of the policy in treating vitamin D deficiency and to determine if supplementation results in a decline in parathyroid hormone (PTH) levels.

Methods:
A retrospective review was conducted on 28 patients with chronic kidney disease attending the Nephrology department from January 2012 onwards. Patients were included if they were > 1 year old and had a Creatinine of > 100mmol/L. A medical record and biochemistry review was completed to collect data on: vitamin D levels pre and post supplementation; prescribed dose of vitamin D and adherence to the hospital policy; and PTH levels pre and post vitamin D supplementation. Ethical approval was granted by the Ethics (Medical Research) Committee, Our Lady’s Children’s Hospital, Crumlin.

Analysis and Results:
13 patients (46%) were vitamin D deficient and commenced on high dose supplements. 4 of these patients (31%) required a second course of high dose vitamin D. Data was collected on a total of 17 vitamin D prescriptions. The vitamin D supplementation policy was adhered to in 15 of the 17 patients (88%). Vitamin D levels post supplementation were available on 13 patients, an increase in serum vitamin D was noted in all of these patients. Vitamins D levels 1 year post supplementation were available for 7 patients. Of these, 6 (86%) were again deficient in vitamin D. PTH levels fell in 7 (41%) of our patients following vitamin D supplementation. 9 patients (53%) were on 1-α vitamin D at the time of vitamin D supplementation with the dose increasing in 5 of patients (29%) when vitamin D was commenced. Commencing vitamin D supplementation was the only documented change in 3 of the patients (43%) whose PTH level fell.

Recommendations:
Adherence to the vitamin D policy was satisfactory. The policy was shown to be effective in correcting vitamin D deficiency; however, recurrent vitamin D deficiency was prevalent in the patient group. A maintenance vitamin D supplementation policy may be beneficial in preventing need for repeat high dose vitamin D supplementation. Effectiveness of vitamin D in reducing PTH levels was difficult to assess given the use of 1-α vitamin D, however, the results indicate that correction of vitamin D deficiency may improve PTH levels.
Abstract Number: P.10

Presenter: Prof Maryanne Murphy RCN, RNT, RGN, BSc, H.Dip, MSc

Organisation: Trinity College Dublin

Authors: Thelma Begley, Fiona Timmins, Freda Neill, Greg Sheaf

Title of Presentation:
An Exploration of the Extent of Inclusion of Spirituality and Spiritual Care Concepts in Children's Nursing Textbooks

Background:
Children have spiritual needs in illness just as they have biological, psychological and social needs. Children's nurses need to know how a child's spirituality may affect their overall health state and well-being, and what its impact may have on healing and coping. Spiritual care is espoused to be fundamental in children's nursing; however the extent to which current fundamental nursing textbooks support and advocate spiritual care delivery by children's nurses and nursing students is unknown.

Aim and objectives:
To examine whether or not fundamental undergraduate children's nursing textbooks include spiritual care content.

Methods:
Five hundred and nineteen books were sampled from the Nursing and Midwifery Core Collection list (UK) using a survey, the Spirituality Textbook Analysis Tool (STAT) to collect data.

Analysis and Results:
519 books were included in the study using the STAT and 13 books included content on children's spirituality. There were a variety of textbooks in the audit such as books on practices in children's nursing, professional issues, medical-surgical nursing, maternal-child health nursing, critical care nursing, palliative care nursing and community health nursing. Of those that made reference to the search terms in the STAT, it was found that content mainly addressed only two areas; religious faiths and the dying child. The absence of specific reference to spiritual care in a number of important core children's nursing textbooks may inadvertently undervalue this important facet of nursing care to nursing students and may even suggest that emphasis is not required in this area of nursing practice.

Recommendations:
Children's nurses require education about children's spiritual developmental stage and age appropriate spiritual assessment. A lack of detailed information in core children's nursing textbooks means that this area of nursing practice may be taught as an adjunct to care and not as an element of holistic care which is the gold standard that children's nurses should strive for.

Notes:
Abstract Number: P.11

Presenter: Ms Amanda Drury B.Sc Nursing (General) M.Sc. Cancer Care

Organisation: Trinity College Dublin

Authors: Ms. Amanda Drury, Dr. Anne-Marie Brady

Title of Presentation:
The Cost of Survival: Understanding Colorectal Cancer Survivors’ Quality of Life – A Pilot Study

Background:
A pilot or feasibility study is a smaller version or trial run of a proposed or planned study, with findings used to develop a stronger, investigation on the same topic.

Aim and objectives:
The aim of this pilot study was to establish the feasibility of the quantitative arm of a two-phase, mixed methods sequential explanatory design study. The primary objectives were to ensure feasibility and acceptability of recruitment methods and documentation, including the participant information leaflet and questionnaire. Secondary objectives included identification of potential difficulties in the study design, including implementation of inclusion and exclusion criteria and the data analysis plan.

Methods:
The pilot study was conducted over a three week period, under conditions simulating those of the proposed main study. Participants were conveniently recruited from surgical or medical oncology clinics at two hospitals, and asked to complete and comment on a questionnaire containing measures of quality of life, continuity of care and social difficulties.

Analysis and Results:
Twenty-four questionnaire packs were distributed during the pilot study, and 50% were returned, exceeding the 40% response rate proposed to achieve the power sample required in the main study. Difficulties identified during the pilot study included arrangement of the information pack, variability in response rates between surgical and medical oncology clinics and patterns of missing data. Two participants reported difficulty answering questions regarding sexuality and patient continuity of care. Issues were also identified with meeting inclusion criteria and the data analysis plan.

Recommendations:
The findings of this study have informed several recommendations to improve the main study, including changes to recruitment methods, questionnaire coding, strategies to minimize and manage patterns of missing data and methods to ensure accurate implementation of the inclusion criteria.

Notes:
Abstract Number: P.12

Presenter: Ms Deirdre Shanagher BSc (Cur), MSc Gerontological Nursing

Organisation: Irish Hospice Foundation

Authors: Deirdre Shanagher, Marie Lynch

Title of Presentation:
Palliative care needs of family carers: A literature review

Background:
Family carers provide end of life care every day across the country however little is known about the supports they require to maintain this role and when their role ends.

Aim and objectives:
The aim of this piece of work was to establish, from the literature, the current situation for family carers providing care to a dying loved one and provide some direction for working with them.

Methods:
A review of the literature was carried out by searching key terms on the databases CINAHL and PubMed, searching academic journals and non-academic grey literature websites. 121 Articles retrieved were assessed for relevance and information was synthesised by identifying prominent themes. The themes to emerge are: “General Support”, “Psychological Distress”, and “Decision Making”.

Analysis and Results:
The literature indicates the following:
1. Family carers providing end of life care are often undervalued and underrepresented in the literature.
2. Family carers require support in the form of information, respite care and financial assistance.
3. Family carers experience high amounts of isolation and are found to experience significant losses upon death of their loved one and/or on transition to a continuing care setting.
4. Clarity around the decision making processes at the end of life is required, and the extent of responsibility family members have in this area.
5. Family carers were found to enjoy the caring role and when adequately supported experienced more positive bereavement outcomes.

Recommendations:
Although the palliative care approach addresses the needs of family carers as well as the person with life limiting disease, the needs of the carer are not routinely acknowledged. Health care agencies need to provide greater direction and support to family carers so that they can fulfil their caring role with confidence, this will be done with the development of a leaflet for family carers caring for a loved one at the end of life and learning modules that family carers can access.

Notes:
Abstract Number: P.13

Presenter: Ms Deirdre Shanagher BSc (Cur), MSc Gerontological Nursing

Organisation: Irish Hospice Foundation

Authors: Deirdre Shanagher, John Weafer, Mags Rodgers, Marie Lynch

Title of Presentation:
Establishing and addressing the palliative care needs of people with advancing neurological disease (AND)

Background:
Within Ireland, there is a lack of consensus and direction with regard to the palliative care needs of people with AND. Staff members and volunteers of organisations that are members of a neurological umbrella organisation informed this study. The population total was fourteen.

Aim and objectives:
This study aims to:
• Investigate neurological organisations’ understanding of palliative care.
• Investigate how organisations identify and respond to the palliative care needs of their members.
• Provide a greater understanding of the palliative care needs of people with AND.
• Give direction to the supports, resources and developments required to respond to needs identified.

Methods:
A literature review and a series of qualitative interviews were carried out. Interviews were recorded and analysed using NVivo to identify themes.

Analysis and Results:
1. The literature review and interviews identified that ambiguity exists around the terminology of palliative care. Palliative care is primarily associated with specialist services.
2. The following issues arise for organisations:
   • Difficulty accessing palliative services
   • Uncertainty when palliative care begins
   • Planning Ahead
   • The requirement for training
3. The following themes were identified by participants as a means of enhancing palliative for this group:
   • Greater understanding of symptoms and unpredictable nature of illnesses.
   • Emphasis on interventions that support quality of life and planning ahead.
   • Availability of palliative care approach earlier.
   • Enhanced multidisciplinary and psychosocial care
   • Increased equitable access to specialist palliative care
   • More training for staff

Recommendations:
Collaboration among all stakeholders is required to ensure the palliative care needs of those with AND are adequately addressed.
Abstract Number: P.14

Presenter: Ms Deirdre Shanagher BSc (Cur), MSc Gerontological Nursing

Organisation: Irish Hospice Foundation

Authors: Deirdre Shanagher, Lasarina Maguire, Marie Lynch, Carmel Collins

Title of Presentation:
The palliative care needs of people with an intellectual disability and dementia: A literature review

Background:
The WHO (2013) definition of palliative care outlines an approach to care for people with life threatening illnesses such as dementia

Aim and objectives:
The aim of this piece of work was to establish, from the literature, the current situation with regard to the palliative care needs of people with an intellectual/learning disability and dementia.

Methods:
A review of the literature was carried out by searching key terms on the databases CINAHL and PubMed, searching academic journals and non-academic grey literature websites along with recommendations from a person working in the intellectual disability sector. A total of sixty five documents made up of books, reports and articles were reviewed and information was synthesised by identifying prominent themes. The themes to emerge are: “Decision making”, “Family/Next of kin involvement”, “Clinical symptoms” & “Knowledge & skills of staff”.

Analysis and Results:
The literature indicates the following:
1. There are techniques that can be utilised to facilitate inclusion and elicit end of life care preferences.
2. Family members have bereavement needs that may require attention before the death of their loved one.
3. End of life symptoms are similar in the intellectual disability population to the general population. However palliative care staff express having a lack of confidence in adequately caring for people.

Recommendations:
The evidence from this literature review indicates the requirement of, and will support the development of specific guidance for healthcare staff caring for people with an intellectual/learning disability and dementia.

Notes:
Abstract Number: P.15

Presenter: Ms Deirdre Shanagher BSc (Cur), MSc Gerontological Nursing

Organisation: Irish Hospice Foundation

Authors: Deirdre Shanagher, Carmel Collins, Marie Lynch

Title of Presentation:
The palliative care needs of people with young onset dementia: A literature review

Background:
The number of people with dementia look set to rise in the coming years as people are living longer. However there is a cohort of people under the age of sixty five that develop young onset dementia. Currently little is known about their place of death or their palliative and end of life care needs.

Aim and objectives:
This piece of work was carried out to explore the palliative care needs of people with young onset dementia and inform the development of guidance documents that are being prepared.

Methods:
A review of the literature was carried out by searching key terms on the databases CINAHL and PubMed, searching academic journals and non-academic grey literature websites. Articles retrieved were assessed for relevance and information was synthesised by identifying prominent themes. The themes to emerge are: “Diagnosis”, “Impact on family”, “Services” and “Quality of life”.

Analysis and Results:
The literature indicates the following:
1. There is a research and practice gap regarding the palliative care needs of this group.
2. Receiving a timely diagnosis and engaging in advanced care planning are of crucial importance.
3. Family members/ carers are impacted financially, socially and emotionally by taking on a caring role and experience ambiguous loss throughout the caring role.
4. Services accessed are largely inefficient and inadequate at meeting peoples’ needs.
5. Living with young onset dementia impacts on quality of life but caution must be taken in reaching negative assumptions.

Recommendations:
People are living and dying with young onset dementia and numbers look set to rise in the coming years. This review identified very few pieces of research about this topic thus signifying the need for further exploration via the use of a case study. This is important so as to inform society, policy makers and service providers about the needs of people with young onset dementia.

Notes:
Abstract Number: P.16

Presenter: Ms Deirdre Shanagher BSc (Cur), MSc Gerontological Nursing

Organisation: Irish Hospice Foundation

Authors: Deirdre Shanagher, John Weafer, Annette Heffernan, Marie Lynch

Title of Presentation:
Refining the GP Out-of-Hours (OOH) Palliative Care Handover Form

Background:
A project commenced in 2012 with an OOH service to develop a palliative care information transfer process. A GP OOH Palliative Care handover form was developed and pre-piloted in 2013. After the pre-pilot phase the form was redesigned and condensed from 3 pages to 1 page. A guidance document and information leaflet was developed to support implementation of the form in one geographical area.

Aim and objectives:
This work aims to report on an evaluation of the implementation and use of the form and identify necessity and relevance of the tool within other healthcare settings.

Methods:
A mixed methods approach was used. Quantitative data from forms received was gathered and a series of qualitative interviews were carried out with GPs and nurses who used the form and with healthcare workers in residential centres and members of the specialist palliative care community who hadn’t used the form. Interviews were recorded and data analysed for key themes.

Analysis and Results:
Early findings indicate that:
1. Those that had used the form identified that it supports the transfer of relevant information from GPs to OOH services to assist in the care of patients with palliative care needs.
2. Within other healthcare settings the forms adds to existing paperwork.
3. Use of such a form has the potential to enhance information transfer and service delivery within other healthcare settings. The use of a shorter form appears to increase the likelihood of form field completion

Recommendations:
The use of a shorter form appears to increase the likelihood of form field completion. The use of this form within nursing home settings could aid in the delivery of holistic care to patients and assist with the transfer of information between professionals.

Notes:
Abstract Number: P.17

Presenter: Ms Eileen O’Donovan RSCN, Grad Cert in Cancer Nursing, H Dip Psychotherapy Studies

Organisation: Irish Cancer Society

Authors: Eileen O Donovan

Title of Presentation:
A Cancer Information Services Advocacy Pathway: Pathway to address the advocacy needs of the enquirers to the Cancer Information Service in the Irish Cancer Society

Background:
“The Irish Cancer Society has a role in advocating for the cancer patient and their families. A pathway was introduced in the Cancer Information Service (CIS) department to:
- Improve our practice in both addressing the needs of our inquirers regarding their issues and concerns (health or financially related)
- Support a more structured and consistent approach to identifying and recording advocacy related concerns
- Promote a more cohesive and interdepartmental approach to the advocacy issues that come in to the Cancer Information Services
- Collate qualitative data on advocacy needs

The Pathway will provide a means of collecting qualitative data: This Poster will display the development, implementation and evaluation of a Cancer Information Services Advocacy pathway.

Methods:
Established a sub group of key stakeholders to facilitate the process, development of a policy document to include defined categories of advocacy needs coded as ‘hot topics’, designed an algorithm and a data collection tool to record and collect data. The pathway was piloted for 6 months.

Analysis and Results:
The team engaged with the process and identified the pathway;
- supported our practice,
- increased awareness of specific advocacy issues for inquirers
- provides clear guidance
- promotes a more consistent and cohesive process for CIS and advocacy department
- Provision of qualitative data

In 2013, 180 records were accrued, reflecting qualitative data and recurring themes, such as: delays in medical card application process, delays in accessing surgical treatment, all of which provided our advocacy department with ‘rich’ data and evidence of the collective issues that are arising for our inquirers and their families through the National Cancer Helpline, Daffodil centres and financial grants department within the CIS.

Notes
Abstract Number: P.18

Presenter: Ms Fiona Hurley RGN, RCN, RNT, B.Sc (Hons), M.Sc

Organisation: Dublin City University

Authors: Fiona Hurley, Dr. Gemma Kiernan, Professor Honor Nicholl, Dr. Jayne Price

Title of Presentation:
Undertaking an All-Ireland palliative care research study: challenges and lessons learnt

Background:
Research in palliative care is necessary to improve service delivery and optimise patient’s quality of life. The challenges of conducting research with vulnerable populations, such as those receiving palliative care, have been previously debated. However these discussions largely relate to adult palliative care which is distinctly different to Children’s palliative care.

Aim and objectives:
This presentation highlights challenges of undertaking an All-Ireland Children’s palliative care study and outlines some solutions to overcome these. This is a descriptive account of the challenges encountered during the implementation of the research.

