

Population Health Information Tool (PHIT)

Glossary of Terms and Definitions Clinical Documentation

August 2015



Introduction

A Population Health Information Tool (PHIT) framework glossary of terms and definitions agreed by the first representative project working group was published in 2011 and included 18 items (HSE 2011). Since 2011 the suite of clinical documents underpinning the framework; care planning, patient registration, street index and caseload analysis templates have undergone audit, development and revisions. Project implementation and governance groups have compiled supporting guidelines incorporating lists of terms and definitions and the Glossary has expanded to include these lists and the following:

- The Ladybird Guidance Document Version 2 (2015) which incorporates definitions as used in the Family Health Register 1.
- The Intervention Wheel validated by Irish PHNs which provides a comprehensive terminology for a range of public health interventions (PHIT 2013).
- The digiPHIT project which introduced health informatics concepts and terminology into the PHIT glossary (McDonald A. 2013).

PHIT governance working groups ceased in May 2015 due to difficulty with securing a representative group of managers and clinicians. For the first time since the PHIT was developed invites to clinicians to volunteer time to join a working group were unsuccessful.

Testing of the framework in Trim, County Meath in 2015 identified the need to provide one comprehensive list of clinical terms and definitions for the PHIT framework.

In the absence of a dedicated working group, compiling a PHIT glossary is a good enough method of maintaining the project implementation philosophy of collaborative working. Items listed in this glossary will be upgraded as necessary based on feedback from and the needs of nurses working with PHIT documentation. References for terms used are available at the end of the document items accessed from websites have website addresses included in the definition.

Sincere thanks to all nurses who have supported and continue to support the PHIT framework.

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6th August 2015

PHIT Docs / Glossary2015 / Anne.mcdonald@hse.ie

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Abbreviations

ADL = Activities of Daily Living

ADOPHN = Assistant Director of Public Health Nursing

ABPI = Ankle Brachial Pressure Index

CA = Caseload Analysis

CAP = Corrective Action Plan

CP = Care Plan

CIT = Community Intervention Team

CM = Caseload Manager

CPD = Continuing Professional Development

CRT = Community Rehabilitation / Re-enablement Team

CSAR = Common Summary Assessment Record

DOPHN = Director of Public Health Nursing

DDOCS = Dublin Doctors on Call

DED = District Electoral Division or ED Electoral Division

gPHIT = Governance of the PHIT

HIA = Health Impact Assessment

HAI = Healthcare Associated Infections

HC = Health Centre

HCA = Health Care Assistant

HCP = Home Care Package

HCR = Healthcare Record

HSE = Health Service Executive

ICT = Information and Communications Technology

IHI = Individual Health Identifier

IADL = Instrumental Activities of Daily Living

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MMSE = Mini Mental State Examination

MUST = Malnutrition Universal Screening Tool

OA = Older Adult, persons 65 years of age and over

PI = Performance Indicator

PL = PHIT Project Leader

PHIT = Population Health Information Tool

PCT = Primary Care Team

PHN = Public Health Nurse

RGN = Registered General Nurse

SAHRU = Small Areas Health Research Unit, Deprivation Index

SAPS = Small Areas Population Statistics

SAT = Single Assessment Tool

TUG = Timed Up and Go

WHO = World Health Organisation

PHIT Clinical Documents and Guidelines

Document Reference	Title of Document
Index	Street Index LHO Dublin North City / Central
PPPG	Guideline for PHIT Street Index
Information	gPHIT Doc Census 2011 Data
	Care Plan Documents
Doc 25	PHIT Assessment Form
(not yet circulated)	Core Assessment Chronic Obstructive Airways Disease
(not yet circulated)	Core Assessment Diabetes
Doc 26	List of Prescribed Treatments (Yellow)
Doc 26a	Patient Status / Inactive File (Orange)
Doc 27	Care Plan
Doc 27a	Care Plan Evaluation
Doc 28	Communication Sheet
PPPG	PHIT Care Plan Guideline
	Chronic Sick/Disability Register 2
Doc 11	Register Guideline V1c
Doc 12	Register Template V1a
Doc 19	Register Summary V1a
	Older Adults Register 3
Doc 13	Register Guideline V1b
Doc 14	Register Template V1a
Doc 19	Register Summary V1a
	Acute Care Register 4
Doc 15	Register Guideline V1b
Doc 16	Register Template V1a
Doc 16:1	New Acute Episodic Clinical Care List
Doc 21	Register Summary Quarterly V1a final
PPPG (not yet circulated)	Patient Admission, Registration and Discharge Guideline
	Caseload Analysis
Doc 17	PHN Caseload Analyses V2
PPPG	PHN Caseload Management and Analysis Guideline
Report	ADOPHN Report: Collective Caseload Analyses V1
PPPG	Guideline ADOPHN Report: Collective Caseload Analyses
PPPG	Vacant Caseload Guideline
17a Checklist	Handover of PHN caseload
17b Checklist	Handover of ADOPHN Caseload Data
17c Template	Vacant Caseload Agreement
Template	School Health Statistics
Template	gPHIT Corrective Action Plan (CAP)
Template	gPHIT Signature Bank
Notice	gPHIT Accountability for Registration
Template	Calculation of Age Groups for PHIT Data

Glossary of Terms and Definitions

Accident

An accident is an unplanned, unexpected, and undesired event, usually with an adverse consequence (HSE 2014).

Active Status

PHN service patient / client care plans are considered as 'active' and maintained on a clinical register for persons who have an assessed need for episodic or continuing care and all who are 85 years of age and over (Caseload Analysis (CA) Guideline Working Group 2014)

Activity of Daily Living (ADLs)

ADLs are the basic tasks of everyday life and personal care including eating, bathing, dressing, toileting and moving about (Kamiya et al 2012).

Acute Care Episode

Acute episodic nursing care in the community is described as; sudden, severe and of short duration (up to 2 months) and needing nursing priority (HSE 2011).

Adherence

Adherence to medicines is defined as the extent to which the patient's action matches the actions recommended (NMBI 2015a)

Adult

An adult is a person over the age of 18 years (HSE 2013).

Adverse Event

An adverse event is an incident which resulted in harm (HSE 2014).

Advocacy

Advocacy pleads someone's cause or acts on someone's behalf, with a focus on developing capacity of the community, system, individual / family to plead their own cause or act on their own behalf (Minnesota Department of Health 2001).

Allergy

A medical condition that causes someone to become sick after eating, touching or breathing something that is harmless to most people (accessed from www.merriam-webster.com/dictionary/allergy).

Ankle Brachial Pressure Index (APBI)

ABPI is the ratio of ankle to brachial systolic blood pressure and assess lower extremity arterial perfusion. Measurement can be performed with a hand-held Doppler ultrasound (HSE 2009).

Archived

PHN service clients who do not meet the criteria for 'active' or 'inactive' status or who are discharged for the following reasons: transfer to long term care, change of address or death, will have their care plans archived and their names removed from the register (CA Guideline Working Group 2014).

