Day in the life of a Public Health Nurse

Having worked for a number of years as a Community Registered General Nurse I decided to apply for the PHN course in 2020. I enjoy working in the community, and working autonomously with clients of all ages. The public health nursing programme combines both clinical and theoretical components and I particularly enjoyed the clinical practice elements. I learned so much from my preceptors and working with the wider primary care team.

After qualifying I was assigned to manage a caseload in a Community Health Network 2 in Sligo CHO 1. The caseload incorporated all aspects of the role of the PHN with both child/maternal health/ families and a clinical component. I worked closely with a cRGN who provided support in managing the clinical care aspect of the caseload.

I am enjoying the child and family health aspect of the role and I am gaining lots of experience in this area. As a PHN I monitor children at various development stages, from birth to 4 years old and I can quickly identify any abnormalities in a child's development and refer to specialist services for e.g. Area Medical Officer. I work closely with Tusla regarding families who are vulnerable and are at risk.

The National Healthy Childhood Programme was implemented as I was completing my training. This has provided me with a very good foundation and the supporting documentation and materials provide me with the evidence that I require to carry out this aspect of my role.

I now work in a rural town with a large older person population. There is no typical day – the work is wide ranging from working with infants children and parents, undertaking primary notification visits and conducting child health assessments to addressing healthcare needs for older persons, planning clinical care assessments whilst also engaging with members of the primary care team. I book visits with clients and their families depending on nursing care needs. I am contacted regularly regarding hospital discharges including discharges from palliative care services. Working with elderly people in the community setting is very different from an acute setting. As a PHN, I get a fantastic opportunity to build relationships with the client and family. I run dressing clinics twice weekly, treating clients with chronic lower limb ulcers and post-op wounds. We carry out Doppler's on clients, assessing suitability for compression therapy to aid wound healing and skin integrity. I also refer on to other services such as GP, vascular and our own PHN tissue viability nurse. The exemplar below provides an overview of the establishing of a Public Health Nursing Led Wound Management Initiative.

The days can be very busy between clinical and child health, which is why it is important to maintain diaries to prioritise our workload.

Documentation and contemporaneous record keeping is of paramount importance as is the management of the birth register and clinical register, which is essential in ensuring that referred clients are assessed and prioritised.

In the CHN there are a number of programmes being delivered such as the solid start programme and there is also a breastfeeding a lactation consultant available to provide education and support.

To help improve service quality, I carry out audits using the National Quality Care Metrics. This identifies areas requiring training to maintain and improve standards.

We have monthly network meetings which gives us a great opportunity for education and reflection.

I am glad to have taken the leap of faith to go back after 20 years and complete the PHN course. Every day is a learning day with new challenges and updates.

Exemplar: Developing public health nursing-led wound management clinic

The Tissue Viability Nurse in Sligo, Leitrim and West Cavan identified a need to develop nursing-led wound management clinics. Every day hundreds of patients/clients require wound care in community settings. Wounds have a major personal, social and economic impact, affecting the quality of life of the individual and their family.

It is estimated that 1.5% of the population worldwide develop a wound at any one time (Gottrup 2004). The growing prevalence and incidence of non-healing wounds (acute and chronic) are a major source of morbidity to patients. They are also a major cost to hospital and community healthcare providers globally (Posnett et al 2009).

Wound management is dynamic and dependent on the clinician's ability and skill in assessing, planning care and evaluating outcomes.

Leg ulcer clinics are an efficient method of treating leg ulcers within financial constraints (Liew & Sinha 1998). Furthermore they can reduce the cost of domiciliary nursing care by improving healing rates (Bentley 2001, Thurlby & Griffiths 2002).

Leg ulcer clinics improve healing rates through comprehensive assessments, standardising health practices, lowering recurrence rates and home-visit costs and enhancing patients' quality of life. (Bentley 2001, Thurlby & Griffiths 2002, Moffatt et al 1992, Ghauri et al 2000, Musgrove et al 1998).

The 'HSE National Wound Management Guidelines 2018' provides a standardised, evidence-based approach, and expert opinion for providing wound care management in acute and community services.

A staff training programme that combines theoretical and practical sessions, and run over a number of weeks, was implemented.

Initially, eight staff members and three sites were identified to establish public health nursing-led wound management clinics.

Outcomes

- improved healing rates for clients due to commencing treatment earlier
- staff have a greater understanding of wound management and more confident in holistic assessments
- reduction in treatment cost
- training to be rolled out to all PHN staff