Analysis and Results:
A national base does not exist to aid in the identification of participants; as a result participants were accessed through gatekeepers. Thus the gatekeepers had control over sample selection and could exclude potential participants without sound rationale. Some gatekeepers were reluctant to recruit participants because of their desire to protect participants and others because of work commitments. There were however advantages in accessing participants through gatekeepers because of their existing relationships with them. Additionally gatekeepers could advise on appropriate times for maximising recruitment. Including the ‘voice’ of the child was integral to this study as advocated by the United Nations Convention in 1989. There were challenges associated with including children in the study. The mechanism for seeking ethical approval varies in research sites in the Republic of Ireland. Obtaining ethical approval in another jurisdiction also proved challenging.

Recommendations:
It is vital to establish good relationships with healthcare professionals as they are integral to successful data collection. Researchers should be cognisant that seeking Ethical approval for an All-Ireland study is a lengthy process. Including children as research participants in Children’s palliative care studies raises a number of practical and ethical challenges.

Notes:
Abstract Number: P.19

Presenter: Dr Helen Evelyn Malone PhD, MSc, RNT, SCM, SRN

Organisation: Trinity College Dublin

Authors: Dr. Helen Malone, PhD, MSc, RNT, SCM, SRN, Dr. Honor Nicholl, Professor Imelda Coyne

Title of Presentation:
How Good is your Estimated Sample Size? Getting the Essential Parameters into Focus

Background:
This presentation is aimed at the novice nursing and midwifery researcher. Findings from healthcare research have the potential to be translated into clinical practice. As such, sample size determination warrants adequate time and attention in the planning stage of a research study. Too small a sample size may have insufficient power to statistically detect a specified meaningful effect. Too large a sample size may be statistically unnecessary, and unethical. Additionally, there is an increasing expectation by ethics committees, editors of journals and guidelines such as the 2010 CONSORT statement (Consolidated Standards of Reporting Trials) that sample size determination should be justified. Despite the myriad of publications addressing sample size estimation the question of “How many subjects do I need for my study?” continues to be a frequently asked question.

Aim and objectives:
The aim of this presentation is to highlight the importance of inputting appropriate parameter values into sample size estimation to ensure that a minimum sample size is derived with sufficient power to detect a meaningful effect.

Methods:
A review of the literature included journal articles and statistical books that presented sample size estimation in understandable and clear language with a particular focus on basic sample size determination.

Analysis and Results:
It is evident following an extensive literature review that four key parameters underpin basic sample size estimation. Important considerations regarding the four essential parameters that underpin sample size determination are explored in this presentation. Those parameters are: Significance level, Power, effect size and standard deviation. A clear understanding of these parameters assists the researcher to input appropriate information into a chosen method of sample size estimation.

Recommendations:
This presentation examines the four essential parameters utilized in basic sample size determination. Researchers are directed towards the assistance of a statistician when more complex statistical scenarios arise in research practice.

Notes:
Abstract Number: P.20

Presenter: Ms Jennie Synnott R.G.N.

Organisation: HSE / RCSI Institute of Leadership

Authors: Jennie Synott, Sibeal Carolan, Steve Pitman

Title of Presentation:
Using Audit for Clinical Governance: the prescription and administration of medicines- A quality Improvement and Leadership Approach

Background:
Clinical managers are expected to lead and are accountable for ensuring quality (5). Certainly aspects of leadership have been significantly correlated with the quality and safety of services (5). Given the possible harm from medication errors it is vital that nurse leaders put systems in place to reduce the risk of harm occurring (6). Areas where the most common errors occur have been well researched (1,2).
The NHS leadership framework provides practical guidance for leaders who want to improve services. Section 4 focuses on improving services and states that (3)
• Experienced leaders develop and implement audit tools.
• Audit prevents risk and improves services.
• Audits improve professional practice.

Aim and Objectives:
The intention of this Qi was to improve practice in prescription and administration practices.

Methods:
This Qi focused on a local improvement therefore the PDSA cycle was chosen. Both a leadership framework and a quality improvement framework were used to guide that Qi. Quality is an ongoing and dynamic approach and quality frameworks provide a structure to guide and demonstrate improvements (4).

Analysis and Results:
The results have been significant, in the 11 months both practices have improved overall by 86% and the most recent audit scoring 96% compliance with agreed standards.

Recommendations:
This Qi was embraced by both medical and nursing disciplines which demonstrated the shared commitment to governance and Qi.

Notes:
Abstract Number: P.21

Presenter: Ms Mary O’Neill RGN, RM, PHN & FFNMRCsi

Organisation: School of Nursing & Midwifery, Royal College of Surgeons in Ireland

Authors: Mary O’Neill

Title of Presentation:
Teaching Reflective Practice Through Blended Learning

Background:
Reflection is an important and influential concept for many professions today. Traditionally, reflective practice is understood and summarised in 3 ways: 1) technical rationality, 2) artistry of professional practice; 3) reflective learning or learning from experience (Thompson & Pascal 2012). Schön rejected the notion of technical rationality and focused instead on the value of knowledge from experience and practice. Today, guided reflection and reflective journaling is used widely in nurse education and mainly to assist students to organise the learning that is taking place in clinical practice settings.

Aim and objectives:
This poster outlines the teaching strategies used for teaching reflection on practice through blended learning to students on post graduate diploma and master programmes in the School of Nursing & Midwifery.

Methods:
A reflection on practice module at level 9 learning was undertaken by 129 students. The teaching strategies included class lectures (on line and face-to-face), recommended readings, literature searching and review, reflective models and frameworks, critical incident analysis, assignment writing, and online discussion forum access and engagement over the course of the module. The module encouraged students to reflect on their clinical experiences/learning opportunities and to link them to theoretical knowledge for continuing professional development. The module was assessed in four parts.

Analysis and results:
A total of 129 students completed the module, with 57% (n=73) of students actively engaging with 100% of all aspects of the discussion forum activities. This year the online activity increased by 300% compared to previous modules. All students demonstrated their learning through the process of reflection in the final part of the assignment.

Recommendations:
The experience of participating in this blending module provides direction for the on-going development and research of student experiences of blended learning.

Notes:
Abstract Number: P.22

Presenter: Dr Elizabeth Weathers PhD, BSc, PGCTL, RGN

Organisation: Centre for Gerontology and Rehabilitation/ School of Nursing and Midwifery, University College Cork

Authors: Dr. Elizabeth Weathers, Professor Geraldine McCarthy, Dr. Alice Coffey

Title of Presentation:
Spirituality: A Review of the Empirical Research

Background: Background:
Spirituality is considered a critical resource for many persons coping with illness, especially those suffering from chronic or terminal illness, and during stressful life events such as bereavement or at the end-of-life. Nurses are present with people during all of these experiences illustrating the importance of spirituality in nursing.

Methods:
A review of the empirical research on spirituality was conducted. The review was guided by a Neo-Conceptual Framework of Spirituality which conceptualises spirituality as three dimensions: connectedness, transcendence, and meaning in life. Research investigating each of these dimensions was included in the review.

Analysis and Results:
Findings revealed that connectedness, transcendence, and meaning in life were consistently referred to as dimensions of spirituality in both the qualitative and quantitative literature. Yet, only four studies were sourced that investigated spirituality conceptualised as these three dimensions together. These four studies used the Spirituality Assessment Scale to operationalise spirituality. A variety of instruments have been developed to measure each dimension independently. Findings of the review also highlighted a paucity of research guided by a theoretical framework. Also, a number of socio-demographic variables associated with spirituality were identified.

Recommendations:
In conclusion, conceptual and methodological inconsistencies make it difficult to compare research findings and draw strong conclusions. Additionally, the ambiguity surrounding the concept of spirituality is exacerbated by a lack of acceptable measurement instruments that address spirituality in a patient-centred, theoretically integrative and comprehensive manner.

Notes:
Abstract Number: P.23

Presenter: Mr Stephen Moran RCN, RGN, BSc. Nursing, MSc Research Student

Organisation: Athlone Institute of Technology

Authors: Stephen Moran, John Larki, Des Cawley

Title of Presentation:
Exploring the social consequences of heart failure on the patient and their families: a literature review

Background:
Heart failure is now one of the most prevalent chronic illnesses in Ireland. The Department of Health and Children (2010) estimates that 10% of the population over the age of 75 have heart failure and predicts that there will be a 63% rise in the prevalence of heart failure by 2019. Advances in treatment mean that survival rates are increasing and the disease can be controlled for many years in children and adults. This increase in prevalence and life expectancy has resulted in a larger number of patients living with the bio-psychosocial consequences this chronic illness.

Aim and objectives:
The aim of the review is to examine what is known about the social consequences of Heart Failure on the patient and their families.

Methods:
A review of the literature was conducted to provide a comprehensive analysis of literature on the social consequences of heart failure on persons with this disease and their families. A search of the literature was carried out using a number of databases including; The Cochrane Library, EBSCO, Embase, PsycINFO, PubMed and Science Direct.

Analysis and Results:
Twelve articles were selected to be included in the review. All of these papers focused on the adult suffering from heart failure. The review highlighted social consequences as decreased physical function, withdrawal from social activity, increased financial burden, early retirement or unemployment and increased reliance on others.

Recommendations:
It is evident that there is limited relevant research exploring the social consequences of heart failure on the child with this condition and their families. It would be necessary and timely to further explore this area due to the increasing number of children now living with this illness and the lack of relevant research to enhance quality of life and guide healthcare workers and policy makers.

Notes:
Abstract Number: P.24

Presenter: Ms Joanne O’Brien RGN, BSc (Hons) Nursing, MSc Pain Management, RPN

Organisation: Beaumont Hospital

Authors: O’Brien J, Nugent L.E, Keaveny J, Pollard V

Title of Presentation:
Neuropathic Pain treatment with Capsaicin 8%: A Nurse Led Clinic

Background:
Thirteen percent of the Irish population suffer chronic pain at a cost per annum of €5.34 billion. Treatment of Neuropathic Pain (NP) using capsaicin 8% should benefit the patient leading to a reduction in pain and symptoms, improved quality of life and result in cost efficiencies.

Aim and objectives:
This study is a pilot study conducted:
1. Longitudinally examine patient outcomes following the treatment of NP with capsaicin 8%.
2. Assess the validity and reliability of the self-assessment tool on key patient reported outcomes with NP treatment using capsaicin 8%.
3. Provide recommendations for a main study that will aim to examine the potential for extending the scope of advanced nursing practice for the treatment of neuropathic pain in the context of a nurse led clinic.

Methods:
Wiklund et al. (2013) revised Self Assessment of Treatment (SAT) questionnaire was used to examine patient reported outcomes of a Neuropathic Pain (NP) treatment. It is a 6-item likert scale that evaluates pain, activity level and quality of life as well as satisfaction with the treatment. SAT has a demographic and clinical questionnaire. The cause of NP, pain score and medication usage at baseline was documented

Sample
27 Patients were referred for treatment with Capsaicin 8% since the study commenced in July 2014. Patients (N= 27) fulfilling the inclusion and exclusion criteria for Capsaicin 8% treatment participated in the study.

Data collection
The SAT was administered longitudinally via telephone call at 1 week, 4 weeks and 3 months post treatment. At 3 months patients are reviewed in the OPD and follow up treatment arranged according to their treatment response and satisfaction. Treatment of NP with Capsaicin 8% and data collection finished in November 2014.

Analysis and Results:
Descriptive & inferential statistics using SPSS will be carried out between December 2014 and January 2015

Recommendations:
Recommendations for practice and future research will be made after analysis of the results.

Notes:
Abstract Number: P.25

Presenter: Ms Maree Barry

Organisation: St Mary’s Hospital Campus, Phoenix Park

Authors: Barry M, Nugent L.E.

Title of Presentation:
Tissue viability nurse EMPOWER Model

Background:
Measuring and monitoring the incidence and prevalence of pressure ulcers is necessary to indicate improvements in practices and quality of care. The TVN EMPOWER model was developed by a clinical nurse specialist in tissue viability to empower nurses in healthcare settings and improve quality of care by reducing the prevalence, incidence and severity of preventable pressure ulcers. The TVN EMPOWER model is formally presented in this paper for the first time as a potential model for use in practice by nurses.

Aim and objectives:
To introduce the TVN EMPOWER model as an exemplar of practice.

Methods:
The TVN EMPOWER model stands for: Education, Motivation, Prevalence and incidence rates, Other healthcare professionals, Who is at risk, Enablement and Results. The individual components of the model are critically discussed and guidance is provided on implementation of the model in clinical practice.

Analysis and Results:
The TVN EMPOWER model enabled a CNS in an older peoples setting to empower staff through continuous education, motivation, monitoring prevalence and incidence rates, team working, risk assessment, ensuring resources are available, sharing results, celebrating and acknowledging positive patient outcomes and examining new approaches to improving practices. As a result the level of awareness of pressure ulcer prevention within the hospital has increased. A reduction in the prevalence, incidence and severity of pressure ulcers was observed from 2007 to 2013.

Recommendations:
Future research should further investigate the impact of the TVN EMPOWER model on patient outcomes and demonstrate whether it is a reliable and valid tool for use in clinical practice.

Notes:
Abstract Number: P.26

Presenter: Mr Daragh Roger MSc Nursing, RGN, RNP, RANP, CDT

Organisation: St. Marys Hospital, Phoenix Park

Authors: Rodger D, Spencer A

Title of Presentation:
Forever Autumn – A Collaborative Approach to Falls Prevention and Management

Background:
Falls awareness and falls prevention are a priority for health care providers of older adults. According to the Burden of Care study, falls cost the Irish economy €402 million and with our ageing population are projected to cost €2043 million by 2030. In acknowledgement of this an innovative eLearning education resource was developed in an older adults setting in North Dublin to support the implementation of a falls prevention programme, known as Forever Autumn.

Aim and objectives:
To raise awareness of falls among staff groups
• To enhance the safety of the patients and residents in care
• To reduce the costs associated with falls – financial, physical and psychological

Methods:
Data on falls was collected using a variety of tools pre and post programme from all inpatient and residential units in the older persons setting.
A falls awareness and prevention programme was developed and implemented with multidisciplinary involvement.

Analysis and results:
A new falls risk assessment tool was introduced which measures the number of interventions used to prevent a potential fall and alert staff to those at risk of falling. Falls risk symbols and falls reduction measures were developed and introduced. An education resource was developed for staff. In 2013 there was a reduction of 35% in the number of falls across the hospital campus since 2011. Forever Autumn has generated a lot of interest nationally. This prompted the development of the Forever Autumn Community of Practice bringing falls awareness to a wider audience.

Recommendations:
The reduction of falls and potential falls data is evidence to staff of their commitment to making falls prevention and management a priority for the older adults in care. Future research should further evaluate the measures, processes and outcomes of Forever Autumn to continue its advancement as a programme that contributes to improving patient care and safety nationally and internationally.

Notes:
Abstract Number: P.27

Presenter: Ms Niamh Hulm RGN, BSc (HONS), Dip Holistic Massage, Aromatherapy and Reflexology

Organisation: St. Clare’s Home

Authors: Hulm N, Nugent L.E.

Title of Presentation:
Complementary therapy as delivered by a clinical nurse specialist in older peoples services

Background:
There has been a positive shift in the philosophy underpinning older people’s nursing internationally in the past fifteen years. It has moved significantly from an environment where the biomedical model dominated nursing care and assumed that older people were homogenous and required uniform care and has been replaced with a more holistic approach. The integration of the philosophy of complementary therapies with that of holistic nursing has potential in addressing the many health problems and medication burden experienced by the older person. Complementary therapist roles in nursing could ameliorate this integration.

Aim and objectives:
To highlight the origins, development, integration and benefits of the clinical nurse specialist role in complementary therapy in an older people’s service in North Dublin, Ireland.

Methods:
A search strategy was defined to identify all available literature and research relevant to the topic area. The literature was then critically evaluated. A clinical audit investigated the referral processes to the CNS complementary therapy service used by the interdisciplinary team.

Analysis and Results:
• Introduction of first CNS in complementary therapies to an older people’s service in Ireland.
• Three separate units that provide 105 beds for extended care, 20 beds for respite care and 120 places for day care have access to the complementary therapy service.
• A mobile therapy service was developed to expand the service to include community patients.
• Staff therapy is provided to promote well-being and offer support to staff.
• The audit highlighted improvements in quality of life such as palliation of symptoms.
• A universal referral form was developed to enhance referral efficiency by the interdisciplinary team.

Recommendations:
The CNS in complementary therapy as part of the interdisciplinary team contributes to achieving optimal care and wellbeing for the older person. Complementary therapies have potential to palliate the multi-morbidities experienced by the older person and possibly reduce an over reliance on medication. Further research into the value of this role to older people’s services and other service areas is recommended.
Abstract Number: P.28

Presenter: Ms Lorraine McNamee RGN, BA, PGDIP, MSc

Organisation: Seanchara Community Unit, HSE

Authors: Mc Namee L, Nugent L.E.