Assessment (see also Community Health Assessment below)

Nursing assessment is a process not an event which includes the collection and validation of data from a range of sources about an individual patient's health status within a family / community setting, it is key to establishing a nursing care plan and forms the basis for nursing care, a standard definition for which is: Continuously collecting data about health status to monitor for evidence of health problems and risk factors that may contribute to health problems (Alfaro-LeFevre 2010). PHIT Doc 25 is the clinical assessment form, core assessments for Diabetes and Chronic Obstructive Airways Disease are under development.

Audit

Clinical audit is the comparison of actual practice against agreed, documented, evidence based standards with the intention of improving patient care (Ferris M. et al. 2002).

Autonomy

Autonomy is the capacity to make decisions and take actions that are in keeping with one's values and beliefs (HSE 2013).

Barthel Index (Modified)

The Barthel Index is a tool for assessing self care and mobility ADLs, from observation, self report or informant report, and is used widely in older adults care, taking 5 -10 minutes to complete if the observational method is used (accessed from www.racgp.org.au/your-practice/guidelines).

Bed-bound

Bed-bound or bedridden describes a person who is unable or unwilling to leave the bed because of illness or infirmity (Mosby's Medical Dictionary 8th ed. 2009 accessed at www.medical-dictionary.thefreedictionary.com).

Body Image

Body image is a subjective picture of one's own physical appearance established both by self observation and by noting the reaction of others (accessed from www.merriam-webster.com/medical/body).

Capacity

Capacity is the ability to understand the nature and consequences of a decision in the context of available choices at the time the decision is to be made (HSE 2013).

Care Plan (CP)

A care plan is a written statement of your individual needs identified with you during a community nursing assessment by a registered nurse. The development of this plan is an intermediate stage of the nursing process which names the nursing interventions and the support agreed for you and also indicates who is responsible for providing this support. The care plan therefore guides in the ongoing provision of your care and assists in the evaluation of that care (HSE 2011).

Case Finding

Case finding locates those most at risk and links them to services and operates at the individual / family level (Minnesota Department of Health 2001). Finding of cases requiring PHN intervention is facilitated by a geographic based service, the building of trusting relationships, routine screening and case review and is unique to public health.

Case Management

Community nursing case management is a systematic collaborative approach in partnership with clients to provide and coordinate care which includes assessment, resource identification, planning, implementation, evaluation, interaction, advocacy, documenting of outcomes and data collection with the goal of enhancing quality and seamless care (HSE 2011).

Case Manager

A case manager is a registered public health nurse or a registered general nurse who is accountable for managing a case (CA Guideline Working Group 2012).

Caseload

A caseload refers to all clients currently registered at both active and inactive status, following assessment of need by Public Health Nurses (PHNs) or community Registered General Nurses (RGNs) and receiving public health nursing interventions, from the geographic population for which they are responsible, and maintained until discharge or death (HSE 2011 revised by gPHIT Working Group 2014).

Caseload Analysis

Caseload analysis is a process undertaken jointly by geographic caseload holders and their line managers at agreed intervals which will identify the quality of the nursing interventions and the nursing needs of a public health nursing service caseload. It will contribute to resourcing of the public health nursing service, to population health and PCCC service planning generally and to professional and practice development within public health nursing (HSE 2011).

Caseload Code

The caseload code is a two digit numeric code currently ranging between 1 and 46 assigned to a geographic PHN caseload available in the LHO DNC/C Street Index and on the spine of the PHIT Orange Folders. The Caseload Code in other CHO's may have more than one digit and not be represented in a Street Index (HSE 2011).

Caseload Management

Caseload management is a process of managing care for a number of patients or clients whose care is governed at both individual and population level within a defined caseload with reference to a population health model (HSE 2011).

Caseload Manager

A caseload manager is a registered public health nurse responsible for the management of an assigned caseload (CA Guideline Working Group 2012).

Cause for Concern

Cause for concern cases and / or families may occur across all PHN service population subgroups, they are identified by the case manager and include but are not limited to the categories listed below, they are usually but not always the most complex cases within these categories and may also include concerns about access to and availability of services:

- Concerns for a child's safety, welfare and protection
- Concerns for the ability of parents / guardians to provide a safe and healthy environment for their children
- Concerns for the ability of adults, older adults and carers to manage their own care within the community
- Concerns for the health and safety of adults and older adults within their home and community environment

(CA Guideline Working Group 2012).

Census

A census is the procedure of systematically acquiring and recording information about the members of a given population (HIQA 2014).

Child

A child is a person under the age of 18 years unless that person has attained full age through marriage (HSE 2013).

Chronic Illness

Chronic illness is one that lasts 3/12 or more and is defined as 'long term conditions which can be treated but not cured' (HSE 2008). Patients listed in the PHIT for chronic illness may have 'curable' long term conditions such as wound care, cancer and mental health issues (see also definition for disability below).

Clinical Coding System

Clinical coding is a comprehensive system which allows the recording, in a standardised manner, of all events / concepts that are found in a healthcare record. This allows comparison of events within and between records (HIQA 2014).

Clinical Governance

Clinical governance is delivered through an integrated system of organisational and professional responsibility, which is the shared responsibility of clinical professionals and the organisation. This includes the formal and informal processes of setting standards, measurement and action to improve care (Sale D. 2005).

Clinical Leader

A clinical leader is a competent professional involved in providing direct and indirect clinical care who enables oneself and influences others to improve care (HSE 2010 National Clinical Leadership Development Project NCLDP available at www.hse.ie and www.hseland.ie)

Clinical Supervision

Clinical supervision is a dedicated interaction between two or more practitioners within a safe / supportive environment which enables a continuum of reflective, critical analysis of care, to ensure quality patient services (Bishop V. 1998).

Collaboration

Collaboration commits two or more persons or organisations to achieve a common goal through enhancing the capacity of one or more of the members to promote and protect health (Minnesota Department of Health 2001).

Collective Case Manager

A Collective Case Manager is a Registered General Nurse (RGN) working in the public health nursing service who manages a number of individual cases delegated by one or more PHN geographic caseload managers (gPHIT Working Group 2014).

Common Summary Assessment Record (CSAR)

Common Summary Assessment Record is the standard National Health Service Executive four page form used by the PHN service and others to assess client eligibility for nursing home care, home care packages and other support services (HSE 2011a).

Community Health Assessment

Community health assessment is; collecting, analysing and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health (Minnesota Department of Health 2001).

Community Healthcare Organisations (CHOs)

CHOs are nine HSE organisational areas to support and enable integrated delivery of services (HSE 2014a).

Community Nursing

Nursing undertaken by the public health nursing service which includes public health nurses (PHNs) and registered general nurses (RGNs).

Community Organising

Community organising helps community groups to identify common problems or goals, mobilize resources, and develop and implement strategies for reaching the goals they collectively have set (Minnesota Department of Health 2001).

Competence

Competence is a complex multidimensional phenomenon and is defined as the ability of the registered nurse to practice safely and effectively, fulfilling their professional responsibility within his / her scope of practice (NMBI website 2015).

Complex Care Need: Adult

Adults with complex care needs are more likely to have; multiple chronic conditions, frequent hospitalisations, limitations on their ability to perform ADLs and / or IADLs due to social, physical, mental, and psychological challenges (PHIT 2015).

