### NIPEC Conference – Enabling Professionalism Wednesday 21<sup>st</sup> February 2018

## Maximising Organisational Support for Professionalism

Dr Bob Brown
Executive Director of Nursing /
Director of Primary Care & Older People's Services



### Four key enablers:

- Leadership enabling professionalism in practice
- Creating psychological safety and joy in the workplace
- Cultures that enable individual and collective flourishing
- Evidence informed practice, including professional judgement as a basis for action



### Role Modelling Professionalism

Geraldine Byers
Divisional Nurse
Surgery

















### Role Modelling Professionalism









### ENABLING NURSING PROFESSIONALISM AS A NURSE MANAGER

## URGENT CARE & TREATMENT CENTRE CARDIAC ASSESSMENT UNIT OMAGH HOSPITAL & PRIMARY CARE COMPLEX

Columb O'Neill ENP/Department Manager

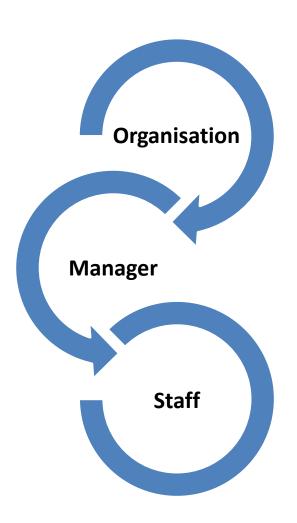
#### **Urgent Care & Treatment Centre**

- 24/7 service delivered by Nurse Practitioners supported by highly skilled staff nurses, health care assistants, clerical and support services staff.
- Shared facility with Treatment Room & GP Out of Hours.
- Assess, treat and discharge throughout the lifespan, a wide range of conditions e.g. minor burns, fractured hips, dislocations and wounds.
- Refer onto other specialities like Plastics, Orthopaedics, ENT, Emergency Department and GP Out of Hours.
- Approximately 18,000 patients per year.

### **Cardiac Assessment Unit (CAU)**

- 24/7 Nurse delivered service by Band 6 and 5 staff nurses,
   with clerical support and support services.
- Assess patients aged 16 and over, with unspecified chest pain. Stabilise, treat and discharge or refer to PCI Clinic, own GP or Consultant review.
- approximately 4800 patients a year of which:-
- > 75% Nurse Led Discharge,
- > 23% Consultant Led Discharge
- > 2% CTMA

## Enabling professionalism is everyone's business



### ENABLING PROFESSIONALISM TO NURSING AND MIDWIFERY PRACTICES

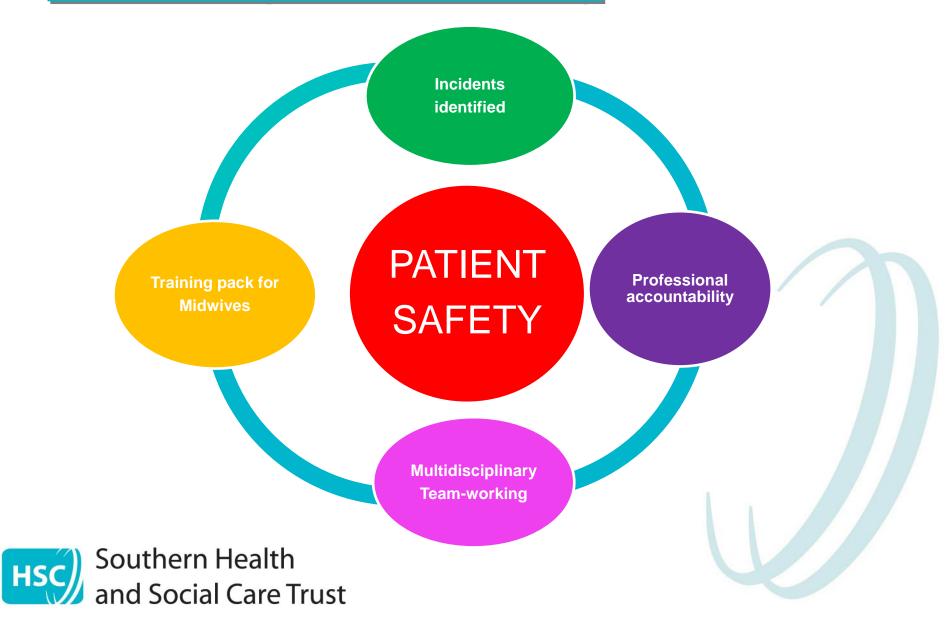
"Professionalism means something to everyone who works as a Nurse or Midwife. Being an inspiring role model working in the best interests of people in your care, regardless of which position you hold and where you deliver care, is what brings practice and behaviour together in harmony" NMC 2017