Title of Presentation: Nursing & the practice development role in Ireland and internationally

Background:
The practice development co-ordinator role in Ireland originated at a time when nursing was undergoing fundamental changes in education, research and clinical practice. The Commission on Nursing (Government of Ireland, 1998) outlines the main responsibilities of the practice development co-coordinator (PDC) as the management of quality assurance programmes, the establishment of nursing development units, the provision of optimum clinical learning environments for student nurses, and the dissemination, implementation and development of research appreciation skills among nurses. However, recent research suggests that PDC’s experience isolation and role ambiguity and a greater understanding of the knowledge, skills and expertise that is required to operate in differing practice development roles is required.

Aim and objectives:
To review extant literature on practice development in Ireland and internationally alike and elicit how it is defined and understood as well as its place in nursing practice.

Methods:
Electronic bibliographic databases such as CINAHL, Psychology & Behaviour, OECD and socINDEX were searched using key words. The literature search was refined using inclusion and exclusion criteria. Key texts and studies were identified and critically reviewed.

Analysis and Results:
Common themes of the practice development role nationally and internationally emerged such as culture change, facilitation, person centred care and leadership. However, differences are apparent as practice development in Ireland also has a focus on policy development, education and student nurse clinical placements. The complexity of defining the practice development role in contemporary nursing is presented and critically discussed.

Recommendations:
It is clear that the PDC role has a fundamental place in nursing and healthcare. However, the zeitgeist suggests it may be up to individual organizations and practice development co-coordinators’ themselves to ensure that they remain key stakeholders in any future developments in nursing and healthcare in Ireland. Further research should investigate the sustainability and development of the PDC role in nursing both nationally and internationally.

Notes:
Abstract Number: P.29

Presenter: Ms Angela Nolan RGN, RM Dip PHN, BNS, MA Health Promotion

Organisation: Health Services Executive (HSE), Dublin North Ireland

Authors: Nolan A., Kennedy S., O’Malley A., Cunningham A., Kirwan M., Goodwin V., Nugent L.E.

Title of Presentation:
A survey of public health nurse led breastfeeding support groups: The mother’s voice

Background:
Studies report dissatisfaction of mothers with breastfeeding support in the community and a consistent approach to breastfeeding support groups has been called for. This study allows the mothers voice to be heard through examining their experience of public health nurse (PHN) led breastfeeding support groups (BFSGs) in North Dublin, Ireland.

Aim and objectives:
To explore the experiences of breastfeeding mothers attending PHN led BFSGs and provide recommendations to enhance the quality of delivery of BFSGs across PHN teams in North Dublin.

Methods:
A survey with open and closed questions was administered to N=177 mothers. N=96 returned the survey from 9 different support groups. Data was entered in Excel and descriptive statistics were produced. Open question responses were transcribed verbatim and a thematic data analysis was carried out.

Analysis and Results:
Results show that mothers valued support from the PHN at the early stages of breastfeeding whereas mothers preferred peer support as breastfeeding progressed. Social support gained was rated highly. The timing of the group, atmosphere and availability of refreshments were important. Mothers reported dissatisfaction with a lack of topics covered at the BFSG. Issues relating to lack of formal breastfeeding education, poor facilitation and poor venue infrastructures were highlighted. Differences surrounding mothers’ perceptions of importance of weighing the baby at the support group were apparent.

Recommendations:
Mothers would benefit from formal structured education sessions where groups are nurse lactation consultant led with the novice PHN/midwife as co-facilitator. This expert led co-facilitation approach may advance breastfeeding support for mothers through mentorship learning of PHNs in effective breastfeeding support group facilitation. A more formal structured approach to BFSGs and the introduction of practice guidelines in this area is required to ensure a high quality and consistent experience for mothers in the community. Finally, mothers and PHNs perceptions on weighing babies at breastfeeding support groups require further exploration.

Notes:
Abstract Number: P.30

Presenter: Mr Ken Maleady MSc in Nursing, BNS (Hons), Post Graduate Diploma, RNP, RGN.

Organisation: Connolly Hospital, Blanchardstown

Authors: Maleady K, Ramiah V, O’Conor C.E, Broughall M, Reynolds JF, Galvin J, O’Neill J, Keelan E

Title of Presentation:
A Prospective Observational Study of Acute Atrial Fibrillation treated with early cardioversion, delivered by a Clinical Nurse Specialist & Senior Physician in an Emergency Department in Dublin, Ireland

Background:
• Atrial fibrillation is the most common dysrhythmia encountered in Emergency Departments. There is an increasing prevalence due to an ageing population. In Ireland acute AF is usually managed by Cardiologists with most requiring anticoagulation and admission. Recent international studies have shown that aggressive rhythm control in selected patients in an Emergency Department setting is a preferable option. Early cardioversion of acute AF increases the likelihood of the patient remaining in sinus rhythm and reduces the need for admission and anticoagulation.

Aim and objectives:
• The objective of this study was to demonstrate whether a group of patients admitted with acute atrial fibrillation can be safely and effectively managed using early cardioversion within an Emergency Department in a Dublin Teaching Hospital.
• To demonstrate a reduction in hospital bed days from 5.6 days to 7.4 hours.
• To demonstrate a reduction in cost

Methods:
• Included in this study were n=29 patients who gave a clear history of Atrial Fibrillation less than 48 hours after presenting to the ED.
• All other patients were excluded because of uncertainty regarding onset of symptoms. A total of 29 patients underwent Emergency Cardioversion for Atrial Fibrillation over this study period.
• Patients were treated with electrical cardioversion following development of a protocol and guidelines specifically developed for this group of patients.

Analysis and Results:
• Mean age of patients was 56yrs.
• Chief complaint of patients was palpitations and dizziness.
• Twenty five of the 29 patients (86%) treated with cardioversion were successful.
• 5 (17%) of patients returned within 6 weeks to the ED with a reoccurrence of the same arrhythmia.
• There was a significant reduction in the mean hospital length of stay from 5.6 days to 7.4 hours.
• Significant benefit to the patients as arrhythmia was corrected and symptoms improved.
• Significant reduction in cost to the organization as the length of time patients spent as an inpatient was significantly reduced

Recommendations:
Early Cardioversion led by a Clinical Nurse Specialist in Emergency Cardiology is a safe and effective management strategy for patients that present with atrial fibrillation less than 48 hours duration. This study also highlights that patients presenting to the ED with recent onset Atrial Fibrillation have a reduced length of hospital stay. Following completion of this study, a protocol was implemented to the ED for all staff so as to ensure consistency with the treatment for this group of patients. A Nursing pack was also introduced which included, the Atrial Fibrillation protocol, the consent for the procedure, information leaflet for the patient and finally an integrated care pathway for nurses caring for this group of patients.
Abstract Number: P.31

Presenter: Mr Gerard White RGN, RNT, RANP, BNS, Dip Mgmt, H dip (A&e), PGDNE, MSc, FFNMRC SI

Organisation: National University of Ireland, Galway

Authors: Gerard White

Title of Presentation:
Recovering moral integrity as a coping mechanism for moral distress among Emergency Nurses

Background:
Modern Emergency Departments place conflicting demands on nurses with increased work loads, diminishing resources and staff shortages. When a conflict arises between nurses’ moral codes and the clinical situation, they may experience moral distress (Jameton, 1984) which can lead to job dissatisfaction, burnout, increased turnover and lower staff retention (Corley et al, 2001). However, very little is known regarding moral distress among emergency nurses.

Aim and objectives:
This study sought to discover the main concern of Emergency Nurses experiencing moral distress.

Methods:
Classical Grounded Theory was used for the analysis of qualitative data including 40 interviews and several episodes of clinical observation. Recruitment was initially performed using purposive sampling followed by theoretical sampling. Data collection and analysis have been conducted concurrently incorporating a process of constant comparison and theory generation. Data has been analysed using a system of open coding, selective coding and theoretical coding (Glaser, 1978).

Analysis and results:
The main concern of Emergency Nurses was balancing competing demands. Coding revealed the core category of Compromising competence. Compromising competence can lead to moral distress and burnout among some nurses. However, some nurses cope with moral distress by recovering moral integrity. By focusing on small achievable victories, nurses are able to make an impossible situation bearable.

Recommendations:
Recovering moral integrity should be recognised as a moderating factor for moral distress. Steps should be taken to promote successful aspects of patient care and to support the role of the shift leader in Emergency Departments to ease the effects of moral distress encountered by nurses due to patient crowding.

Notes:
Abstract Number: P.32

Presenter: Ms Anne Marie Burke RGN, Dip in Nursing, Hip Dip in Wound Management and Tissue Viability, BSc Nursing Management, MSc in Clinical Health Sciences Education

Organisation: Royal College of Surgeons in Ireland

Authors: Anne Marie Burke

Title of Presentation:
An exploratory study of nurses’ knowledge and practice of using anti-embolism stockings in clinical practice in Ireland

Background:
Venous thromboembolism (VTE) is reportedly the most common preventable cause of death in hospitals with a reported mortality rate of 25,000 people per year. The use of anti-embolism stockings for venous thromboembolism prophylaxis is an important cornerstone in preventative treatment. Nurses need the knowledge to properly fit, care for, and educate patients who have anti-embolism stockings prescribed to them. There are no published Irish studies on nurses’ knowledge or practices in regard to anti-embolism stockings. Therefore this research study explored nurses’ knowledge and practice of using anti-embolism stockings within the Irish context.

Aim and objectives:
To explore nurses’ knowledge of anti-embolism stockings and their reported practices of anti-embolic stockings use in clinical practice in Ireland. Objectives of the study were to explore nurses:
• Knowledge of the indications for and contraindications of using anti-embolism stockings
• Reported practices of selecting and fitting anti-embolism stockings
• Reported practices of the care and education of the patient prescribed anti-embolic stockings
• The education nurses receive on the management of anti-embolism stockings and who delivers this education on the management of anti-embolism stockings.

Methods:
A non-experimental quantitative descriptive research design was used. A randomised sample of 250 nurses was selected to participate. Access to this sample was through the Nursing and Midwifery Board of Ireland research assistance service. The response rate was 26% (n=65).

Analysis and results:
Data analysis was conducted using descriptive statistics. Over one third (35.4%, n=23) of nurses surveyed could not identify the primary indication for anti-embolism stocking use. Not all nurses were aware of the contraindications to anti-embolism stocking use. Consultant preference was reported as the reason for stocking application most frequently by respondents (43.1%, n=28). The majority of participants (89.2%, n=58) surveyed reported that they measure both patient legs to determine the correct size stockings for patients. 95.4% (n=62) reported they provide patient education in regard to anti-embolism stockings. Forty percent (n=26) of the nurses who participated in this study never received any training or education on anti-embolism stocking management.

Recommendations:
Following this research the author recommends further research into this area of practice. National guidelines for VTE prophylaxis for the adult population in Ireland should be developed and disseminated throughout the health service. An accessible educational programme for nurses on VTE prevention should also be developed which could be linked to continued professional development. The Irish health service should monitor and record VTE associated death rates and these figures should be available in the public domain.

Notes:
Abstract Number: P.33

Presenter: Ms Eunice Chisholm, RGN, RM, BA, M Nursing

Organisation: NHS Grampian/RGU

Authors: Eunice Chisholm

Title of Presentation:
An investigation of the differences between Local Authority Care Homes that have in-house Registered Nurses compared to Local Authority Care Homes that have Community Aligned Registered Nurses

Background:
It is usual for Local Authority (LA) care homes not to have in-house registered nurses and the use of NHS community nurses aligned to the care home would be the norm. A registered nurse situated in-house is a new initiative that concurs with the health and social care integration agenda for Scotland (Scottish Government 2014).

Aim and objectives:
The aim of this study is to explore the impact of registered nurses in LA care homes compared with LA care homes without registered nurses. The differences that will be explored relate to registered nurse roles including timely and holistic delivery of care that maintains continuity for the 24 hour period. Registered nurses working in LA care homes provide a continued nursing presence that includes support and training for the other staff employed within the LA care homes. The study will include a literature review of national and international evidence on the topic area to identify any substantive bodies of work. The study will explore the perceptions of registered nurses in both in-house locations and community aligned locations. The study will ascertain the advantages and disadvantages of registered nurses located in LA care homes and make recommendations for future workforce planning. This study has relevance in today’s competitive and changing health and social care environment and will add to the body of knowledge on the importance of registered nurses in care home settings.

Methods:
The study will adopt a qualitative approach and the design will include interview method to gain the views and opinions of registered nursing staff and their managers. The sampling framework will be purposive and involve the voluntary participation of the registered nurse populations in 4 LA care homes. Two of these LA care homes currently have in-house registered nurses and two will be selected that do not have in-house registered nurses. The ethical perspectives will be addressed through RGU ethics committees and NHS ethical approval will also be sought.

Analysis and Results: Not yet available

Recommendations: Not yet available

Notes:
Abstract Number: P34

Presenter: Ms Bridget Murray
RGN, BSc (Nursing), HDip (Critical Care Nursing), MSc (Nursing), PG Dip ED (Clinical Health Sciences)

Organisation: RCSI

Authors: Bridget Murray

Title of Presentation:
Tell me this! What is blending learning?

Background:
Learning is defined as a “permanent change in mental processing, emotional functioning, and/or behaviour” when individuals acquire new knowledge or skills (Bastable 2008). Acknowledging it as a fundamental process, many individuals take it for granted, believing that once an adult they will have learned how to learn. Cowman (2008) notes that it is a complex process and how a person learns can be determined by factors such as favoured mode of perception and cognitive processing. Nevertheless, it can be a natural occurring process and sometimes learning can happen quite unnoticed to the individual (Pritchard 2009). Blending learning is combining face to face classroom learning with online learning. There are many definitions surrounding blended learning, according to Garrison and Vaughan 2008 it can be conceptualised as “the thoughtful fusion of face-to-face and on-line learning experiences”.

Aim and objectives:
To provide an opportunity to explain blended learning and to briefly take you through the process of integrating technology into your learning and clinical practice.
To provide nurses/midwifes with the opportunity to learn and develop competency with online learning and face to face education.

Methods:
Nurse/midwife’s sometimes have good reasons for not attending class due to their working schedule. Recording lectures, fast becoming common practice in universities, and making those available to nurses/midwifes allows the students to view the lecture content and keep abreast of their coursework. It also gives the nurse/midwifes the opportunity to revisit the lecture at a time of their choosing. Utilizing technology can allow content to be made more accessible to the nurse/midwive whereby classroom sessions can be recorded, course documentation uploaded and immediate access to a range of material and resources. Virtual classroom is a real time online classroom environment allowing lecturers to use audio and video to present contents such as PowerPoint presentations to a live audience. Visual classrooms are really useful for online courses and are also effective in providing additional access to educators/students. When applying blending learning there are many tools or applications for consideration including:
• discussion forums, blogs, wiki pages, web-casting, e-portfolios, e-learning, online quizzes, surveys
Web-based learning and face-to-face/classroom learning are blended together into an effective learning tool that appears to be suited to the needs of nurses/midwifes in the health service.

Recommendations:
In conclusion, blended learning prepares Nurses/Midwives for their working life by engaging them during their clinical practice and acquiring strategies for life-long learning.
Finally, this old Chinese Proverb, on Education as interpreted by Ei-Ichiro Ochiai (1993) provides a good summary.
“Tell me, I will forget
Show me, I may remember
Involve me, and I will understand”
Abstract Number: P.35

Presenter: Mr Chris Peat OBE, MA, BA (Hons)

Organisation: Axia Interactive Media

Authors: Chris Peat

Title of Presentation:
Identifying the factors for the successful introduction of the electronic assessment of professional practice of nurses and midwives

Background:
The potential for electronic portfolios, to improve the assessment of the professional practice of nurses and midwives, during and post qualification has long been recognized both in Ireland and internationally. This potential has not been realized until now. One university has successfully implemented e-AoPP, the electronic assessment of Professional Practice, across all its qualification programmes.

Aim and objectives:
The aim of this session is to analyze the critical reasons why this project has worked, in part through a comparison with other similar projects which have had a less successful outcome.

Methods:
The analysis will be informed by a review of existing practice nationally and internationally. In addition user surveys and more in depth case studies from those involved in implementing this approach will be used.

Analysis and Results:
The main findings of the research are that the perceived barriers to introducing electronic assessment can be overcome providing the assessment is well constructed; all the key stakeholders are effectively engaged and the technology is fit for purpose;

Recommendations:
These results demonstrate that electronic assessment can advance nursing and midwifery practice through liberating all those involved, from the paper trail often associated with traditional assessment methods thereby providing more time for teaching and reflective judgments.