Compliance

Compliance refers to the degree or extent of conformity by the patient to the recommendations about day-to-day treatment by the provider, with respect to the timing, dosage and frequency of the prescribed medicine (NMBI 2015a).

Concepts

A unit of thought or knowledge made up of a unique combination of characteristics (ICN 2005).

Concordance

Concordance is a shared process leading to the agreement of the overall aims of any prescribed drug treatment and how they are to be achieved (NMBI 2015a).

Confidential Documents

Any records containing personal identifiable information such as name, address, date of birth, PPS Number, employee number, or medical record is deemed confidential. Other records may also be confidential if they contain information about HSE business or finances. Examples of confidential documents include financial records, payroll records, personnel files, legal documents or medical records (HSE Data Protection –it's everyone's responsibility, an introductory guide for health service staff, undated available on www.hse.ie).

Confidential Information

Confidential information is information that is given in confidence and / or is not publicly known. The information must only be accessible to those person(s) who are authorised to have access (HSE 2010).

Conscientious Objection

Where a nurse or midwife has a strong objection – based on religious or moral grounds – to providing or participating in the provision of a particular service (NMBI 2014).

Consent

Consent is the giving of permission or agreement for an intervention, receipt or use of a service, participation in research following a process of communication in which the service user has received sufficient information to enable him / her to understand the nature / potential risks and benefits of the proposed intervention or service (HSE 2013).

Continuing Professional Education / Development (CPD)

Continuing professional education is a lifelong learning process consisting of planned learning experiences which are designed to augment the knowledge, skills and attitudes of registered nurses for the enhancement of nursing practice, education, administration and research (An Bord Altranais 1994). The Nurses and Midwives Act 2011 provides a statutory regime of CPD for nurses and midwives (GOI 2011).

Corporate Governance

Corporate governance or the system of governance is the mechanism for leadership, decision-making, information-sharing and accountability in a trust or healthcare organisation (Sale D. 2005).

Corrective Action Plan (CAP)

A CAP is a written plan developed and reviewed by the ADOPHN/DOPHN line manager in partnership with the PHN caseload manager or ADOPHN line manager outlining specific tasks, time horizons and resource allocations to remedy and prevent re-occurrence of an identified and investigated problem and includes issues relating to case management, caseload management and / or health information management (gPHIT Working Group 2014).

Counselling

Counselling establishes an interpersonal relationship with a community, system, family or individual intended to increase or enhance their capacity for self care and coping. Counselling engages the community, system, family or individual at an emotional level. Counselling undertaken by PHNs is intended to clarify problems, relieve tension and facilitate problem solving it is not a psychotherapeutic process (Keller et al 2012).

Data

Data are numbers, symbols, words, images, graphics that have yet to be organised or analysed (HIQA 2014).

Data Controller

Data Controller refers to a person who, either alone or with others, controls the contents or use of personal data (HSE 2013).

Data Dictionary

A Data Dictionary describes the rules for the data to be recorded in a data collection. These can include the meaning of the data, dealing with missing data, relationships to other data, source of the data, usage and format (HIQA 2014).

Dataset

Dataset is the data that is collected by the information collections. The data is usually presented in tabular form (HIQA 2014).

Data Protection

Data protection is the duty of an organisation to keep personal details, held on a computer, on paper or other manual form as part of a filing system, photographs, video recording of an image or voice recording, private and safe. The information stored about individuals should be factually correct, only available to those who should have it and only used for stated purposes. A data controller who holds information on an individual must comply with the above duties and provide a copy of personal information to the individual when asked (accessed from www.dataprotection.ie).

Dehydration

Dehydration is the loss of water and salts essential for normal body function and occurs when the body loses more fluid than it takes in. Dehydration can result from illness, a hot, dry climate, prolonged exposure to sun or high temperatures, not drinking enough water and overuse of diuretics or other medications that increase urination. Developing a habit of drinking only in response to the body's thirst signals raises and older persons risk of becoming dehydrated. (accessed from www.medicaldictionary.thefreedictionary.com/dehydration).

Delegation

Delegation is the transfer of authority by a nurse or a midwife to another person to perform a particular role / function. Each registered nurse and midwife is accountable for his / her own practice. The nurses or midwife who is delegating (the delegator) is accountable for the decision to delegate. This means that the delegator is accountable for ensuring that the delegated role / function is appropriate and that support and resources are available to the person to whom the role / function has been delegated. The nurse or midwife (or other person) to whom the particular role / function has been delegated is accountable for carrying out the delegated role / function in an appropriate manner (An Bord Altranais 2000a)

Demography

The statistical study of human populations especially with reference to size, density, distribution and vital statistics (accessed from www.merriam-webster.com/dictionary).

Dependency / Need Category

Patient dependency is defined by Morris et al (2007) within the physical, psychological and social domains, the intensity of which is influenced by factors that include the dependency of the patient on the nurse, the nature of the patient's illness, the time taken to administer patient care and the complexity of the care required in order to care appropriately for the patient. The PHIT Dependency score the development of which is described by McDonald et al (2013) includes the following four items:

0 = Health Promotion, 1 = Acute Episodic Care (up to 2/12)
2 = Chronic Stable Care, 3 = Chronic Complex Care

Diagnosis

Diagnosis is the identification of the nature of an illness or other problem by examination of the symptoms (Oxford Dictionaries online accessed 31/7/2015 at www.oxforddictionaries.com). The PHIT registers provide lists of diagnosis with corresponding codes most of which are for written medical diagnoses e.g. 4c = Cerebral Palsy, 11a = Diabetes Type 1, 14b = Cardiovascular Disease and some of which are nursing

diagnoses e.g. 9 = At Risk of Falls, 13 = Wound Care. Diagnosis codes should be reported in the format 14a, 14b, 14c and not 14 a,b,c.

Direct Patient Care

Care of a patient provided personally by the PHN service which may involve any aspects of the health care of a patient including treatments, counselling, self care, patient education and administration of medication (adapted from Mosby's Medical Dictionary 2009).

Disability

Defined by the Disability Act 2005 (GOI 2005):

“disability” in relation to a person, means a substantial restriction in the capacity of the person to carry on a profession, business or occupation in the State or to participate in social or cultural life in the State by reason of an enduring physical, sensory, mental health or intellectual impairment.

Defined by the Equality Act (GOI 2000, 2004):

- The total or partial absence of a person's bodily or mental functions, including the absence of part of a person's body
- The presence in the body of organisms causing, or likely to cause, chronic disease or illnesses
- The malfunction, malformation or disfigurement of a part of a person's body
- A condition or malfunction which results in a person learning differently from a person without the condition or malfunction: or
- A condition, disease or illness which affects a person's thought process, perception of reality, emotions or judgement, or which results in a disturbed behaviour

Discharged to Inactive Status (Inactive) 65 to 84 years of age

Older persons registered 65 to 84 years having no assessed need for direct PHN service care are maintained on the register as 'inactive', assigned to a dependency category of '0' and are eligible for primary care services in accord with the duties of the PHN (DOH 1966) having a minimum contact every 3 years from the PHN service (CA Guideline Working Group 2014).