# Professionalism in Midwifery

Southern Trust
Michelle Portis
NIPEC Conference
21/2/18



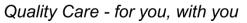
#### **Promoting Patient Safety**

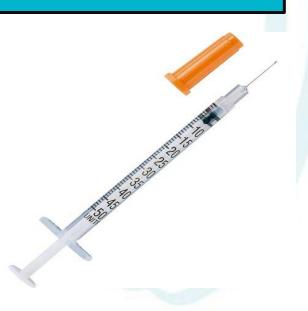




### **Diabetic Pack for Midwives**





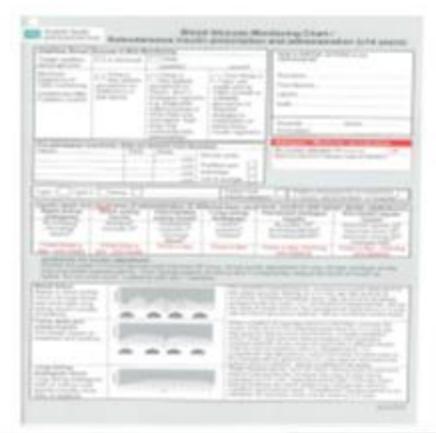


#### Management Of an Insulin Dependent Diabetic Mellitus as an In-patient

ON ADMISSION TO WARD, ENSURE THAT PATIENT HAS AN ARMBAND IN SITU. IF THE PATIENT HAS OWN STOCK OF INSULIN PENS, THESE ARE TO BE REMOVED, LOCKED IN THE MEDICINE TROLLEY AND CLEARLY LABELLED WITH THE PATIENT'S IDENTIFIER LABEL AND DATE OF OPENING. THIS SHOULD BE DOCUMENTED IN MATERNITY NOTES. IF NO DATE OF OPENING RECORDED, PEN SHOULD BE DISPOSED OFF AND NEW PEN ISSUED. ENSURE BM CHART (SEE APPENDIX 1) IS ON CLIPBOARD AT END OF BED AND THAT IT HAS PATIENT IDENTIFIER DETAILS, AND ALLERGY STATUS COMPLETED. IF PATIENT WISHES TO BE INVOLVED IN INSULIN ADMINISTRATION THE PATIENT SHOULD BE GIVEN AN INFORMATION LEAFLET (SEE APPENDIX 2) AND AN EVALUATION FORM (SEE APPENDIX 3) SHOULD BE COMPLETED. THE BOX AT THE FRONT ON THE BM CHART SHOULD ALSO BE TICKED TO CONFIRM THIS (SEE DIAGRAM 1 OVERLEAF). BM'S ARE TO MONITORED USING THE HOSPITAL GLUCOMETER 15 MINUTES BEFORE MEALS AND 1 HOUR POST MEALS AND BE CLEARLY DOCUMENTED IN THE BM CHART AND ON THE BLUE SECTION OF THE C/S PATHWAY (SEE DIAGRAM 2 OVERLEAF). IF THE PATIENT IS CARB COUNTING THEN THE IF THE PATIENT IS NOT CARB COUNTING THE PATIENT'S MEALS DETERMINE THE DOSE OF INSULIN SHOULD BE PRESECRIBED AT 9AM FOR INSULIN. IN THIS CASE INSULIN SHOULD BE THE NEXT 24 HOURS AND MUST NOT BE PRESCRIBED AS A RANGE (SEE DIAGRAM 3 ADMINISTERED IF NOT PRESCRIBED OVERLEAF). FOR SELF- ADMINISTRATION OF INSULIN, 2 MIDWIVES OBSERVE THE PATIENT PUTTING THE NEEDLE ON THE PEN AND COMPLETING A TEST DOSE FIRST BY WITHDRAWING AND DISPENSING 2 UNITS FROM THE PEN. THE SAME 2 MIDWIVES MUST SUPERVISE THE ADMINISTRATION OF THE INSULIN AND SIGN THE BM CHART STATING HOW MANY UNITS OF INSULIN HAVE BEEN GIVEN. IF NOT SELF-ADMINISTERING THE 2 MIDWIVES DO THIS PROCESS. IF NO INSULIN PRESCRIBED OR IF BM'S ARE OUT OF NORMAL RANGES (<5->10MMOL) A DOCTOR SHOULD BE CONTACTED AND ACTIONS SHOULD BE CLEARLY DOCUMENTED IN THE NOTES. IF BM IS < 4 MMOL/L FOLLOW THE ALGORITHM FOR HYPOGLYCAEMIA IN ADULTS WITH DIABETES (SEE APPENDIX 4).

PLEASE REFER TO THE YELLOW DIABETIC FOLDER AT WARD LEVEL FOR FURTHER GUIDANCE AND DOCUMENTATION





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### Conclusion

- Audit
- Sharing the learning
- No further incidents







NORTHERN HEALTH AND SOCIAL CARE TRUST



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#### Thank you for the opportunity to share today

Any Questions?