Notes:
Abstract Number: P.36

Presenter: Dr Cheryl Moody PT, DPT, PCS, C/NDT

Organisation: Childrens Hospital Colorado

Authors: Sharon Sables-Baus, Susan Moran, Tiffany Callahan

Title of Presentation:
Early initiation of a Newborn Individualized Developmental Care and Assessment Program (niDCAP) reduces length of stay

Background:
Although infants born ≤ 32 weeks gestational age are at risk for long term developmental delays, niDCAP has been shown to minimize age-related delays, decrease length of stay and hospital costs. One Midwestern United States hospital noted a 17% niDCAP referral rate among infants admitted ≤ 32 weeks gestational age. Efforts to improve referrals were warranted.

Aim and objectives:
To increase the niDCAP referral rate in 12 months to 50% for infants ≤ 32 weeks gestational age

Methods:
A multidisciplinary leadership team identified and addressed potential barriers to referrals. A niDCAP consult order was added to the electronic medical record admission order set with repeated measures to educate key personnel of the change. Weekly multidisciplinary rounds were attended by the project lead to identify eligible infants.

Analysis and Results:
NiDCAP referrals increased to 50.6% (n = 87). Admission and discharge postmenstrual age for infants that received NiDCAP was M = 27.85 (SD = 1.86) and M = 38.28 (SD = 5.10) weeks respectively, whereas the infants that did not receive NiDCAP were slightly older at admission (M = 29.87, SD = 2.49) and discharged sooner (M = 35.96 weeks, SD = 5.60). Although the average length of stay (LOS) for NiDCAP-enrolled infants was longer, if enrolled < 6 days after admission, they were discharged an average of 25.02 days sooner (M = 57.17; M = 82.19) and 3.33 weeks younger (p = 0.027).

Recommendations:
Early NiDCAP intervention may lead to a reduction in LOS and medical costs. Successful improvement efforts require an alignment with organizational goals, and a collaborative team to initiate, plan, implement, and evaluate a project over time. Next steps will seek differences per gestational age.

Notes:
Abstract Number: P.37

Presenter: Dr Ray Samuriwo PhD, RGN

Organisation: Cardiff University

Authors: Professor Alan Pearman

Title of Presentation: The Dual process theory and nurses’ pressure ulcer related decision making

Background: Consistent delivery of safe high quality health care relies on nurses’ ability to make appropriate judgements and decisions about the treatment of patients. Nurses have to make a number of judgements and decisions in pressure ulcer prevention and management (1). Studies (2-4) have identified that nurses find it challenging to distinguish between different grades of pressure ulcers and between pressure ulcers and moisture lesions. Incorrect judgements about the state of a patient’s skin of pressure ulcer can lead to the implementation of inappropriate or ineffective measures (1-3).

Dual process theory of decision making:
Decision making research and has set out two distinct ways of thinking (system 1 and system 2) that people use to make judgements and decisions in what is known as dual process theory (8, 9). When, where and in what balance system 1 and system 2 are used is an active subject of research in many domains of application.

Analysis and results:
Studies (10, 11) on the dual process theory indicate that experts have an enhanced intuitive process for decision making that is underpinned by pattern recognition, which allows them to decide the best course of action with the experiential information stored in their memory. Experts develop their expertise through practice and reflection on experience; which results in a higher level of expert heuristic or intuitive decision making in contrast to the more emotional intuitive decision making of novices (10, 12).

Recommendations:
The dual process theory appears to account for some of the findings about the shortcomings of nurses’ pressure ulcer related decision making in different studies (1, 2). It may be prudent to put in place measures such as clinical decision support systems or decision making aids (13, 14) to enable nurses to consistently make more appropriate decisions about pressure ulcers.

Notes:
Abstract Number: P.38

Presenter: Ms Jill Murphy RGN, MSc, Gerontological Nursing
Organisation: University of Limerick
Authors: Ms. Jill Murphy, Ms. Susanna Tellia, Ms. Liz Kingston

Title of Presentation:
A comparison of Nurse and Midwife Prescribing in Ireland and Finland: Promoting a positive prescribing climate. A critical incident study of nurses’ and midwives’ perceptions

Background:
The phenomenon of nurse/midwife prescribing has captured the interest of researchers throughout the world; however, there is a lack of studies comparing nurse prescribing internationally (Van Ruth et al 2008). This study attempts to draw together global perspectives of nurse prescribing in Ireland and Finland through critical incident technique. Bradbury-Jones et al (2007) recognise the importance of international collaborations between healthcare professionals and Irvine et al (2007) acknowledge the exchanging of global knowledge is all the more important, as changing health needs/demands has resulted in greater global challenges. Comparative research in different countries affords the opportunity to share knowledge and learn from others on both achievements and errors (Bradbury-Jones 2007) and may lead to best practice of prescribing.

Aim and objectives:
Gain insight into nurses/midwives positive and negative experiences of prescribing and promote a positive climate of prescribing care in Ireland and Finland

Methods:
An exploratory, descriptive qualitative study using Flanagan’s Critical Incident Technique (CiT), (Flanagan 1954). The rationale in using CiT is it’s suitability in the initial stages of new developments, as it can be used to identify problems that are not always obvious in a system (Kontio et al 2011).

Analysis and Results:
Flanagan’s inductive process for analyzing critical incidents is currently been used to complete study findings in a timely manner for presentation at conference in February 2015. Initial findings include the importance of effective assessment and trust with clients and patients.

Recommendations:
The World Health Organisation calls for cross country research as a mechanism of sharing global knowledge in healthcare, to meet global challenges for healthcare providers and users. It is hoped that by comparing the findings of this study, insight will be provided into nurses/midwives experiences of prescribing. This will add to the body of knowledge in promoting a positive climate of prescribing care in Ireland and Finland.
Abstract Number: P39

Presenter: Ms Susan Barnett, Clinical Program Manager for Orthopaedic Service Line, Adjunct Professor of Nursing

Organisation: Parker Adventist Hospital, Parker, USA

Authors: Susan Barnett

Title of Presentation:
Planned Paradigm Shifts – Empowering Nursing for Change

Background:
For change in practice to be successful, nursing and therapy staff must be empowered with knowledge and skills applicable to the event. The use of a proven model is a valuable tool in changing the paradigm of patient care management while maintaining staff and customer satisfaction. The PARiHS change framework is one model for implementing research into nursing practice.

Aim and objectives:
This project was undertaken to facilitate same day discharge of elective orthopedic total joint replacement patients through research, nurse empowerment and education.

Methods:
The PARiHS change model, multi-disc approach, and evidence basis for safe discharge in a shorter time frame were blended. The equation of Successful Implementation = function(Evidence, Context and Facilitation) allowed for incorporation of key measures for patient safety, patient and physician satisfaction, and goal attainment.

Analysis and Results:
Patients are now safely discharging the day of surgery under the care of focused and engaged care teams. To date, there are no known readmissions, infections or adverse events in this population. Percentage of discharge to home is rising, currently at >25% for total hip, total knee, and partial knee arthroplasty. Longer length of stay options remain in place for patients needful of that care pathway.

Recommendations:
Continued evaluation of patient outcomes is required for quality vs. industry change related to length of stay. Nurse staffing must be maintained at an increased level to absorb the intense workload associated with admission and discharge of this population.

Notes:
Abstract Number: P.40

Presenter: Professor John Wells and Mr Michael Bergin Wells PhD, MSc, BA, PGDipEd, RPN, RNT & Bergin, PhD, MMedSc, BSc, RPN, RGN

Organisation: Waterford Institute of Technology

Authors: J Wells, M Bergin

Title of Presentation: Building Resilience amongst stressed health and social care workers - The DELAROSE Project

Background: The European Framework on Psychosocial Risk Management identifies health and social care workers as particularly vulnerable to work stress (2008). Within the context of austerity measures implemented by the Irish Government from 2009 to the present and their impact on health professionals and other care providers, these issues of work based stress are particularly pertinent. An employment moratorium; salary cuts; increased working hours and incentivised retirement schemes, combined with a restructuring of health services, have contributed to an increasingly stressful working environment. In this context, building resilience in the health and social care workforce is a significant task if that workforce is to survive ‘hard times’ and services are to be kept safe.

Aim and objectives: This paper will outline how an EU funded translational research project, the DELAROSE programme, is being developed to provide a platform for health and social care workers to manage their work related stress.

Methods: DELAROSE is an EU funded project, based upon a previous scoping exercise of health and social care workers in 5 EU countries to explore health and social care workers’ coping capacities in order to build their resilience. It is currently in the design phase of piloting an online web based intervention in relation to impact on workers’ stressors and incentivizing such workers and employers to engage with the online programme on a regular basis and examine issues of tech fatigue through online survey methods.

Analysis and Results: The presenters will outline the programme content and design of the interventions and piloting work at the time of presentation. They will also discuss the challenges posed in managing a multi-national European research project.

Recommendations: Developing online based interventions in the area of work related stress are a promising cost effective approach for services (both employers and employees) in times of constrained resources.

Notes:
Abstract Number: P.41

Presenter: Ms Gayatri Nambiar-Greenwood PhD student, MA, PGCAP, RGN

Organisation: Manchester Metropolitan University

Authors: Nambiar-Greenwood, G.

Title of Presentation:
The influence of Gadamer in acknowledging the patients perspective as evidence for delivering culturally appropriate care

Background:
This presentation intends to concentrate on the rationale and initial analysis of an on-going interpretive hermeneutic phenomenological PhD doctorate entitled, "What do patients perceive as Culturally Appropriate Care (CAC)?" Influenced by the philosophy of Hans-Georg Gadamer and as per the objective of hermeneutics, this paper will clarify the conditions for understanding from the initial research data collected rather than developing a procedure or method for its understanding.

Aim and objectives:
To consider what patients, rather than cultural care theories, books or government directives on equality and diversity state CAC should be.
To analyse the data within the influence of Gadamer’s perspective on understanding.

Methods:
The study utilised in-depth semi structured interviews of 21 participants from the 5 main ethnic groups of the North West of England (White English, White Minority, South Asian, African Caribbean, Chinese /Oriental background). All participants had been patients within the NHS within 3 years of interview.

Analysis and Results:
Provision of CAC is based upon providing services that cater to these needs and can be limited to individuals that look different from the majority population.
Patients want nurses to ask about what they may require, rather than assume through learnt stereotypes or fear of cultural insensitivity.
Main requirements from all groups: Respect, Smile, Listening, Lack of judgement of difference

Recommendations:
• Understanding is hermeneutical
• We are always part of what we seek to understand (it is impossible for the researcher not to project provisional meanings onto the collected data to come to new understanding)
• Understanding or interpreting data should be situated within the mutual horizon of the researcher and the ‘thing’ (the research question) to be interpreted. It is an element in the process of understanding what you have collected

Notes:
Abstract Number: P.42

Presenter: Ms Renae Dougal

Organisation: Saint Alponsus Regional Medical Center Boise USA

Authors: Renae L. Dougal, MSn, Rn, CLnc, CCRP, Karen R. Breitkreuz, Melanie C. Wright

Title of Presentation: Improving Attention and Compliance using Simulated Error Experiences

Background: Providers anecdotally report a greater sensitivity to risks following personal experience with errors or preventable AEs. Research indicates the greater the perceived consequences associated with a missed event, the higher the likelihood that the event will be detected.

Aim and objectives: To evaluate the impact of different characteristics of error situation simulations on perception of risk amongst nursing students and RNs.

Methods: Scenarios using mixed methods intended to demonstrate human fallibility in routine tasks were completed and evaluated in nine simulation events, in two laboratory simulation settings. Presentation factors varied to include adult and pediatric patients, type of embedded errors such as wrong medication and route, number of embedded errors, and whether the participant acted alone or in teams. Post-simulation qualitative discussions were held to identify factors that may influence whether the simulation experience provided a lasting impact on patient safety risk perception attitudes and behaviors. Participants were surveyed post-simulation regarding perceived realism and changes in attitudes regarding error likelihood, prevention behaviors and consequences.

Analysis and Results: For those scenarios completed, 27% were team effort, 73% were carried out alone. Survey responses regarding memorability of the experience, reflected mean scores of 7.2 to 8.3 on a scale of 1-10. Realism and attitudes towards potential risk were also measured. Most participants failed to identify and appropriately manage at least one embedded error. In post-simulation debriefings, participants believed completing two scenarios compared to one, added to the impact of the experience. Participants perceived value in reading real-life stories of errors in conjunction with the simulations. Whether or not the participants were told that there were embedded errors did not appear to impact their perception of the experience.

Recommendations: Use of error simulations to expose nursing students and RNs for maintaining awareness of risk and the need for risk prevention practices.

Notes:
Abstract Number: P.43

Presenter: Ms Orla O’Byrne RN, RM, HDip Risk Management, BSc Nursing Management

Organisation: Rotunda Hospital

Authors: Orla O’Byrne, Niamh Hegarty, Hazel Cooke

Title of Presentation:
Barcoding the Breast

Background:
Infant feeding is seen as a non-critical daily task and is, by its nature repetitive & performed frequently. Because of this there is an increased potential for infants inadvertently receiving the wrong breast milk due to human error. In a spiraling litigation culture, there is no room for human error. Breast milk errors have frequently been cited in the literature as an immense source of stress for parents as well as having a potential detrimental effect on the affected infant.

Aim and objectives:
A review of practice to improve patient safety resulted in the introduction of Lactrack, which is a bar code system that was developed and successfully adopted in Sunnybrook Hospital, Toronto, Canada. This system is based on similar neoteric technology bar coding in use for blood transfusions.

Methods:
Since it was introduced in the Rotunda, the system was adapted to meet the specific needs of the Irish hospital setting. LacSure, formally Lactrack is an integrated suite of software modules for improving expressed breast milk (EBM) administration safety. Its function is to ensure that the correct EBM is fed to the correct infant by using positive identification at the bedside i.e. barcoded technology.

Analysis and Results:
• July 2012 - July 2013
  • Total of feed transactions = 27,090
  • Total recorded mismatches/near misses = 80 or 0.30%
• July 2013 – July 2014
  • Total of feed transactions = 27,952
  • Total of recorded mismatches/near misses= 80 or 0.29%

Recommendations:
The system has proved a success within the neonatal unit and overall compliance is excellent. Real time auditing of the LacSure system is vital for identifying near misses & tracking of breast milk in a timely manner. This innovative technology is a positive development towards improving patient safety and lends itself to the development of other aspects in neonatal care.

Notes:
Abstract Number: P.44

Presenter: Ms Tanya Duignan RGN, RCN, BSc Nursing Mgt

Organisation: Temple Street Children’s University Hospital

Authors: Tanya Duignan

Title of Presentation:
Evaluating the Impact of a New Practice Initiative on Haemovigilance Training in a Pediatric Hospital

Background:
A significant number of patients encounter serious adverse events due to errors occurring at some stage of the blood transfusion process, which could have been prevented. Root cause analysis of these events identifies knowledge deficit as being the predominant causative factor. It has been highlighted that training is key in providing safe, effective and appropriate blood transfusion care for our patients (Serious Hazards of Transfusion, 2012). The Electronic Blood Tracking System (EBTS) is a national project which is being rolled out in all hospitals within the HSE. This system aids compliance with EU Blood Directive (2002) in relation to article 14 on Traceability and Article 15 the reporting of Serious Adverse Reactions and Events.

Aim and objectives:
To use the new system as a means of ensuring only staff who are trained could access blood
• To ascertain if the new practice initiative would have any impact in compliance with training, when compared with audit taken at the same period last year
• To achieve 100% compliance with haemovigilance training in all clinical areas, thereby improving transfusion safety for our patients (National Haemovigilance Office 2012)

Methods:
An updated list of all staff nurses and health care assistants, currently working in each clinical area was obtained. A report was generated from the haemovigilance training log, to highlight staff members requiring training.

Education sessions on the new blood tracking system were delivered in short practical sessions, making it easily achievable for staff to attend throughout the day. A total of 330 staff attended (n= 330) over a three month period from June to August 2014

Analysis and Results:
There has been a significant improvement in compliance with training, since the introduction of blood track, when compared to the same period last year (audited in August 2013), with a 20% rise in uptake.
• 7/11 areas > 90% compliance in comparison to only one area in previous audit
• > 50% compliance in 10/11 clinical areas (4/11 clinical areas for previous audit)
• Overall compliance is 87% v 67% (last audit)
• Only 12% of staff have expired training records v 17% for previous audit. Given the recommendations below, it is hoped to have all those retrained by December this year

Recommendations:
A repeat audit will be carried out twice yearly, to ensure this compliance is maintained with the aim to reach 100% (currently at 90% November 2014)
Abstract Number: P.45

Presenter: Ms Fiona Dunne RN, HDip Care of Older Persons, Diploma in Management, Cert in Diabetic Nursing, Cert in Continence promotion, CNSp Gerontology

Organisation: St. Marys Hospital, Phoenix Park

Authors: Bindumol Thomas, Fiona Dunne, Josna Celi Jose, Wemi Chukwureh, Anne Spencer

Title of Presentation:
Implementing and Supporting Holistic Continence Awareness (iSHCA): creating a new culture of continence care

Background:
Evidence shows that, the lack of knowledge and awareness among healthcare workers regarding incontinence, deficits in proper documentation, limited information relating to the management (Mc Carthy et al., 2008) and Saxter et al., (2008) and also no validated continence assessment tool available. In acknowledgement of this a proactive approach was taken through the innovative development of an eLearning education resource - ISHCA and development of assessment tool to support the health care professionals in relation to the assessment and management of incontinence in the older person to improve practice and enhance the quality of life.