Discharged to Inactive Status (Inactive) under 65 years of age

Persons under the age of 65 years having no assessed need for direct PHN service care are maintained on the register as 'inactive', assigned to a dependency category of '0' if they have a diagnosis or dependency such that warrants listing on a chronic illness / disability register are eligible for inclusion in primary care services and local population health initiatives and have a minimum contact every 5 years from the PHN service (CA Guideline Working Group 2014).

District Electoral Division (DED) or Electoral Division (ED)

DEDs or EDs are the smallest legally defined administrative areas in the State for which Small Areas Population Statistics (SAPS) are published from the Census there are 3,440 EDs in the State, 40 of which are in LHO DNC/C. Central Statistics Office www.cso.ie.

Documentation

Is any written or electronically generated information about a client or patient that describes their care or services provided to them and it is integral to the work of nursing (McDonald 2013).

Elder Abuse

Is a single or repeated act, or lack of appropriate action occurring within any relationship where there is an expectation of trust which causes harm or distress to an older person or violates their human and civil rights (HSE 2002) (65 years of age is taken as the point beyond which abuse may be considered to be elder abuse).

Encryption / Encrypt

Encryption is a process of converting (encoding) information from a readable format (plain text) that can be read by everyone into an unreadable form (cipher text) that can only be read by the information owner and other authorised persons (HSE 2010).

End of Life Care

End of life care refers to the care of people with advanced life limiting conditions for whom death within 1-2 years is likely, as well as those in the terminal phase of illness (accessed from www.hospicefoundation.ie/about-hospice-care/definitions).

Epidemiology

Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to control health problems (accessed from www.cdc.gov)

Ethics

Ethics are principles, values and virtues that enable people to live a morally good life. Applied to nursing and midwifery, the moral principles presented in the Code of Professional Conduct and Ethics underpin professional practice (NMBI 2014).

Ethnic Group

The PHIT incorporates nine ethnic groups as defined by the Central Statistics Office:

1 = White Irish, 2 = White Irish Traveller, 3 = Any other White background

4 = Black or Black Irish – African, 5 = Any other Black background

6 = Asian or Asian Irish – Chinese, 7 = Any other Asian background

8 = Other – including mixed background, 9 = Not Stated
(www.cso.ie).

Evidence-Based Practice (EBP)

EBP is the use of the best available evidence together with the nurse or midwife's expertise and a patient's values and preferences in making healthcare decisions (NMBI 2014).

Family

May include the immediate biological family and / or other relatives, spouses, partners (including civil, same sex and de facto partners) (HSE 2013).

Frequency of Treatments

Each treatment listed in the acute care register will have a frequency e.g. continence may have a frequency of once in the quarter if a continence assessment was carried out or it may have a frequency of daily if a catheter is attended to on a daily basis.

Governance of the Population Health Information Tool (gPHIT)

gPHIT refers to documentation specifically relating to the governance of information within the PHIT framework (gPHIT Working Group 2014/2015).

Guideline

A guideline is a principle or criterion that guides or directs action. Guideline development emphasises using clear evidence from the existing literature, rather than expert opinion alone, as the basis for advisor materials (HSE 2011).

Harm

Harm may be harm to a person or a thing.

Harm to a person includes any physical or psychological injury or damage to the health of a person, including both temporary and permanent injury

Harm to a thing includes damage to facilities or systems; e.g. environmental, financial, data protection breach etc. (HSE 2014a).

Healthcare

Services received by individuals or communities to promote, maintain, monitor or restore health (HSE 2014b).

Healthcare Associated Infection (HAI)

A HAI is an infection occurring in a patient during the process of care in a hospital or other healthcare facility which was not present or incubating at the time of admission. This includes infections acquired in the hospital, but appearing after discharge, and also occupational infections among staff of the facility (WHO 2011).

Healthcare Professional

A person who exercises skill or judgement in diagnosing, treating or caring for service users, preserving or improving the health of service users (2014b)

Health Care Assistant (HCA)

The role of the HCA is to assist nursing / midwifery staff in the delivery of patient care under the direction and supervision of the CNS 2/1, Staff Nurses / Midwives / Public Health Nurses and Community Registered General Nurses as appropriate (DOHC 2001).

Health Impact Assessment (HIA)

HIA is an integrated study of health determinants that provides decision-makers with sound information on implications on health of any given policy (DOHC 2004).

Health Information

Health Information is defined as information, recorded in any form, which is created or communicated by an organisation or individual relating to the past, present or future physical or mental health or social care of an individual or group of individuals (also referred to as a cohort). Health information also includes information relating to the management of the health and social care system (HIQA 2014).

Health Promotion

Health Promotion is the process of enabling people to increase control over, and to improve, their health it focuses on achieving equity in health and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential (Ottawa Charter for Health Promotion, WHO 1986)

Healthcare Record (HCR)

A public health nursing health care record is any electronic or paper information recorded about a person for the purpose of managing their healthcare within a primary care setting (gPHIT Working Group 2015).

Health Literacy

Health literacy is defined as the ability to make sound health decisions in the context of everyday life – at home, in the community, at the workplace, the healthcare system, the market place and the political arena (Kichbusch et al 2005). Patients with limited health literacy may have difficulty locating services and preventive health care, filling out forms, providing a medical history, understanding the link between risky behaviours and health, managing chronic conditions and understanding medication instructions.

Home Care Package (HCP)

A HSE HCP provides support services over and above the normal community services to enable patients to be cared for in their own homes which include home help, nursing, physiotherapy, occupational therapy, speech and language therapy, day and respite care services (HSE Home Care Package Scheme, Information Booklet, undated available from www.hse.ie).

Homeless

The Housing Act (GOI 1988) provides the legal definition of homelessness, under Section 2 of the Act a person is to be regarded as homeless by the relevant housing authority if:

- a) There is no accommodation available, which in the opinion of the authority, he, together with any other person who normally resides with him or who might reasonably be expected to reside with him, can reasonably occupy or remain in occupation of, or
- b) He is living in a hospital, county home, night shelter or other such institution and is so living because he has no accommodation of the kind referred to in paragraph (a) and he is, in the opinion of the Authority, unable to provide accommodation from his own resources

Focus Ireland provides a more contemporary definition for homeless available at www.focusireland.ie.

Housebound

Housebound or homebound refers to those individuals whose medical and / or psychological condition would deteriorate adversely if they left their own environment (PHIT 2015). Homebound elderly suffer from metabolic, cardiovascular, cerebrovascular, and musculoskeletal diseases, as well as from cognitive impairment, dementia and depression, at higher rates than the general elderly population (Qiao Qiu et al 2010).

Hypothermia

Hypothermia is a medical emergency that occurs when the body loses heat faster than it can produce heat, causing a dangerously low body temperature. Normal body temperature is around 37C, hypothermia occurs as the body temperature passes below 35C, left untreated it can eventually lead to complete failure of your heart and respiratory system and to death (accessed from www.mayoclinic.org).

Inaction

Inaction is failure to act in a situation where an action is required (NMBI 2014).

Inactive (see Discharged to Inactive)

Incidence

The frequency with which something such as a disease or trait appears in a particular population or area (accessed from www.medicinenet.com).

Incident

An incident is an event or circumstance which could have, or did lead to unintended and / or unnecessary harm. Incidents include adverse events which result in harm; near-misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention; and staff or service user complaints which are associated with harm. Incidents can be clinical or non-clinical and include incidents associated with harm to:

- Patients, service users, staff and visitors
- The attainment of HSE objectives
- ICT systems
- Data security e.g. data protection breaches
- The environment

(HSE 2014).

Indirect Care

Indirect care interventions are treatments performed away from the patient but on behalf of the patient or group of patients (Bulechek et al 2008) e.g. setting up, managing and co-ordinating a safe patient environment including documentation, referral, interdisciplinary collaboration, consultation, advocacy and teaching.

Individual Health Identifier (IHI) or Unique Health Identifier

An IHI is a unique, non-transferable lifetime number assigned to all individuals accessing health and social care in Ireland. Its purpose is to accurately identify the individual, enabling health and social care to be delivered to the right patient, in the right place at the right time (HIQA 2013).

Infection Control

Infection prevention and control measures aim to ensure the protection of those who might be vulnerable to acquiring an infection both in the general community and while receiving care due to health problems, in a range of settings. The basic principle of infection prevention and control is hygiene (accessed from www.who.int/topics/infection_control/en/).

Informal Carer

Informal carer, family carer, or carer is defined as someone who provides regular, unpaid personal help for a friend or family member with a long term illness, health problem or disability (Central Statistics Office 2006 available at www.cso.ie).

Information

Information is data that has been processed or analysed to produce something useful (HIQA 2014).

Information and Communications Technology (ICT)

ICT includes hardware and software for the support of health information. It covers the telephone, personal computers, mobile devices, computer networks, voice, data and picture storage, and transmission using internet-based technology and landline, wireless and satellite links (DOHC 2004).

Information Governance

Information governance is concerned with a framework which includes policies and procedures for handling information in a confidential and secure manner to appropriate ethical and quality standards (HIQA 2011).

Instrumental Activities of Daily Living (IADLs)

IADLs are activities performed by a person to live independently in a community setting, such as housekeeping, preparing meals, shopping, using the telephone, taking medications correctly and managing money (Kamiya et al 2012).

Integrated Care

Healthcare services working together, both internally and externally, to ensure service users receive continuous and co-ordinated care (HSE 2014b).

Integrated Discharge Planning

The activities that facilitate a service user's movement from one health care setting to another, or to home. It is a multi-disciplinary process involving physicians, nurses, social workers and other health and social care professionals; its goal is to enhance continuity of care. It begins before or on admission (HSE 2014b).

Interoperability

Interoperability is the ability of two or more systems or components to exchange information and to use the information that has been exchanged (HIMSS 2010).

Interventions: Public Health Nursing

Interventions are actions taken on behalf of individuals, families, systems, and communities to improve or protect health status (Minnesota Department of Health 2001).

Intervention Wheel

The intervention wheel identifies and names seventeen public health actions or interventions undertaken by public health nurses which are underpinned by a set of ten assumptions (Minnesota Department of Health 2001).

Legal Guardian

A legal guardian is a person with formal rights and responsibilities in respect of someone who lacks legal capacity (HSE 2013).

Local Health Office, Dublin North City / Central (LHO DNC/C)

LHO DNC/C refers to the nine health centre sites in what was previously known as LHO Dublin North Central, LHOs are now integrated into Community Healthcare Organisations.

Malnutrition Universal Screening Tool (MUST)

MUST is a five step screening tool to identify adults who are malnourished, at risk of malnutrition (under-nutrition), or obese (available at www.hse.ie/eng/staff/PCRS/Online-Services/MUSTtool.pdf).

Medication Management

Medication management is the facilitation of safe and effective use of medicines (NMBI 2015a).

Medication Reconciliation

Medication reconciliation is the process of creating and maintaining the most accurate list possible of all medications a person is taking – including drug name, dosage, frequency and route – in order to identify any discrepancies, deletions, omissions, additions, and to ensure any changes are documented and communicated, thus resulting in a complete list of medications (NMBI 2015a).

Metrics (Nursing)

Nursing Metrics are agreed standards of measurement for nursing and midwifery care, where care can be monitored against agreed standards and benchmarks (Foulkes 2011).

Mini Mental State Examination (MMSE)

The MMSE is a test to quantify a person's cognitive ability. It assesses orientation, registration, attention, calculation and language (the Medical Dictionary 2009 Farlex & Partners available at www.medical-dictionary/thefreedictionary.com/Mini-Mental+State+Examination).

Mission Statement Public Health Nursing

We believe that individuals, families and communities have a right to determine and respond to their health needs in partnership with a public health nursing service that promotes equity, advocacy, quality and lifelong learning, in collaboration with the primary health care team (PHN Service LHO DNC/C 2004).

Multi-Disciplinary Team

An approach to the planning of treatment and the delivery of care for a service user by a team of professionals who work together to provide integrated care (HSE 2014b).

New Case

Patients of all ages who are referred into the PHN service and cases which are re-activated from the inactive status file.

Nurse

The term 'nurse' means a nurse whose name is entered in the nurses division of the register of nurses and midwives (GOI 2011).

Nursing Diagnosis

A nursing diagnosis is a clinical judgement concerning a human response to health conditions / life processes, or a vulnerability for that response, by an individual, family, group or community. A nursing diagnosis provides the basis for selection of nursing interventions to achieve outcomes for which the nurse has accountability (NANDA website 2015 accessed 31st July 2015 at www.nanda.org/nanda-international-glossary-of-terms.html). See also definition for 'Diagnosis' above.

Nursing Process

The nursing process is a critical thinking tool which underpins nearly all nursing models and lays the foundation for clinical decision making. The nursing process has five steps: 1) Assessment, 2) Diagnosis, 3) Planning, 4) Implementation, 5) Evaluation (Auto-LeFevre 2010).

Older Adult (OA)

Developed countries use the age of 65 years and over as a standard definition for Older Adults, Older or Elderly Persons (WHO 2009). Physical appearance, age and gender of both the perceiver and the perceived as well as cultural differences influence whether a person is perceived as being 'old' (NCPOP 2009).

Palliative Care

Palliative Care is the active, total care of the patients whose disease is not responsive to curative treatment, control of pain, of other symptoms, and of social, psychological and spiritual problems is paramount (European Association for Palliative Care accessed from www.eapcnet.ue).

Performance Indicator (PI)

PI's are measurable indicators that demonstrate progress towards a specific target. They enable decision makers to assess progress towards the achievement of an outcome, objective or goal within an agreed timeframe (HSE 2012).

Personal Data

Data relating to a living individual who is or can be identified from the data or from the data in conjunction with other information that is in, or is likely to come into the possession of the data controller (HSE 2013).

Policy

A policy is a written statement that clearly indicates the position and values of the organisation on a given subject (quoted in HSE 2012a).