Aim and objectives:
To promote a person-centered approach to continence promotion leading to individualized assessments to enhance quality of life of older persons.
To increase awareness among all staff groups regarding urinary incontinence, management plan and correct use of incontinence containment products following accurate assessments.

Methods:
Through a multidisciplinary approach, an audit of continence documentation and needs analysis was completed and recognized the need for improvement. Development of an e learning educational resource through an e-authoring tool and each has an assessed component integrated within it. Evaluation is given by participants on completion. Development of a validated continence assessment tool and peer reviewed care pathways leading to a holistic approach to continence care.

Analysis and Results:
Validation of assessment tool through peer review
Category 1 approval from Nursing and Midwifery Board achieved.
Website www.ishca.net went live in April 2014
To date the website has received over 8,000 hits with visitors from all over the world
Audit of the programme is currently ongoing

Recommendations:
This e learning programme has increased awareness among staff that the promotion of continence in the older adult can have a huge impact on their quality of life. This has resulted the recommendation for a mandatory uptake of the programme in all residential units to promote quality care of older adults.

Notes:
Abstract Number: P.46

Presenter: Suja Somanadhan
RCN, RGN, RNT, BA (Hons), HDip, Grad. Cert. Nurse Education, MSc (Clinical Practice), PhD (C)UCD

Organisation: Temple Street Children's University Hospital and University College Dublin

Authors: Suja Somanadhan

Title of Presentation:
An Evaluation of Health Care Professional's Knowledge of the Clinical Audit Process in a Paediatric Hospital

Background:
The Department of Clinical Audit at Temple Street Children's University Hospital (TSCUH) was officially launched in June 2013. This Department aims to provide assistance to all healthcare professionals by providing practical and hands on guidance to carry out Clinical Audit in a structured manner adhering to safe best practice guidelines. In order to support all staff in carrying out effective and appropriate clinical audit that will benefit the care and outcomes for our patients, it is important to understand current knowledge and attitudes towards the clinical audit process in TSCUH.

Aim and objectives:
To evaluate Health Care Professional's Knowledge of the Clinical Audit Process in TSCUH.

Methods:
Questionnaires were handed out to Health Care Professionals during attendance at Clinical Audit workshops. A total of 38 (n=38) questionnaires were completed by participants, all responses were anonymous. Data was collected from March 2014 to November 2014.

Analysis and Results:
This audit demonstrated health care professionals' awareness of Clinical Audit (100%) and Quality Improvement projects (95%) in TSCUH. However, it has been highlighted in this audit that there is a lack of formal Clinical Audit training among HCPs (76%) and only (24%) attendees had formal Clinical Audit training in the past. The majority of respondents had very limited information about how to conduct a successful clinical audit in a clinical setting. Though 74% had previous involvement in clinical audit, only 50% of the respondents or their teams had made any changes in current practice. Only 45% had circulated the findings of their clinical audits. Interestingly, all respondents are (100%) aware of the TSCUH data protection policy.

Recommendations:
In order to achieve effective clinical governance and improvements in the quality of health care, it is paramount that Clinical Audit is effectively carried out and implemented throughout the organisation and all staff are aware of its significance to overall patient care and service standards. A number of recommendations are proposed based on the findings of this audit:

- Full day training for the staff who limited knowledge about clinical audit
- Monthly Clinical Audit Workshops for project planning and design
- Departmental meeting or consultation sessions as required
- Clinical audit grand round Bi-Monthly
- Seed funding for the dissemination of audit findings

Notes:
Abstract Number: P.47

Presenter: Mr Raymond Healy R.G.N., MSc.

Organisation: Hermitage Medical Clinic

Authors: Raymond Healy, Sibéal Carolan, Steve Pitman

Title of Presentation:
An organizational project demonstrating the introduction of a patient dependency measurement process to a medical/oncology unit in an acute hospital

Background:
This change project focused on introducing a patient dependency audit to a medical and oncology unit of an independent hospital in Dublin. The justification for this project lies in the need to capture the care given by nurses to inform accurate decisions on the appropriate allocation of resources and workforce. To date, minimal capture of patient dependency has occurred in Ireland, despite this being popular internationally as a workforce planning tool, with significant work having been done in the UK (Arthur & James, 1994; Kings College London, 2012).

Aim and objectives:
To agree an appropriate and suitable patient dependency tool with the organisation’s management team.
To educate/inform nursing and multidisciplinary team on the concepts of patient dependency measurement through training sessions.
To reinforce the training required to ensure familiarity and discuss the practical application of the scoring tool.

Methods:
Given the linear and chronological basis of the selected project, Senior and Swailes’s Organisational Development Model was selected.

Analysis and Results:
Implementing the project enhanced staff’s competence in measuring patient dependency. This was achieved through training, employment of a change champion and allowing for a period of implementation for all the staff to become familiar with the tool and the process of measurement.

Recommendations:
This project will be repeated later in the year to provide comparable data.
Electronic patient records system which would allow for real time data and greater continuity of assessment figures.

Notes:
Abstract Number: P.48

Presenter: Mr Eoin Power R.G.N., R.C.N,MSc

Organisation: Tallaght Hospital and RCSi Institute of Leadership

Authors: Eoin Power, Sibeal Carolan, Steve Pitman

Title of Presentation:
Commissioning a Short Stay Observation Unit (SSOU) in a children's facility within a Dublin Academic Teaching Hospital

Background:
SSOU's deliver intensive short-term assessment, observation or therapy to selected ED patients to optimize early treatment and discharge. Observation medicine in dedicated units is a feature of many adult Emergency Departments (ED) but this has not been reflected in children's ED's in Ireland. The current literature supports the development of SSOU's, indeed it is very much in line with the new National Model of Care for Paediatrics in Ireland and the new National Children's Hospital.

Aim and objectives:
This change project involved the commissioning of a Short Stay Observation Unit (SSOU) within a DATH's Hospital. The rational for the change is to streamline ED services by transferring observational patients from ED to the SSOU thus reducing ED waiting times and inpatient admissions.

Methods:
The HSE Model of Change (2008) was used to guide and manage the process.

Analysis and Results:
The projected was evaluated against the project objectives, a nursing survey (n=55) and nurse management focus group (n=5) was also used to evaluate the success of the project. The results indicate that although staff have some concerns with regard to the development 71% (n=39) would be interested in redeploying to the unit upon its opening. The study also identified a potential saving of 6-7 inpatient beds per day with an operational SSOU. SSOU's have been shown to reduced hospital length of stay and costs while increasing parental satisfaction.

Recommendations:
ED overcrowding is an important marker for patient safety (Sinclair, 2007). Identifying suitable conditions for treatment in an OU may be possible at the Triage Stage in ED. By fast-tracking these patients directly to the OU it can streamline the delivery of care, reduce ED pressures and reduce the workload regarding patient handover from ED to OU staff. The initial opening hours are 10.00-22.00, Monday to Friday- this will have to be audited closely as seasonal factors impact on activity levels.

Notes:
Abstract Number: P.49

Presenter: Ms Grainne Sheeran RGN. RNP, BNS, H. Dip Oncology Nursing (Breast Care)

Organisation: Beaumont Hospital

Authors: 1; Grainne Sheeran 2; Ger Feehan 3; Anne Staunton

Title of Presentation:
Symptomatic Breast Service: sustained quality improvements in the triage process of tertiary referrals

Background:
Beaumont Hospital is one of eight designated centres for cancer care in Ireland. In 2009 the National Cancer Control Programme (NCCP) introduced new guidelines to standardise referrals to the Symptomatic Breast Service. Triage of tertiary referrals was performed by consultant breast surgeons until December 2010. Following an Audit, Quality & Risk (AQR) review, responsibility for triage was transferred to the Breast Care Clinical Nurse Specialist (CNS) team, as deemed to be within their scope of practice

Aim and objectives:
Review implementation of a new triage process for referrals to the Symptomatic Breast Service

Methods:
Audit of referral letters triaged into two categories: Urgent (to be seen within 2 weeks) and Non-Urgent (to be seen within 12 weeks) (NCCP, 2009). Numbers of patients diagnosed with breast cancer were extracted from the Dendrite Database (2011). Private patients and return patients were excluded

Analysis and Results:
2010: 189 letters examined. 127 (67%) patients were triaged Urgent and 62 (33%) Non-urgent.
2011: 188 letters examined. 163 (87%) were triaged Urgent and 25 (13%) as Non-Urgent.
2012: 210 letters examined. 189 (90%) were triaged Urgent and 21 (10%) as Non-Urgent.
2013: 202 letters examined. 183 (89.5%) were triaged Urgent and 19 (10.5%) as Non-Urgent.
Access to services improved for patients diagnosed with breast cancer when CNS team assumed responsibility for triage. In 2011 13% of patients had been triaged as non-urgent compared with 33% in 2010. This further improved in 2012 to 10% triaged as non-urgent and sustained in 2013 at 10.5%.
Nationally, 1.1% of patients triaged as non-urgent are subsequently diagnosed with breast cancer. In Beaumont hospital this figure has been 0.8% for 2012 and 2013. (NCCP, 2014)
All appointments offered were within targeted timeframes and NCCP key performance indicators

Recommendations:
CNS team should continue to have responsibility for triaging new letters of referral to the Symptomatic Breast Service.

Notes:
Abstract Number: P.50

Presenter: Ms Amanda McDonnell RGN. RSCN. BSc. Nurse Mgt

Organisation: Our Lady's Children Hospital Crumlin

Authors: Amanda McDonnell, Dr. Carol Blackburn, Dr. Sean Walsh, Bridget Conway

Title of Presentation:
A comparative study of Inter-rater and Intra-rater variability with the Thermofocus, Tympanic (>18months) and Tempadot (<18 months)

Background:
Temperature is one of the most frequently performed procedures in a paediatric emergency department and often determines the course of treatment that a patient requires.
Following a preliminary audit conducted in 2008 comparing two standard recording devices used in the ED, this audit was aimed at comparing and measuring the accuracy of three temperature recording devices. The Tempadot and tympanic that we currently use in the emergency department was compared with a new temperature recording device called the Thermo focus.

Methods:
A convenience sample of one hundred patients of varying ages was selected for the audit.
Two temperatures were checked on each patient with the Thermo focus and two temperatures with the Tempadot for the patients <18 months. Two temperatures were checked on each patient with the Thermo focus and two temperatures on each patient with the Tympanic on patients > 18 months. For both groups we compared the Thermo focus to the standard thermometer, the difference between the two groups (Inter-rater variability). Variability of the individual measurement for each thermometer (Intra-rater variability) was also measured.

Analysis and Results:
Descriptive statistics were used to present the results. The results identified a significant variance with the Tympanic compared to the other temperature recording devices. The Thermo focus also measured lower than the standard temperature recording devices.

Recommendations:
The Thermo focus appears to measure lower than the standard temperature recording devices, however we identified that it shows significantly less variance that the Tympanic.
This pilot study will provide baseline data to inform a further large scale study for which we are currently seeking ethical approval.

Notes:
Abstract Number: P51

Presenter: Ms Niamh Rohan

Organisation: School of Nursing and Midwifery, RCSI

Authors: Niamh Rohan, Bridget Murray, Maryam Hussan, Ann Marie Burke

Title of Presentation:
The Use of Wiki in Postgraduate Nursing Education

Background:
The introduction of new technologies from the internet has added a new dimension to the online student learning environment (Mathew et al. 2014). The introduction of Web 2.0 digital tools such as the Wiki allow students to engage, interact and create knowledge collaboratively (Mathew et al. 2014, Morley 2014). A Wiki is a web based online collaborative platform on which students with access rights can contribute, modify or edit online content (Mathew et al. 2014). Engaging and developing an online Wiki can facilitate learning, collaboration and ease of documentation while developing online communities (Mathews et al. 2014). Studies suggest that as a form of assessment it can be a flexible and enjoyable experience for the students involved (Stephens et al. 2013).

Methods:
The Wiki was used to facilitate a group work project based around a module on interdisciplinary communication and teamwork on the Postgraduate Certificate in Nursing/ Midwifery programme. Students were also expected to give a presentation of their group work on the final study day of the module. This Wiki project and oral presentation formed 50% of the module’s summative assessment in tandem with a reflective assignment. Students were assigned groups randomly, and given clear instruction and guidelines on the project. The Wikis for each group were set up on the college Moodle Virtual Learning Environment by the programme co-ordinator.

Analysis and Results:
The Wiki was identified as an effective mechanism for student engagement regardless of geographical location or nursing discipline. Student activity was monitored by nurse tutors ensuring academic credibility of the Wiki as a valid assessment tool.

Notes:
Abstract Number: P.52

Presenter: Ms Jasmine Joseph MSc in Specialist Nursing

Organisation: Tallaght Hospital

Authors: Jasmine Joseph

Title of Presentation:
Nurses’ attitudes towards Early Warning Score and Emergency Response System in a large Irish teaching hospital

Background:
The Early Warning Score (EWS) and the Emergency Response System (ERS) have been introduced in many healthcare settings for early identification and management of acutely unwell patients in the general wards.

Aim and objectives:
The aim of this study was to explore nurses’ attitudes towards EWS and ERS. The objectives were: (a) to describe nurses’ attitudes towards EWS and ERS; (b) to describe nurses’ views about the usefulness of EWS and ERS on patient care and their work environments; (c) to compare ED and general ward nurses’ views of EWS and ERS and (d) to examine relationships between nurses’ education, experience, training and the activation of ERT.

Methods:
A quantitative descriptive design was used to survey 295 nurses working in the general wards and Emergency Department (ED) of a large teaching hospital. Data was analysed using a descriptive statistical tool (SPSS). The ethical approval was obtained from the ethics committee of the participating hospital and the affiliated university.

Analysis and results:
A total of 120 nurses responded to the survey which constitutes a response rate of 40.7%. Participants had high awareness of EWS escalation protocol and the ISBAR communication tool. The use of ISBAR communication tool along with the EWS chart improved communication between healthcare professionals. The EWS and the ERS facilitated nurses to seek help when they were worried about a patient (91%), identified deteriorating patients early (90%) and prevented cardiac arrest in unstable patients (77.6%). Some nurses (12.8%) were reluctant to call ERT because of concern about criticism if their patient is not that unwell. The use of EWS increased nurses’ job satisfaction (71%). The use of EWS chart as a standard observation chart increased their workload (51%). Overall, the EWS improved patient care and nurses working environment. There was no relationship between nurses’ education (P = 0.80), experience (P = 0.35), training (P = 0.25) and the activation of ERT.

Recommendations:
Education on the use of EWS to nursing/medical staff in orientation programme
On-going in-service education
Mandatory training and competency assessment
Undergraduate programmes
Research
Medical staff perceptions of the EWS, ERT and ISBAR
Comparisons with other hospitals that do not have ERT, which would help to understand whether nurses’ satisfaction levels differ in the presence of ERT.

Notes:
Abstract Number: P53

Presenter: Mr Jim Bird BA, RN

Organisation: University of Southampton

Authors: Dr Jim Bird, Dr Kelly Hislop Lennie

Title of Presentation:
A Nurse Led Healthcare Intervention in Serious Mental Illness

Background:
Over the last 10 years there is emerging evidence of significant morbidity and mortality due to poor physical health in individuals with Serious Mental Illness (SMI), which can be associated to poor lifestyle choices and increased cardiovascular risk factors.

Aim and objectives:
To investigate and evaluate the impact of a nurse led healthcare intervention in SMI.

Objectives:
To examine lifestyle choices.
To determine the occurrence of metabolic syndrome.
To provide an intervention including screening, monitoring, education and information.
To make recommendations on lifestyle and management of cardiovascular risk factors.

Methods:
Quantitative open study using purposive/non probability sampling. Participants (N=100) attended an initial appointment where lifestyle choices and biological measurements were taken. Participants were informed of their results and provided with education and information. A cohort of 8 high-risk individuals were identified at the initial appointment using the Framingham risk score calculator and were offered two additional one-to-one appointments to agree individual plans. Measurements were repeated at a follow up appointment three months later.

Analysis and Results:
Data was analysed using descriptive statistics and analytical techniques. Paired t-test and chi square test respectively were used for numerical and categorical data to identify significance and correlation. Ethics was not required as the study was part of an ongoing care programme. The screening intervention was approved as part of a related study by hospital ethics committee. Findings of the study indicate a health care intervention in SMI may result in positive lifestyle changes and a reduction in cardiovascular risk factors.

Results showed a reduction in the number of individuals using tobacco and increased exercise/activity levels in the study sample and high risk cohort, following the health care intervention. A reduction occurred in cardiovascular risk factors in the study sample and high risk cohort.

Recommendations:
Nursing education and management must support this service with policy and incorporate it into routine clinical practice.

Notes:
Abstract Number: P.54

Presenter: Dr Geraldine O’Connor EdD, MMSc, BNS, RNT, RN

Organisation: Dundalk Institute of Technology

Authors: Geraldine O’ Connor

Title of Presentation:
Professional Identity

Background:
This study examines how student nurses in Ireland develop their professional identity while undertaking the clinical experience component of the nursing education and training programme. The study is set against a backdrop of change and transformation, not only within nursing education but also the health care system in Ireland.

Aim and objectives:
To design and develop a Workforce Planning Framework to assist ED nurse managers and other relevant staff in determining the most effective and appropriate utilisation of their existing nursing (and support staff) resource in the Emergency setting.

Methods:
The methodology was principally qualitative and a narrative approach was used in order to engage with the in-depth process of the real life experiences of nursing students. A purposeful sample of nursing students attending one college in Ireland was selected and in depth interviews with student nurses was undertaken.

Analysis and Results:
Two main themes emerged from the data, influences on becoming a nurse, and learning in the clinical environment. The first theme suggests that nursing students might approach the development of a nursing identity form different positions, such as family familiarity with nursing, mature students experiences as health care assistants, having access to a local college or having suitable characteristics to being a nurse. The second theme, learning in the clinical environment demonstrated how the student nurse had to constantly negotiate and re-negotiate what it meant for them to be a student nurse. Students were constantly exposed to both positive and negative elements which had an impact on their professional identity.

Recommendations:
The findings of this study offer some understandings of the professional identity formation of student nurses in Ireland today. Continued research on professional identity formation is required to further understand this issue.

Notes:

It was evident from this study that supporting and working with a student nurses, especially in the case of the first year student, led to an increase in the workload of the qualified nurse. Findings in this study highlight the need for continued support for preceptors who undertake the role of educating and guiding students through the clinical placement.

The education programme would also need to highlight the reality of the clinical environment, with its constant changing of staff, and the constant changing of clinical sites. Student nurses expectations of their preceptors, of the clinical environment and of their own role would need to be re-examined to give a more accurate picture. In addition, lecturers need to include an accurate image of how busy the clinical environment is and the impact of this on student’s learning.

The difficulties which the health care assistants encounter while adjusting from one community of practice to another would need to be further examined and addressed to ease their transition.
Abstract Number: P.55

Presenter: Mr Jim Bird BA, RN

Organisation: University of Southampton

Authors: Dr Kelly Hislop Lennie, Mr Jim Bird

Title of Presentation:
The values held by nurses – Delphi consensus study

Background:
Increased focus upon the values of healthcare professionals in England has accelerated in recent months in response to major reports including Francis (2013), Willis (2012) and Keogh (2013). The importance of values and behaviour exhibited by healthcare professionals has been emphasised as integral to the delivery of high quality care and patient experience. Recruiting the right nursing students with the right values is essential to deliver a safe and excellent care experience within the future nursing profession. The relationship between values and subsequent behaviour is complex, whilst there has been some attempt in the literature to investigate issues surrounding this subject, there is little research specifically identifying and measuring the values held by the nurses. (Rokeach 1973; Rassin 2008).

Aim and objectives:
To create a tool to identify and measure the values viewed as ‘important’ by registered nurses, service users and undergraduate nursing students; to be utilized within a project to measure the benefits of a values based pre-entry admissions/selection tool on registered nurses.

Methods:
A Delphi Consensus Survey was conducted to identify professional values seen as essential to be held by a nurse, adapting an existing questionnaire of self-assessed values in nurses (Rassin, 2008). Three consecutive rounds were sent to 42 clinicians, service users and student nurses (10% attrition between rounds 1 and 3).

Analysis and Results:
After each round, values achieving the greatest consensus between all participants are removed from the subsequent round and become part of the final tool.

Recommendations:
This study is the first, to the author’s knowledge that has brought together the opinions of trained nurses, student nurses and service users regarding the values important to be held by clinical nurses. The tool will be used in our ongoing study to observe the progress from student to staff nurse, and how the priority of the essential values identified from this work may change.

Notes:
Abstract Number: P56

Presenter: Ms Kendra Clawson BSN, RN

Organisation: Seattle Childrens Hospital, University of Washington

Authors: Kendra Clawson, Maureen Oscadal, Sarah Gimbel, Pam Kohler

Title of Presentation:
The Role of Global Health Education in the Academic Nursing Community

Background:
The prevailing forces of globalization make it increasingly obvious that health is tied to factors beyond our nations borders. Moreover, the ever-increasing disparities in health highlight the ongoing inequalities. This understanding had necessitated a call for the nursing profession to be more responsive, thus an examination of global health in nursing is essential.

Aim and objectives:
The goal of our research is summarize existing practices, explore linkages between international experiences and global health educatioanl programmes, and gauge student interest in global health topics at a top academic nursing institution in the western United States.

Methods:
Quantitative data was obtained via a brief anonymous online survey of the three 2012-2014 nursing cohorts. The survey was created for this project through a host application, Catalyst, and distributed via email list serve. Qualitative data was collected through online program reviews and semi-structured interviews. Interviews were conducted with three purposively selected global health professionals who previously served with Peace Corps.

Analysis and Results:
Results demonstrated a significant interest in global health, 92 of 240 (38%) students responded to the survey 70 % of respondents stated that they “agree” or “strongly agree” they would would be interested in taking a global health elective through the institution. Catalyst statistical analysis was used to generate these results. We were also able to identify themes linking Peace Corps experiences with awareness of global health topics, educational choices, and professional development. Assistance in analyzing the data was provided by an experience social researcher.

Recommendations:
Improving global health my begin by nurturing an interest. Academic programmes committed to global health by offering mentoring, organizational partnering and certificate/diploma programs my begin to ensure access to quality health care for the worlds population.

Notes:
Abstract Number: P.57

Presenter: Mr Stephen Kelly R.N.I.D, R.G.N, PG DIP Ed, MSC ed, CERT HRM, RNP

Organisation: Beaumont Hospital

Authors: Stephen Kelly

Title of Presentation:
The development of a rapid assessment nurse practitioner role to aid the patient pathway within a busy Dublin academic teaching hospital

Background:
With the development of the Special delivery unit (SDU) and the introduction of a 6 hour patient experience time (PeT) from registration to admission/discharge. Emergency departments were challenged to find more effective ways to deliver a time efficient and quality service to its cohort of patients.

Aim and objectives:
With the development of the Special delivery unit (SDU) and the introduction of a 6 hour patient experience time (PeT) from registration to admission/discharge. Emergency departments were challenged to find more effective ways to deliver a time efficient and quality service to its cohort of patients.

Methods:
A retrospective study of the attendances was utilized to determine the Patient experience times of the patients seen by the rapid assessment nurse.

Analysis and results:
Initially a three month trial period was settled on to assess the benefit of the new post. This decreased the average PeT from 8.1 hours to 5.9 hours. Following this trial a second nurse was introduce to provide the service

Recommendations:
The Hospital is now recommending that a full time 24/7 service is introduced to reduce the patient experience time further

Notes:
Abstract Number: P.58

Presenter: Dr Michael Nash DProf, MSc, PCLT, BSc (Hons), RPN, RNT

Organisation: Trinity College Dublin

Authors: Michael Nash

Title of Presentation:
Mental health stigma as a barrier to physical health care

Background:
Mental health service users (MHSUs) have poor physical health, resulting in higher mortality and morbidity than the general population. MHSUs suffer from stigma associated with mental illness. Stigma leads to negative stereotypes which can become barriers to physical healthcare interventions such as screening or health promotion.

Aims and Objectives:
• A multi-disciplinary working group was established.
• The Surgical waiting list card was redesigned for the hospital. The new waiting list card incorporates a patient questionnaire that will suffice as evidence of current health status.
• This tool serves as a screening tool, thus enabling the service to identify service users at risk of being cancelled on the day of admission due to variations in health status and complications of co-morbidities.
• A phone assessment based on the information gathered through the questionnaire highlights the need for further investigation and interventions.
• Criteria applied with the MDT will see some patients attend the screening service for a minimum set of laboratory work up (bloods) and an ECG.

Methods:
Descriptive Mixed Methods Study

Analysis and Results:
Sample size=126 Response rate = 69 (55%)
Participant characteristics
61% had a current physical problem.
57% reported dissatisfaction with their general physical health
54% were unhappy with the management of their physical problem
37% were not fully aware of their physical health care plan

Participants experienced stigma in the form of
1. Diagnostic overshadowing – where the mental illness diagnosis overshadows the person resulting in physical health complaints being down to their mental health problem (56%)
2. Practitioner doubt about the veracity of symptom reports - 41% agreed that health professionals doubted their physical complaints because of their mental illness, 55% felt sometimes health professionals did not believe their reports of being physically unwell
3. Being treated differently - 52% felt they had been treated differently by health professionals because of their mental illness

However, for a very slim majority stigma did not appear to affect help seeking behavior
1. 55% of respondents disagreed that they had not asked for help with physical problems because they felt health professionals would not believe them
2. 56% of respondents reported that they would seek medical help even though their mental illness might be brought up

Recommendations:
Specific education and training around stigma,
Promotion of critical reflection to prevent diagnostic overshadowing
Abstract Number: P59

Presenter: Ms Maire O’Meara General Nursing BSc, PG Dip Wound management and Tissue Viability, MSc

Organisation: Royal College of Surgeons in Ireland

Authors: Maire O’ Meara, Prof Zena Moore

Title of Presentation:
The Impact of Larvae Therapy on the Debridement of Chronic Wounds: A Systematic Review

Background:
Chronic wounds affect millions of people globally. It is a debilitating condition that diminishes health related quality of life. Wound bed preparation is necessary for wound healing. In order for some wounds to heal, debridement plays an important role. Larvae therapy is one form of debridement, which will be the main focus of this systematic review.

Aim and objectives:
To explore the literature pertaining to the use of larvae therapy in chronic wounds to determine its impact on debridement.

Methods:
This systematic review included studies in English, randomised control trials, clinical control trials, comparative studies, retrospective studies, prospective studies and systematic reviews. The chronic wounds included in the review were pressure ulcers, diabetic foot ulcers and leg ulcers.

Analysis and Results:
Data Collection & Analysis: Studies that fit the inclusion criteria were included in this review. Data analysis was completed in narrative form. The PRiSMa statement was used for synthesising the systematic review included in this study.
Analysis and Results: After completing a systematic research of the literature, 14 studies were included in this review. The main primary outcome was rate of debridement of a chronic wound. Secondary outcomes included healing rate, pain, health related quality of life and acceptability of larvae therapy.

Recommendations:
The overall results show that larvae debridement therapy is an effective, safe and fast method of debridement in chronic wounds.

Notes:
Abstract Number: P.60

Presenter: Ms Esther Tuna Cassidy MSc, RNP, RCSN, RGN

Organisation: Temple Street Children's Hospital, Dublin

Authors: Esther Tuna Cassidy, Dr T O’ Connor

Title of Presentation:
How Effectiveness is Nurse Led Airway Management including Extubation in the Paediatric Post Anaesthesia Care Unit (PACU)?

Background:
Airway management including extubation in the paediatric PACU is an extended nurses role that has being practiced for over 20 years within this hospital setting. The practice allows the patients to recover from anaesthesia with the return of normal airway reflexes in the patient’s time. This is known to reduce airway complications. It also has the potential to improve theatre efficacy by increasing the through put in theatre. Both Nationally and in the UK there is a drive to increase this practice with the aim of improving theatre productivity and efficiency. There is however very little evidence based research to support the practice especially in the paediatric setting. This study addresses the gap.

Aim and objectives:

Airway management including extubation in the paediatric PACU is an extended nurses role that has being practiced for over 20 years within this hospital setting. The practice allows the patients to recover from anaesthesia with the return of normal airway reflexes in the patient’s time. This is known to reduce airway complications. It also has the potential to improve theatre efficacy by increasing the through put in theatre. Both Nationally and in the UK there is a drive to increase this practice with the aim of improving theatre productivity and efficiency. There is however very little evidence based research to support the practice especially in the paediatric setting. This study addresses the gap.

Methods:

Data on respiratory adverse events from 1007 paediatric patients was collected prospectively in the PACU over a 10 week period. The age ranged from 1 week to 16 years. Airway types were: 73.3% of patients were intubated, 11.5% face masks, 8.8% laryngeal mask airways (LMAs), 4.5% mask and oral airway, 0.1% other, 1.8% missing data. Mild, moderate and severe respiratory adverse events were recorded and compared with research from similar settings.

Analysis and Results:

There were a total of 9% adverse respiratory events in the PACU. Of these 93% were managed by nursing staff, 5.7% were managed by anesthetic staff with 1.3% missing data. The rate of laryngospasm was 2%, re-intubations 0.1%, no unplanned admissions to PICU, the emergency call bell usage was 0.1%. The average length of stay in PACU was 20 minutes. When compared with the literature these findings compared well to known key PACU complication.

Notes:
Abstract Number: P.61

Presenter: Ms Jacinta Flynn RGN, Higher Diploma CCU, MSc Specialist Nursing

Organisation: St James's Hospital

Authors: Jacinta Flynn, Gobnait Byrne

Title of Presentation:
Intensive Care nurses' attitudes and knowledge towards organ donation in adult Intensive Care Units in the Republic of Ireland

Background:
Organ donation and transplantation has advanced over the years and is now the treatment of choice for patients with end-organ failure. As a result of the success of this treatment the demand for organ donation has accelerated. However, limiting this treatment nationally and internationally is the shortage of organ donors. As a result patients spend longer on the transplant waiting list and some patients die waiting for an organ transplant. Therefore, it is imperative to identify areas where organ donor potential can be increased. The Intensive Care nurse has been identified as a key person in the organ donor process. They spend the most time with the patient and the family and are therefore in an ideal position to identify a potential organ donor. However, a barrier to organ donation is the attitude of nurses which may not always be positive towards the process. This has implications and may influence a family's decision to donate organs. Therefore, it is essential that ICU nurses' have a positive attitude and are adequately educated and trained for their role in the organ donor process.

Aim and objectives:
The main objective of this study was to identify the attitudes and knowledge of ICU nurses' towards organ donation in adult Intensive Care Units in the Republic of Ireland.

Methods:
This research study employed a descriptive non-experimental survey design. A convenience sample of ICU nurses was selected from three large urban, university- affiliated hospital sites in the Republic of Ireland. Participation was voluntary and entailed completion of a pre-existing anonymous self-administered questionnaire. The response rate was 60% (n=181)

Analysis and Results:
Analysis: Descriptive and inferential statistics (chi square, t tests & one way ANOVA) was used to analyze for differences in the sample. The level of significance was set at p< 0.05. Results: The most significant finding identified from this research study was the effect of ethnicity on attitude towards organ donation. Irish nurses in comparison to non-Irish nurses had a more positive attitude towards organ donation and were significantly more willing to donate their own organs and those of a family member upon death (p <0.05). This finding had not been previously identified in the Republic of Ireland. There was also a knowledge deficit identified in relation to brain death diagnosis, consent and organ donor criteria.

Recommendations:
An education seminar on organ donation needs to be devised and include the areas of poor knowledge identified in this study. This education should be delivered to all nurses working within Intensive Care.
Abstract Number: P.62

Presenter: Ms Niamh O’Gorman RAnP, RNP, RGN, MSc Nursing

Organisation: Beaumont Hospital

Authors: Niamh O’Gorman

Title of Presentation: Scaphoid, small bone, potentially big problem

Background:
Much research has been conducted regarding the diagnosis and management of scaphoid fractures. Early diagnosis and correct management is considered paramount to avoid complications such as non-union, avascular necrosis and osteoarthritis (Gupta et al 2013). This audit was conducted by looking at all the scaphoid x-rays ordered over a one year period in the Emergency department of Beaumont hospital.

Aim and objectives:
• to determine that the patients with a scaphoid injury were managed sufficiently well and correctly from the initial x-ray to discharge
• To audit the amount of x-rays performed for suspected scaphoid fractures
• To determine if any change of practice is necessary

Methods: The study is a retrospective study of all x-rays prescribed by both doctors and RANPs in the Emergency department for the period of one year. Information was gleaned from healthcare records of Emergency department notes, hospital charts along with the PACs system.