Population at Risk

A population at risk is a population with a common identified risk factor or risk exposure that poses a threat to health e.g. childhood obesity (Keller et al 2012).

Population Health

Is an approach to health that aims to improve the health of the entire population and to reduce health inequalities among population groups having the four main objectives; the health of the population is at the centre of public policy, the promotion of health and well being is intensified, health inequalities are reduced, specific quality of life issues are targeted (DOHC 2001a).

Population Health Information Tool (PHIT)

The PHIT is a comprehensive paper based system of health information management used by the PHN service in LHO DNC/C (HSE 2011).

Population of Interest

A population of interest is a population that is essentially healthy but that could improve factors that promote or protect health e.g. first time parents of infants (Keller et al 2012).

Practice Development

Practice Development is a continuous process of improvement towards increased effectiveness in patient centred care. This is brought about by helping healthcare teams to develop their knowledge and skills and to transform the culture and context of care. It is enabled and supported by facilitators committed to systematic, rigorous continuous process of emancipatory change that reflect the perspectives of service users (Garbett & McCormack 2004).

Practice Nurse

A Practice Nurse is a registered nurse / midwife working in general practice who provides professional holistic health care within his / her scope of nursing and midwifery practice, to the practice population (Irish Practice Nurse Association accessed from www.irishpracticenurses.ie).

Preceptor

A preceptor is a registered nurse / midwife who has been specially prepared to guide and direct students learning during clinical placement. A preceptor / associate preceptor is an experienced nurse, midwife or community nurse within a practice placement who acts as a role model and resource for a student who is assigned to him or her for a specific time span or experience (Nursing Education Forum 2000 accessed 31/7/2015 from www.nursingboard.ie)

Prevalence

The number of cases of a disease (or event) that are present in a particular population at a given time (accessed from www.medicinenet.com) prevalence favours chronic over acute conditions.

Primary Care

Primary care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment, rehabilitation as well as personal social services. The services provide first-level contact that is fully accessible by self-referral and have a strong emphasis on working with communities and individuals to promote their health and well-being (DOHC 2001).

Primary Care Team (PCT)

A PCT is a MDT group of health and social care professionals who work together to deliver local accessible health and social services to a defined population of between 7,000 and 10,000 people at 'primary' or first point of contact with the health service (accessed from www.hse.ie/eng/services/list/2/PrimaryCareTeams).

Primary Health Care

Primary Health Care was declared by the WHO at Alma Ata and renewed in 2008 (WHO 2008), the WHO 2015 website provides the following information on Primary Health Care: The ultimate goal of primary health care is better health for all. The WHO has identified five key elements to achieving that goal;

- Reducing exclusion and social disparities in health (universal coverage reforms)
- Organising health services around people's needs and expectations (service delivery reforms)
- Integrating health into all sectors (public policy reforms)
- Pursuing collaborative models of policy dialogue (leadership reforms)
- Increasing stakeholder participation

(accessed at [www.who/int/topics/primary_health_care/en/](http://www.who.int/topics/primary_health_care/en/)).

Procedure

A procedure is a written set of instructions that describe the approved and recommended steps for a particular act or sequence of events (as quoted in HSE 2012a).

Proof of Concept

Evidence typically deriving from an experiment or a pilot project, which demonstrates that a design concept, business proposal etc, is feasible (accessed from www.oxforddictionaries.com/definitions)

Protocol

A protocol is a written plan that specifies procedures to be followed in defined situations; a protocol represents a standard of care that describes an intervention or set of interventions. Protocols are more explicit and specific in their detail than guidelines they specify who does what, when and how (An Bord Altranais 2000).

Public Health

Public health is the science and art of preventing disease, prolonging life and promoting health through organised efforts and informed choices of society, organisations, public and private, communities and individuals (Wanless 2004 p27).

Quality of Practice

Quality of practice is evidence-based professional standards balanced against patient needs, patient satisfaction and organisational efficiency (NMBI 2014).

Quality Data

Quality data is data that is accurate, valid, reliable, relevant, legible, timely and complete. When the correct data is available in a timely manner to decision makers who can confidently rely on it, this data is considered quality data (HIQA 2012).

Quarterly

Quarterly refers to each quarter of the calendar year:

Quarter 1 = January, February, March, Quarter 2 = April, May, June,

Quarter 3 = July, August, September, Quarter 4 = October, November, December

Risk factor

A risk factor is any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease or injury (World Health Organisation (WHO) website accessed 31/7/2015 at www.who.int/topics/risk_factors/en/). More important risk factors are; non-accidental injury, child abuse, elder abuse, falls, high blood pressure, tobacco and alcohol consumption, obesity, unsafe sex and neglect.

Re-activation of Case

A case which has been discharged to inactive status (has had Doc 26a completed, is listed in the appropriate PHIT register as 'inactive' and is filed separately at health centre) may be re-activated following referral or on PHN clinical judgement. To re-activate a case insert the date of re-activation in Doc 26a which is then removed from the front and placed at the end of the care plan record Doc 25. The care plan is then filed alphabetically with other active care plans and is indicated in the register as 'active'. A note explaining the reason for re-activation of the case is entered into the care plan.

Referral & Follow Up

Assists individuals, families, groups, organisations and communities to utilise resources in order to prevent or resolve problems or concerns (Minnesota Department of Health 2001)

Register

A register is a collection of standardised information from patient HCRs who reside in a common geographic area and who share a common condition or experience for the purpose of population health, caseload management and analysis (adapted from AHRQ 2013).

Reviewed Cases

The number of **patients** which have been reviewed in a timeframe which includes all treatment frequencies i.e. patients reviewed daily or every two months.

Scope of Practice

Scope of Practice refers to the range of roles, functions, responsibilities and activities that the registered nurse or registered midwife is educated, competent and has the authority to perform (An Bord Altranais 2000a).

Screening

Screening identifies individuals and families with unrecognised health risk factors or asymptomatic disease conditions in populations (Minnesota Department of Health 2001)

Self Harm

Self harm is self-poisoning or self-injury irrespective of the apparent purpose of the act (NICE 2004). NICE acknowledges that for some people, especially those who have been abused as children, acts of self-harm occur seemingly out of the person's control or even awareness, during 'trance-like', or dissociative, states. It therefore uses the term self-harm rather than deliberate self-harm.

Self Neglect

Self Neglect is defined as the inability or unwillingness to provide for oneself the goods and services needed to live safely and independently (HSE 2012b). Ageing populations, chronic illness, disability and poverty, place individuals at risk for self neglect (Day M.R. et al 2015).

Sense of Entitlement

An entitlement is the right to a particular privilege or benefit, granted by law or custom, more recently 'entitlement' has taken on a critical sense, if someone has a 'sense of entitlement' that means that the person believes he deserves certain privileges. The term 'culture of entitlement' suggests that many people now have highly unreasonable expectations about what they are entitled to (www.vocabulary.com/dictionary/entitlement accessed 30/7/2015).

Service Provider

Any person, organisation or part of an organisation delivering health and social care services (HSE 2013).