Analysis and Results:
A total of 227 patients had scaphoid views prescribed from August 2013- August 2014
• The audit showed that all patients with scaphoid tenderness were treated correctly from the ED by immobilisation
• A total of 15.85% (n=36) of patients including definite diagnosis on 1st x-ray; 11%(n=25), were diagnosed as having a scaphoid fracture; 25% (n=57) in total were diagnosed as a fracture of the wrist/hand/carpel bones on initial x-ray
• 4.8% (n=11) were diagnosed after 1st x-ray which is far below the international research findings,
• Only 1.7%(n=4) had further diagnostics, 3 had a CT scan, 2 of these people had no fracture, one had an old fracture 10 weeks after injury; one person had an MRI scan which showed a fractured pisiform.
• The results of this audit shows that many people are treated for long periods of time for suspected fractures infringing on their lifestyle, work and general wellbeing, plain radiographs are not considered sufficiently sensitive (Jenkins et al 2008)

Recommendations:
A clear pathway regarding the management of suspected scaphoid fractures would be of benefit
Early introduction to other diagnostic tests would be of great benefit

Notes:
Abstract Number: P.63

Presenter: Ms Carol Steyn RGN, Dip, BSc, MSc

Organisation: Beaumont Hospital

Authors: Carol Steyn

Title of Presentation:
Improving Patient Safety and Optimising Patient Care
Pre Admission Screening Service 2014, St. Joseph’s Hospital, Beaumont Hospital, Dublin 9, Ireland

Background: A level 2 hospital (situated in Dublin North) is preforming approximately 4500 elective surgical procedures per year of low to moderate complexity. The previous rate of cancelation on the day of surgery equated to 12%. Reducing the number of cancelations enables the service to meet the demands more efficiently.

Aim and objectives:
This initiative strives to fulfil and encompass the National Standards for Safer Better Healthcare. Screening patients prior to their admission date and planning their care accordingly will result in a service that delivers on all the standards.

Methods:
• A multi-disciplinary working group was established.
• The Surgical waiting list card was redesigned for the hospital. The new waiting list card incorporates a patient questionnaire that will suffice as evidence of current health status.
• This tool serves as a screening tool, thus enabling the service to identify service users at risk of being cancelled on the day of admission due to variations in health status and complications of co-morbidities.
• A phone assessment based on the information gathered through the questionnaire highlights the need for further investigation and interventions.
• Criteria applied with the MDT will see some patients attend the screening service for a minimum set of laboratory work up (bloods) and an ECG.

Analysis and Results:
• A desired consequence of the Pre Admission Screening Service: significant reductions in the rate of cancelation as a direct result of the screening service.
• Previous rate of cancelation equated to: 12%
• Current Rate of cancellation: 6%

Recommendations:
• Education and training of Surgical teams whom refer patients to the service. Greater compliance with the process will result in greater benefits to the patients and the organization. The Screening Service is not a Pre Assessment Clinic and the 2 entities can slightly overlap clinically. Thus further exploration is required to ascertain the benefits of interlinking the two models and utilize the Screening Service as a possible pre curser for Pre Assessment.

Notes:
Abstract Number: P.64

Presenter: Ms Anne M O’Byrne BScECON LIS, MScECON HIM

Organisation: Rotunda Hospital

Authors: Anne M O Byrne

Title of Presentation:
Development of a Midwifery and Nursing Journal Club at the Rotunda Hospital Dublin

Background:
The Rotunda Hospital in Dublin, is the oldest maternity hospital in Europe providing care to the women of Dublin and their new-born babies. The Rotunda provides care with the skills of a dedicated Obstetric and Midwifery team. To ensure that clinicians and midwives practice evidence based practice attendance at training and journal clubs became essential to daily practice.

Aim and objectives:
A search of the literature suggests that there is a significant gap between knowledge available about effective clinical practice and what is applied (Seymour, Kinn & Sutherland, 2003). Journal Clubs are a particularly good method of exposing practitioners to current literature (McMahon, 1997). Recognising this need, the Midwifery Practice Development Department and the Library and Information Service discussed the setting up of a Midwifery Journal Club which would act as a forum for midwives and nurses to meet and critically evaluate midwifery and nursing literature. Terms of Reference were written up for the administration and development of the club and its meetings. The goal of the group is to keep abreast of current literature, to review articles and research that impact on clinical practice. Bi-monthly meetings delivering structured presentations to an audience of midwives and nurses.

Analysis and Results:
The inaugural Meeting of the Club was held on September 9th, 2010. First topic included “Role of Obesity in Pregnancy” followed by a discussion of the complex topic “Fetal Alcohol Syndrome”.
Throughout the years staff utilised opportunities to present at conference and seminars and were invited to share this experience at the Journal Club. Despite increasing work commitments staff attendance at a range of presentations, has ensured continuity in information disseminated to date.

Recommendations:
This poster discusses the challenges and benefits in administering and presenting to this Journal Club.

Notes:
Abstract Number: P.65

Presenter: Ms Manjush Mathew MSc. Neonatal Intensive Care Nursing, P.G. Diploma Neonatal Intensive Care Nursing, B.Sc. Nursing

Organisation: Coombe Women and Infants University Hospital

Authors: Manjush Mathew

Title of Presentation:
Neonatal Nurses’ Perceptions of Barriers to Assessment and Management of Pain in Preterm infants

Background:
Pain is an inherent part of life saving care in neonatal units. Pain in preterm infants may lead to immediate and long-term consequences contributing to mortality and morbidity. There is a gap between knowledge and practice in terms of pain management. This research is unique within the Irish context.

Aims and Objectives:
To gain a valuable insight into the barriers that nurses face when attempting to optimally manage pain in preterm infants. To identify what is perceived by nurses to be best practice when assessing and managing pain in preterm infants. To provide a platform for revision of evidence based guidelines, incorporating strategies to deal with barriers to successful implementation.

Methods:
A quantitative, descriptive cross-sectional survey was used. A questionnaire was administered to 75 experienced nurses of an Irish level III NICU. Samples were chosen by convenient sampling method. Responses were measured on a five point Likert scale. Two open-ended questions allowed for additional information. Ethical approval received.

Analysis and Results:
The response rate was 64%. Data analysis was done by Statistical Package for Social Sciences. 92% of the respondents were aware of the long-term neurological consequences of pain in preterm infants. Only half (50%) reported that pain is well managed in the unit. Less than 36% agreed pain assessment tool was appropriate to measure pain intensity. Whilst, 71% were aware of the protocol, less than half found the protocol comprehensive and based on current research. A small number of respondents (N=23) emphasized they received training on pain during their orientation.

Recommendations:
Formation of a neonatal pain group to introduce a user-friendly pain tool, to implement pain management practices and to audit practices on a regular basis. Periodic education programmes:
• on use of pain assessment tools for better pain assessment.
• on pharmacological analgesia to alleviate fear of side effects.
• education in under and post graduate courses to empower nurses.
• education with a multidisciplinary focus.

Notes:
Abstract Number: P.66

Presenter: Ms Bindhu Chacko BSc (Hons) Nursing, MSc Neonatal Nursing

Organisation: Coombe Women and Infants University Hospital

Authors: Bindhu Chacko

Title of Presentation:
Neonatal nurses’ knowledge about benefits and attitude towards the practice of Kangaroo Care with preterm infants and its barriers in the Neonatal Intensive Care Unit

Background:
Kangaroo Care (KC) is an evidence-based nursing practice to meet new-born infant’s important needs for warmth, stimulation, nutrition, parental contact and love. The benefits and safety of KC for preterm infants are well documented in the literature. Studies concerning KC from the perspective of Irish neonatal nurses are limited, indicating there is a gap in the knowledge of the phenomenon of enhancing KC, which focus on neonatal nurses

Aims and Objectives:
To determine the knowledge and attitude of neonatal nurses regarding the practice of KC with preterm infants and to identify the potential barriers for its practice in NICU

Methods:
A quantitative, descriptive survey was carried out in a neonatal unit of a University Hospital in Dublin. Data was collected by means of a 50-item self-administered questionnaire from a convenience sample of 56 neonatal nurses.

Analysis and Results:
Data was analysed using descriptive statistics by use of SPSS. The majority of nurses agreed its benefits for both infants and parents, demonstrated positive attitudes and perceived it as improving professional satisfaction. The results indicated uncertainty regarding the practice of KC with intubated infants and infants with central lines. Results also identified barriers such as staff workload, lack of space and time and medical staff reluctance for its practice. Analysis of open-ended questions revealed practical implications to improve its practice in the NICU.

Recommendations:
This study confirms that, Irish neonatal nurses support the use of KC in the NICU. They indicated the importance of parental education and motivation and multidisciplinary involvement for the successful implementation of KC. They recommended more facilities for parents and more staffs to support and assist parents and infants to facilitate this early attachment process.

Notes:
Abstract Number: P.67

Presenter: Ms Iby Chacko Puthenkalapurayil Masters In Neonatal Intensive Care Nursing

Organisation: CWIUt/RCSI

Authors: Ms Iby Chacko Puthenkalapurayil

Title of Presentation:
Mothers’ Experience of Expressing Breast Milk for their Preterm Infants in NICU

Background:
Although breast milk can make a huge difference to preterm infant’s survival and their long-term health, the duration of breast milk supply is lower among them. A review of literature revealed that mothers’ experiences play an important role to increase the duration of breast milk supply. A gap in knowledge-practice exists as there is lack of research in Irish context.

Aims and Objectives:
This study aimed to gain an insight to mothers’ challenges and their specific needs related to breast milk expression for their preterm infants in NICU.

Methods:
Ethical approval was sought and received. Using a Qualitative descriptive design, individual semi-structured interviews were conducted with purposive sample of eight mothers of preterm infants who initiated breast milk expression in one of the Maternity hospital in the Republic of Ireland. Interviews were transcribed verbatim and analyzed using Colaizzi’s framework (1978) which revealed three major themes.

Analysis and Results:
The first theme ‘Getting Started’ reflected on mothers’ physical, emotional challenges & need for initial support. Single motivational words like ‘golden drops’ or ‘medicine’ have been identified as such important influences for the participants for getting started with breast milk expression. The second theme ‘Continuation’ identified the influence of hospital environment, time and their attitude. The third theme ‘Adaptation Strategies’ reflected on their strategies to increase their milk production & to control emotions.

Recommendations:
Mothers shared that balancing expressing, being involved in their baby’s care, and looking after their own needs is possible only with the support of nurses and midwives. The mothers reflected on their informational needs, and suggested that the provision of a written information leaflet to support oral dialogue would encourage them to express. The mothers suggested that facilities in hospitals should be reviewed to ensure that each mother receives optimum support to express for her infant.

Notes:
Abstract Number: P.68
Presenter: Ms Allison Bone RSCn, BSc, MSc
Organisation: Waterford Institute of Technology
Authors: Ms Allison Bone, Dr Linda Sheahan

Title of Presentation:
A quasi-experimental study to assess the impact of a medication management tool on the administration of emergency medications in the event of a simulated neonatal resuscitation

Background:
The calculation of weight based resuscitation drug doses for neonates is complicated. Resuscitators need to respond quickly and calculating drug doses under these circumstances is difficult. A medication management tool, in the form of two books, which eliminate the need for any calculations to be undertaken, has been developed locally.

Aims and Objectives:
This aim of this study was to measure the impact of this tool when used for the administration of emergency medications.

Methods:
This study employed a quasi-experimental pre-test post-test design incorporating a purposive sample of doctors and nurses (n=19) from two sites. Pre-test, at a simulated neonatal resuscitation, each participant was given two medications to prepare using traditional methods of calculation and then post-test using the medication management tool.

Analysis and Results:
Analysis was undertaken for the time taken to prepare and administer the drug and the deviation from the recommended dose. The mean time for the preparation of the first and second medication request was reduced by 61% (p=0.000) and 63% (p=0.000) respectively. The mean dose deviation for the first and second medication request was reduced from 64% to 53% (p=0.72) and from 204% to 45% (p=0.202) respectively. There was no statistically significant difference in the frequency of dose deviation from pre-test to post-test (p=0.61 and p=0.062). The majority of dose deviations 75% (n=6) post-test were secondary to the selection of the incorrect page of the medication management tool. Fifty percent (n=4) of the post-test errors resulted in a dose deviation less than 10%, in comparison to 9% (n=1) pre-test.
All participants strongly agreed that they would use the medication management tool again.

Recommendations:
The medication management tool requires an adjustment to provide the user with a weight range on each page, eliminating the need to calculate the nearest infant weight.

Notes:
Abstract Number: P.69

Presenter: Ms Joanna Norvil RN BSN

Organisation: Childrens Hospital Colorado

Authors: Joanna M. Norvi, Karensa Morgan, Hannah Smallegan, Leslie Badget, Kristen Siegele, Mary Ann D’Ambrosio, Ricci McManaman, Susan L. Moran

Title of Presentation:
Increasing Kangaroo Care in the NICU: Addressing Staff Attitudes, Beliefs and Barriers

Background:
Kangaroo Care (KC) has been shown to reduce pain and the incidence of necrotizing enterocolitis. Shorter lengths of stay and improved long-term neurological and developmental outcomes have also been associated with KC. One Level IV neonatal intensive care unit acknowledged only 19% (N = 139) of the nurses were providing parental KC at least two times per week. Therefore, an increase in the occurrence of KC was warranted.

Aims and Objectives:
Increase the prevalence of KC by 10% within two months.

Methods:
Efforts to achieve the aim were founded on Kotter’s Leading Change and Mezirow’s theory of transformative learning. The nurse-led interdisciplinary team created a sense of urgency by comparing local practice to benchmark data. Key stakeholders also conducted a literature review, identified barriers and developed plans to change current perceptions and practice.

The program was promoted by multiple emails, highlighted in huddles and illustrated on bulletin boards located in areas frequented by staff. Unit leadership covered patient assignments while interested staff nurses attended one of the half-hour sessions.

During the sessions, new graduate nurses simulated a staff nurse aiding the mother as she transitioned her critically ill infant from the bed to the chair. Participant suggestions for policy improvement were encouraged. An electronic survey was emailed following 20 hours of simulations over 5 days.

Analysis and Results:
58% (N = 139) nurses attended the sessions and 79 (57%) responded to the post program survey. 39 (28%) of the respondents self-reported KC was performed at least two times per week; an increase of 9%.

Recommendations:
Kotter’s theoretical framework offered the essential program structure while Mezirow’s transformational learning provided value through experience, discourse and critical reflection. Next steps will involve further diffusion of knowledge and sustaining change.

Notes:
Abstract Number: P.70

Presenter: Ms Marlaine Magee RN, BSN, CCRN

Organisation: Salem Hospital

Authors: Marlaine G. Magee, Ann D. Always, Jeanne St. Pierre, Susan Moran

Title of Presentation: Decreasing Adult Intensive Care Unit Delirium

Background: Delirium in Adult Intensive Care Units (ICU) has been seen in 20% to 80% of the population and increases lengths of stay by 8 days. One Western United States tertiary care center noted delirium in 63% (n=129) of their ICU patients. The incidence and associated costs due to a prolonged hospitalization suggested strategies to reduce ICU delirium were needed.

Aims and Objectives: Reduce ICU patient delirium by 10% within 6 months

Methods: This nurse-led quality improvement project used the Confusion Assessment Method-Intensive Care Unit (CAM-ICU) to assess each patient's delirium. CAM-ICU scores were reported on admission, during the ICU stay and at time of transfer. Only patients with documented CAM-ICU scores were included. Each patient received various levels of activity depending on patient tolerance and ability. Additional interventions were introduced sequentially in a three-phased approach. Phase I included cycled lighting and a multidisciplinary effort to support uninterrupted sleep at night. Phase II added sleep masks, ear plugs and music or white noise. Phase III limited medications that were known to result in delirium

Analysis and Results: Nighttime sleep length was prolonged by one hour. Forty percent (n=161) of patients were reported to have positive CAM-ICU scores at the end of Phase I, 48% (n=134) in Phase II and 35% (n=116) in Phase III. At the time of transfer, the prevalence of delirium was 27% (n=411).

Recommendations: A reduction in ICU delirium was seen by engaging patients in various activities, creating an environment with day/night distinction, supporting prolonged periods of nighttime sleep. Medications known to contribute to delirium were limited when appropriate. Next steps should include efforts to isolate the most important factors in reducing ICU delirium, sustain and spread.

Notes:
Abstract Number: P.71

Presenter: Ms Michele Hardiman RGN, RPN, HDip, MA (Health Mgt), PhD candidate

Organisation: Galway Clinic

Authors: Michele Hardiman

Title of Presentation:
Stepping stones to facilitating change in the workplace

Background:
PD offers a structured and robust methodology to achieve necessary, sustainable change in healthcare environments through facilitation (McCormack, et.al. 2013). McCance et.al (2013 ) suggest that facilitation can lead to the development of transformational leaders and sustained person-centred cultures . Practice Developers therefore, need to be able to develop individuals within the workplace as facilitators of PD and provide work-based learning opportunities to enable individuals to grow. Dewing (2010) describes the process of facilitation in PD as the assisting of others to unlearn the rituals of practice, discovering new ways of learning through PD processes and the applying and sharing of the new learning in their own workplace. Although various facilitation models exist within PD (e.g. Shaw, et. al., 2008 ; van Lieshout, 2013), The Critical Companionship (CC) Framework (Titchen, 2000) has remained an often referred to model for use in practice. However, documented evidence for its application since its inception has been minimal. in part, this may be due to the complexity of the model, its language and the length of time needed to develop expertise in using the model which has been seen as impractical (Dewing and Wright 2003). As part of a PhD, the CC model has been theoretically examined and two new related models have been developed.

Aims and Objectives:
To provide a work-based facilitation model to enable clinical leaders to be effective in the facilitation of change.
To establish if the Critical Ally and Critical Friend models (Hardiman and Dewing, 2014), provide stepping stones to enable leaders to grow as facilitation of change within their own workplace.

Methods:
Participatory action research

Analysis and Results:
This presentation will demonstrate the models and tell you about their use as part of a Participatory Action Research Study. Early indications indicate that the theoretical models do provide a useful guide to leaders who wish to develop novice practitioners in an acute hospital setting.

Notes:
Abstract Number: P.72

Presenter: Ms Christina Fosnot RN

Organisation: Banner Good Samaritan Medical Center

Authors: Lesley Kelly, Jody Runge, Christina Fosnot, Megan Baker, Damarias Hazell

Title of Presentation:
Code Compassion: Reducing Compassion Fatigue in Acute Care Nurses

Background:
Compassion fatigue (CF) is described as high levels of burnout and secondary traumatic stress (STS) that can result in an inability for caregivers to foster compassionate and caring interactions in their patient care (Stamm, 2010). In direct-care nurses, CF can lead to poor judgment, loss of empathy, work days lost, accident proneness and emotional breakdown; all detrimental to the nurse, organization, and patients (Jenkin, 2012)

Aims and Objectives:
An interdisciplinary team conducted a research study examining the predictors of compassion fatigue and translated the findings to an evidence-based practice project to determine the effect of implementing interventions to reduce CF.

Methods:
A cross-sectional, observational study was conducted using an electronic survey to assess the relationship between nurse demographics, satisfaction, intent to leave current position and ProQoL (burnout, STS, and Compassion Satisfaction)(Stamm, 2010).

Analysis and Results:
496 responses showed nurse’s age, experience, and higher staffing ratios were significant predictors of CF while nurses that are recognized, specifically through the Daisy award nomination process, are likely to have lower CF than nurses who are not. To supplement the research in implementing the findings, a literature review added two interventions that are feasible in reducing CF: 1) focusing on immediate response to burnout and 2) meaningful recognition.

Recommendations:
Subgroups were formed for EBP implementation: A Code Compassion team is addressing burnout of acute care nurses through immediate response to critical incidents and stressful events such as post-codes and unexpected patient outcomes; delivering appropriate interventions such as task oriented help, break relief, debriefing, or aromatherapy. A Recognition team is acknowledging exemplary nurses nominated by their peers. Continuous monitoring of outcomes include analysis of Code Compassion events, documenting the effectiveness of interventions on reducing CF and employee satisfaction surveys. The goal of the team is to decrease burnout and increase compassion satisfaction through the deployment of the critical response team and hardwiring a process for peer nurse recognition.

Notes:
Abstract Number: P.73

Presenter: Dr Patrick Cotter DN, MSc, HDipN(A&E), BSc, DipMgt, RGN, RM, RNP, RANP

Organisation: Cork University Hospital

Authors: Dr Patrick Cotter, Prof. Geraldine McCarthy

Title of Presentation:
Clinical autonomy and nurse/physician collaboration among emergency nurses

Background:
A number of reports identify nurses as having a significant role in addressing the challenges of providing modern healthcare. Emergency nurses have reported competence in a wide range of emergency care skills. However, Emergency Department (ED) nurses appear to have lower levels of clinical autonomy than other nurses. A number of influences have been identified in the literature including levels of collaboration with physicians and the organisations in which nurses work.

Aims and Objectives:
To investigate clinical autonomy and Nurse/Physician collaboration among emergency nurses in Ireland.

Methods:
A descriptive correlational study using a survey design with a purposive convenience sample of 141 ED staff nurses (response 70.9%) from 3 EDs in Ireland. Data were collected using the Dempster Practice Behaviours Scale (DPBS) the Nurse/Physician Collaboration Scale (NPCS) and the newly developed Organisational Influences on Nursing Scale. Demographic information was also sought from participants.

Analysis and Results:
Participants were predominantly female (87%), relatively young (mean age 35.57, SD=7.83) and educated to degree level (48%) or higher (31%) with 40% possessing specialist emergency nursing qualifications. Participants reported moderate levels of clinical autonomy and Nurse/Physician collaboration. No relationships were found between sample characteristics and clinical autonomy and Nurse/Physician collaboration among emergency nurses. Relationships were found between levels of clinical autonomy and Nurse/Physician collaboration (r=−0.395, n=100, p<0.001), and organisational influence on nursing (r=0.455, p<0.001) and also between Nurse/Physician collaboration and organisational influence on nursing (r=−0.413, p<0.001).

Recommendations:
Clinical autonomy of nurses has been linked with quality outcomes in healthcare. The quest for quality in modern healthcare in a challenging environment should acknowledge that strategies need to focus beyond education and skills provision and include essential elements such as Nurse/Physician collaboration and the organisational influence on nursing to ensure the greater involvement of nurses in patient care.

Notes:
Abstract Number: P.74
Presenter: Ms Holly Guiden
Organisation: Beaumont Hospital
Authors: Holly Guiden

Title of Presentation:
An audit of meal service and provision in a large teaching hospital in Dublin

Background:
Malnourished patients develop more complications, have poorer outcomes and have longer hospital stays than well nourished patients. Adequate meal provision in hospital is crucial to achieving better nutritional status.

Aims and Objectives:
The aim was to evaluate the meal service delivery in Beaumont Hospital including duration of meal times, accuracy of meals received and provision of assistance for those requiring it. We sought to identify any barriers and developmental areas around meal service.

Methods:
An observational audit was conducted by 14 dietitians across 3 meals for one day on 7 different wards. Timing of meals, assistance provided, staffing levels and meal/snack ordering were recorded.

Analysis and Results:
203 patients were included with 595 potential patient meals occasions recorded. Due to fasting a total of 484 meals were delivered. While meal interruptions were observed, the effect on oral intake was almost neutral. The average time from meal trolley arrival onto the ward to delivery of last patient tray was 23.1 minutes (Range 7-55 minutes). Breakfast was highlighted as the most delayed meal (Average time 36.7 minutes, Range 22-55 minutes) delivered due to nursing handover and timing of meal arrival to ward. 84% of those requiring assistance received it and all patients had at least 30 minutes to eat meals. 19% of meals served were not as ordered / extra orders were omitted, with 46% of this error being at the evening meal. 53% of the high calorie dessert were omitted, and 51% of milk orders were not received, despite its availability.

Recommendations:
The audit highlighted the need for improved meal time care, including protection of meal times, extra staff support, and increased delivery of snacks and milk. Reconfiguration of meals may optimise meal consumption and reduce wastage. Ongoing audit of the food delivery service is planned. Food service and delivery is a key component of a patient’s treatment and warrants the same priority as other clinical supports.

Notes:
Abstract Number: P.75

Presenter: Ms Tina Joyce MBA, MSc, FiBMS, IDHA

Organisation: RCSI

Authors: Tina Joyce, Theresa Keane, Mary MacMahon, Cora Lunn, Steve Pitman, Michael Shannon

Title of Presentation:
Future Nurse Leaders Programme: Evaluating Leadership Competency Outcomes using a Retrospective Pre-test Approach

Background:
The Future Nurses Leaders programme commissioned by the HSE ONMSD/NLiC aimed to enhance individuals’ leadership competencies and to support strategic organisational development in the healthcare system. Seventy Directors and Assistant Directors of Nursing and Midwifery participants were surveyed before and after the programme to ascertain their level of leadership competence as well as their developmental priorities.

Aims and Objectives:
The aim was to determine if participants reported a change in their leadership competence as a consequence of the programme and whether their development priorities changed over time. To measure change, a retrospective pre-test (RPT) evaluation method was used.

Methods:
Participants completed a RPT survey based on the ‘HSE National Directors Competency Framework’. The survey contained 75 items clustered into 11 leadership competency domains. Participants were asked to rate each item on a 7 point Likert at the beginning of the programme and post the programme. In addition, at the post-programme stage, a retrospective pre-test was added to account for the confounding factor of response shift bias. The instrument measured the following domains:
1. Importance of each competency to the role of a Director of Nursing & Midwifery
2. Current level of ability in this competency
3. Priority for developing this competency at this time

Analysis and Results:
Overall participants reported an increase in their leadership competence. The retrospective pre-test showed that participants often overrated their level of competence at the beginning of the programme. Development priorities also changed and expanded over time.

Recommendations:
Pre and post measures are frequently used on developmental programmes to demonstrate competence on a number of leadership qualities. We recommend using a retrospective pretest on leadership programmes where participants are asked to self-rate their level of competency at different points of time. This approach allows for the control of response shift bias which can occur in evaluation research.

Notes:
Abstract Number: P.76

Presenter: Ms Julie Jordan O’Brien

Organisation: Royal College of Surgeons

Authors: Ms Julie Jordan O’Brien

Title of Presentation:
The prevalence and resource impact of wounds within an urban area of Ireland

Background:
International studies suggest that 3.7 people per 1,000 are affected by a wound. Changing developments in the Irish healthcare system means there is an increased demand for the provision of wound care. Research has indicated that up to 68% of community nurses’ time is spent on wound care1,2.

Aims and Objectives:
To explore the prevalence and management of wounds within an urban setting in Ireland.
To make recommendations for practice based on the findings of the study.

Methods:
A Cross-sectional survey design, using a validated data collection instrument3. The study setting was one healthcare region with a population of 1,187,176, and included acute care, long stay, community settings and a prison service.

Analysis and Results:
Point prevalence was 3.7% (n=445) and surgical wounds were the most prevalent 42.7% (n=190). Other wounds included leg ulcers 18.9% (n=84), pressure ulcers 10.3% (n=46), diabetic foot ulcers 5.2% (n=23) and others 13.2% (n=102). Chronic wounds were present >five years 8.5% (n=38). Dressing times varied from 10 minutes 20% (n=92) to an hour 1.2% (n=5). Most dressings were changed 3 times a week 28.5% (n=127) but 5.8% (n=26) and 10% (n=45) were changed daily or alternate days which can impact on resources such as dressings / nurse time. Common types of primary dressings used were iodine 12.8% (n=57) and Hydrofibre 9% (n=40) although it was interesting see antibacterial dressings were applied despite the fact that 80% (n=356) were reported as non-infective wounds. Only 48% (n=11) with diabetic foot ulcers received offloading, and of the 46 Pressure ulcers 14.2% (n=7) had no pressure redistribution device. Furthermore, 33% (n=17) with venous leg ulcers were not receiving compression therapy.

Recommendations:
Point prevalence was 3.7% (n=445) and surgical wounds were the most prevalent 42.7% (n=190). Other wounds included leg ulcers 18.9% (n=84), pressure ulcers 10.3% (n=46), diabetic foot ulcers 5.2% (n=23) and others 13.2% (n=102). Chronic wounds were present >five years 8.5% (n=38). Dressing times varied from 10 minutes 20% (n=92) to an hour 1.2% (n=5). Most dressings were changed 3 times a week 28.5% (n=127) but 5.8% (n=26) and 10% (n=45) were changed daily or alternate days which can impact on resources such as dressings / nurse time. Common types of primary dressings used were iodine 12.8% (n=57) and Hydrofibre 9% (n=40) although it was interesting see antibacterial dressings were applied despite the fact that 80% (n=356) were reported as non-infective wounds. Only 48% (n=11) with diabetic foot ulcers received offloading, and of the 46 Pressure ulcers 14.2% (n=7) had no pressure redistribution device. Furthermore, 33% (n=17) with venous leg ulcers were not receiving compression therapy.

Notes:
Abstract Number: P.77

Presenter: Dr Anna-Marie Greaney RGN, RNT, PhD

Organisation: Institute of Technology, Tralee

Authors: Anna-Marie Greaney

Title of Presentation:
Towards negotiated autonomy: An empirical-ethical analysis of autonomy in practice

Background:
Patient autonomy has gained increased prominence in healthcare ethics, policy and practice in recent decades. This poses challenges when individual autonomy competes with other moral principles and professional accountability. The proliferation of self-testing technology provides a contextualised example of this ideological shift. The philosophical assumption underpinning these technologies is that they facilitate greater autonomy through self-management. This study explores that assumption and the wider understanding of autonomy in healthcare.

Aims and Objectives:
The study illuminates the ethical principle of autonomy in the clinical context of individuals engaged with self-testing technology. Combined empirical-ethical analysis extends the relevance of the work for a wider audience.

Methods:
Heideggerian phenomenology provides an overarching philosophy for the research. The study adopts an empirical ethics research design, which integrates philosophical analysis and empirical enquiry in a cyclical fashion. Ethical analysis precedes and follows empirical investigation. Interpretive phenomenology is utilised to elicit the lived experience of autonomy among 12 individuals with diabetes engaged in the self-testing process. The perspectives of prominent stakeholders such as healthcare professionals and scientific community members are also sought.

Analysis and Results:
Data is analysed collectively in accordance with a hermeneutic approach. Findings reveal an understanding of Autonomy as lived: The interdependent phenomenon of autonomy in self-testing whereby the patient experience of autonomy is underpinned by three inter-reliant relationships - Relationship with device, Relationship with illness and Relationship with healthcare provider. Findings suggest that autonomy is a contextualised, relational process, which exists as a continuum and occurs within constraints. The concept of ‘negotiated autonomy’ is suggested as a means to operationalise autonomy within the patient/healthcare professional relationship.

Recommendations:
Findings have implications for bioethicists, policy-makers, healthcare professionals, and the scientific community. Negotiated autonomy is presented as a practical means to bridge the autonomy/paternalism divide and reconcile respect for autonomy with professional accountability.

Notes:
**Abstract Number:** P.78  
**Presenter:** Dr Delene Volkert, RN, MSN, CNE  
**Organisation:** Great Basin College, Nevada, USA  
**Authors:** Delene R. Volkert

**Title of Presentation:**  
Why Should I Go Back to School? How to entice RN's to return for their BSN

**Background:**  
Recently, numerous studies have correlated higher quality of patient care in facilities which have a higher percentage of nurses that are prepared at baccalaureate levels (Blegen, Goode, & Park, 2013; Aiken, Cimiotti, Sloane, Smith, Flynn, & Neff, 2012; Kramer, Maguire, & Brewer, 2011). The Institute of Medicine released a report in 2009 calling for an increase in baccalaureate trained nurses to 80% by the year 2020. In 2010, the percentage of nurses educated at this level was approximately 50% nationwide. First it is necessary to understand the motivational factors that prompt ADN students' to return to school and enroll in RN to BSN completion programs. Secondly, it is necessary to assess the learning strategies which students in these different program levels report.

**Aims and Objectives:**  
Aim 1: to determine if higher intrinsic or higher extrinsic goal orientation factors are reported by students in RN to BSN programs and ADN programs.  
Aim 2: to assess for correlation between the use of higher cognitive learning strategies in students that report higher intrinsic goal orientation factors.  
Aim 3: to assess for significant differences in the use of higher cognitive learning strategies between RN to BSN students and ADN students.

**Methods:**  
This study will utilize the Modified Motivated Strategies for Learning Questionnaire (MSLQ) reference tool to conduct a study with two groups of randomly sampled students – one group will consist of RN to BSN students and the second group will consist of ADN students. This study will assess if students in RN to BSN programs report higher on intrinsic goal orientation factors than students in ADN programs. This study will assess if there is a correlation between the use of higher cognitive learning strategies in students that report higher intrinsic goal orientation factors. Both will be analyzed utilizing independent t tests.

**Analysis and Results:**  
This is the theoretical development for a study and as such, analysis/results have not been completed.

**Notes:**
Dear Delegate,

On behalf of the Board & Staff of the Faculty of Nursing & Midwifery, I want to thank each of you for contributing to the success of our annual conference. As always it is a pleasure to catch up with friends and to network and make new acquaintances. We hope you all enjoyed the conference and were impressed with the quality, diversity and range of the oral and poster presentations.

We wish you all a safe trip home and we look forward to welcoming you to our conference next year.

Yours Sincerely,

Prof Marie Carney
Dean

Conference Wifi

User Name: nursing
Password: conference
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