Service User

The term service user includes:

- People who use healthcare services
- Their parents, guardians, carers and family
- Their nominated advocates
- Potential users of healthcare services

(HIQA 2012).

Setting Up Homecare

Setting up homecare is undertaken to provide a safe environment for patients' self-care and / or for the safe provision of care, following hospital discharge, or increase in care need, in the home environment. Setting up homecare may include referrals to the MDT team, to the home help service and meals on wheels, the completion of a CSAR report to request a HCP, ordering of equipment (hospital bed, pressure relieving mattress, commode etc.), specific health education to formal and informal carers and collaboration with other community agencies. Setting up homecare is PHIT Treatment Code 21.

Sharps

'Sharps' means objects or instruments necessary for the exercise of specific healthcare activities which are able to cut, prick, or cause injury or infection (GOI 2014).

Signature Bank

A signature bank is a list of nurses' (permanent, temporary and relief) names and signatures which are providing and recording care for PHN service patients and is held and maintained in the desk diary at health centres (gPHIT Working Group 2014).

Single Assessment Tool (SAT)

The SAT is a standardised needs assessment process for older people's care, it will identify people with similar needs and circumstances in a uniform way which will bring an equitable approach to the level and range of services provided (HSE National Service Plan 2014). The interRAI Assessment System V9.1 is the SAT that has been licensed by the HSE (www.interRAI.org).

Skill Mix

The term 'skill mix' is used to describe the mix of positions, grades or occupations in an organisation. It may also refer to the combinations of activities of skills needed for each job within the organisation (Buchan and Dal 2002 quoted in DOH 2011).

Small Areas Health Research Unit (SAHRU) Index

The SAHRU Index is a national measure of relative material deprivation applied to Electoral Divisions (SAHRU 2011). An ED with a SAHRU Index of 10 is considered to be most deprived and an ED with an Index of 1 least deprived, however not everyone living in a deprived ED is deprived and vice versa.

SnomedCT (Systemized Nomenclature of Medicine; Clinical Terms)

SnomedCT is a standardized, multilingual vocabulary of clinical terminology that is used by physicians and other health care providers for the electronic exchange of clinical health information (accessed from www.searchhealthhit.techtarget.com/definitions/SNO).

Social Health (Care Need)

Social health involves the ability to form satisfying relationships with others and to adapt and act appropriately in different social situations. Healthy relationships require good communication skills, empathy for others and a sense of accountability, unhealthy traits such as being withdrawn, vindictive or selfish interfere with social health and increase the risk of social isolation. Threats to healthy relationships include; stress (which may be induced by poverty, unemployment, fear or low literacy levels), addiction, mental health issues, poor sense of identity, and physical or learning disability. The PHIT Treatment Code 30 Social Care Need is used for patients who require significant nursing input to respond to their social care need e.g. collaboration with: Community Welfare Officer, substance misuse treatment centres, community Garda, voluntary services such as St. Vincent de Paul etc.

Social Isolation

Social isolation is at one end of a continuum to social participation. Persons with a very small number of meaningful ties are, by definition, socially isolated. Loneliness is not directly connected to objective social isolation; the association is of a more complex nature (Gierveld et al 2006).

Standards (Nursing)

Standards are authoritative statements developed, monitored and enforced by the Nursing and Midwifery Board of Ireland to describe the responsibilities and conduct expected of registered nurses and midwives. The standards are based on principles and values that underpin professional practice (NMBI 2014).

Street Index

The PHIT Street Index provides a comprehensive list of all streets in the LHO DNC/C identifying the LHO boundary and the geographic area for which the PHN service and individual caseload managers are accountable. It facilitates patient registration, hospital discharge processes and integrated care and other referral processes (HSE PHN Service LHO DNC/C 2015).

Systems Level PHN Practice

Systems level practice changes organisations, policies, power structures within communities. The focus is on the systems that impact health, not directly on individuals and communities (Keller et al 2012).

Tacit Knowledge

Tacit knowledge is the personal knowledge resident within the mind, behaviour and perception of individuals. Tacit knowledge includes skills, experiences, insight, intuition and judgement. Tacit knowledge is typically shared through discussion, stories, analogies and

person-to-person interaction and is, therefore, difficult to capture or represent in explicit form (accessed from www.gartner.com/it-glossary).

Terms of Reference

The scope and limitations of an activity or area of knowledge (accessed from www.oxforddictionaries.com).

Timed Up and Go (TUG)

The TUG is a timed test for functional mobility requiring the patient to go from standing to sitting and vice versa and so is influenced by walking speed, strength and balance, as well as having a cognitive involvement. The TUG has also shown to be a valid measure of both falls risk and frailty in older adults (Savva et al 2013).

Total Cases

All cases on a register whether active or inactive status at the end of a quarter (or other timeframe) depending on which summary is reported).

Treatments (Nursing)

There are 10 nursing treatments and patients may have more than one treatment each, PHIT version 2 will provide for 11 treatments with the addition of Code 20: No Treatments, an electronic solution will provide for a more comprehensive list. The frequency and setting for treatments is requested for Acute Care treatments only. Treatments provided to patients in the chronic care registers will be calculated from the care plan / desk diary etc. It is assumed that health education and anticipatory guidance is an aspect of all treatment interventions, treatments are listed below:

- **Treatment Code 20:** No nursing treatments needed
- **Treatment Code 21: Homecare Set up** includes patients whose care requires **significant PHN service input** to provide a safe care environment in the home following initial referral / case finding. This input may include referrals to the multidisciplinary primary care team, home help, meals on wheels, carer health education, ordering of equipment etc.
- **Treatment Code 22: Nutrition** includes all patients seen who have a standard assessment (MUST) / dietary recall /and / or who need continuing support to purchase, prepare and intake adequate food and hydration during this quarter
- **Treatment Code 23: Respiratory Care** includes all patients seen who require assessment, or who are dependent on medication or appliances, to support safe respiration during this quarter
- **Treatment Code 24: Continence Care** includes all patients seen who require assessment for and review of continence management (including catheters and stoma) during this quarter

- **Treatment Code 25: Medication Management** includes all patients seen who require assessment of, and / or, support for medication management and / or reconciliation in this quarter
- **Treatment Code 26: Diabetic Care** includes all patients seen who may have symptoms of or have a diagnosis of diabetes requiring assessment, health education, referral or co-ordination of services in this quarter
- **Treatment Code 27: Palliative / End of Life Care** includes all patients who have a direct or indirect palliative care need in this quarter
- **Treatment Code 28: Wound Care** includes all patients requiring wound care assessment or review in this quarter
- **Treatment Code 29: Personal Grooming** includes all patients who require any aspect of personal hygiene or care from the nursing team supporting this caseload e.g. bath, shower, foot care, oral care, support with dressing / undressing etc. in this quarter
- **Treatment 30 Social Care Need** is used for patients whose care requires **significant PHN service input** to support their social care need e.g. collaboration with: CWO, community substance misuse treatment centres, community Garda, voluntary services such as the Vincent de Paul etc.

Waterlow Score

The Waterlow Score is a pressure ulcer risk assessment and prevention policy tool for use by nurses in the community dealing directly with patients to support professional judgement in determining the risk status of the patient. A Waterlow Manual provides guidance on the use of the scoring system which is now available in App form (www.judy-waterlow.co.uk/waterlow_score.htm).

Workload

Workload includes direct and indirect case and caseload work but may also include work carried out at health centre level to support the work of community nursing e.g. ordering pharmacy, equipment and other supplies, covering for colleagues on leave, mentoring students and participating in infection control and practice development initiatives. Workload varies between work environments and is crucial to effective resource planning (HSE 2011).

Wound

A wound is a cut or break in the skin caused by injury or operation (HSE 2009).

Vacant Caseload

A caseload is considered vacant when: There is no substantive public health nurse allocated because of staff turnover, maternity leave, planned sickness, planned annual leave, long term sickness, repeated sick leave or vacant post for secondment for a period of four weeks or more (gPHIT Working Group 2014).

References

- Agency for Health Care Research and Quality (AHRQ) (2013) Engaging patients in Information Sharing and Data Collection: The Role of Patient-powered Registries and Research Networks, Workman T.A, Community Forum White Paper AHRQ-13EHC-124-EF.
- An Bord Altranais (1994) The Future of Nurse Education and Training in Ireland, www.nursingboard.ie
- An Bord Altranais (2000) Guidance to Nurses and Midwives on the development of policies, guidelines and protocols www.nursingboard.ie
- An Bord Altranais (2000a) Scope of Nursing and Midwifery Practice Framework www.nursingboard.ie
- Auto-LeFevre (2010) Applying Nursing Process A Tool for Critical Thinking, 7th Edition, Wolters Kluwer Health / Lippincott Williams and Williams
- Bishop V. (1998) Clinical Supervision in Practice, some Questions, Answers and Guidelines, Macmillan, London
- Bulechek G.M, Butcher H., Dochterman J.M. (2008) Nursing Intervention Classification (NIC) 5th ed. St; Louis MO: Mosby.
- Day M.R, Mulcahy H, Leahy-Warren P, Downey J. (2015) Self neglect: a case study and implications for clinical practice, British Journal of Community Nursing, Vol 20, NO 3, p110-115.
- De Jong Gierveld J, Van Tilburg T, Dykstra PA, (2006) Loneliness and Social Isolation Chapter 26 In: Cambridge handbook of personal relationships / A. Vangelisti and D. Perlman, eds. Cambridge: Cambridge University Press p.485-500.
- Department of Health and Children (2001) Effective Utilisation of Professional Skills of Nurses and Midwives, Report of the Working Group, Dublin Stationery Office
- Department of Health and Children (2001a) Quality and Fairness A Health System for You, www.hse.ie
- Department of Health and Children (2004) Health Information A National Strategy www.doh.ie
- Department of Health (2011) Strategic Framework for Role Expansion of Nurses and Midwives: Promoting Quality Patient Care, www.health.gov.ie
- Ferris M, Challans E, Ashmore S, Johnson T. (2002) Principles for best practice in Clinical Audit, Oxford Rathcliff Medical Press.

Foulkes M. (2011) Nursing metrics: measuring quality in patient care, Nursing Standard 25(42) , 40-45

Garbett R. and McCormack B. (2004) A concept analysis of Practice Development in Brendan McCormack; K. Manley and R. Garbett, Practice Development in Nursing, Blackwell, Oxford.

Government of Ireland (1988) The Housing Act, www.irishstatutebook.ie

Government of Ireland (2000) Equal Status Acts 2000 and 2004 www.justice.ie

Government of Ireland (2005) The Disability Act 2005 www.irishstatutebook.ie

Government of Ireland (2011) The Nurses and Midwives Act, Government Publications

Government of Ireland (2014) Statutory Instrument No 135 of 2014, European Union (Prevention of Sharps Injuries in the healthcare sector) Regulations 2014, Government Publications

Healthcare Information and Management Systems Society (2010) HIMSS Dictionary of Healthcare Information Technology Terms, Acronyms, Organisations accessed from www.himss.org

Health Information and Quality Authority (2006) Hygiene services assessment scheme, www.hiqa.ie.

Health Information and Quality Authority (2011) What you should know about Information Governance, a guide for health and social care staff www.hiqa.ie

Health Information and Quality Authority (2012) What you should know about data quality, a guide for health and social care staff www.hiqa.ie

Health Information and Quality Authority (2012a) National Standards for Safer Better Healthcare www.hiqa.ie

Health Information and Quality Authority (2013) Draft National Demographic Dataset and Guidance for use in health and social care settings in Ireland www.hiqa.ie

Health Information and Quality Authority (2014) Catalogue of National Health and Social Care Data Collections in Ireland www.hiqa.ie

Department of Health and Children (DOHC) (2001) Primary Care A New Direction, Quality and Fairness – A Health System for You, Health Strategy, www.dohc.ie

Health Service Executive (2002) Protecting our future, Report of the Working Group on Elder Abuse www.hse.ie

Health Service Executive (2008) Transformation Programme, 4.1 Chronic Illness Framework, www.hse.ie

Health Service Executive (2009) National Best Practice and Evidence Based Guidelines for wound management www.hse.ie.

Health Service Executive (2010) Encryption Policy Version 2 available at [www.hsenet.hse.ie/HSE Central/Commercial and Support Services/ICT/Policies and Procedures/Policies/](http://www.hsenet.hse.ie/HSE_Central/Commercial_and_Support_Services/ICT/Policies_and_Procedures/Policies/)

Health Service Executive (2011) Population Health Information Tool (PHIT) Changing practice to support service delivery, Office of the Nursing and Midwifery Services Director, Dr. Steevens Hospital, Dublin 8

Health Service Executive (2011a) CSAR Common Summary Assessment Record (Form: CSAR/PV3a) NHSS (2009) Guidance Document www.hse.ie

Health Service Executive (2011b) Procedure for developing Policies, Procedures, Protocols and Guidelines available from www.hse.ie

Health Service Executive (2012) Key Performance Indicator Guidelines 2012, Based on National Service Plan 2012 www.hse.ie

Health Service Executive (2012a) HSE Procedure for developing policies, procedures, protocols and guidelines, Document Reference No: OQR029 Revision No 3 www.hse.ie

Health Service Executive (2012b) Policy and Procedures for responding to allegations of extreme self neglect, available from www.hse.ie

Health Service Executive (2013) National Consent Policy QPSD-D-026-1.1.V1.1, Quality and Patient Safety Division, National Consent Advisory Group available from www.hse.ie

Health Service Executive (2014) Safety Incident Management Policy, The HSE National Incident Management Team, Quality and Patient Safety Division www.hse.ie

Health Service Executive (2014a) Community Healthcare Organisations, Report and Recommendations of the Integrated Service Area Review Group www.hse.ie

Health Service Executive (2014b) Integrated Care Guidance: A practical guide to discharge and transfer from hospital QPSD-D-037-2.V2 available at www.hse.ie

Health Service Executive (2015) PHIT Guideline for Street Index, PHN Service LHO DNC/C.

Institute of Medicine (2004) Health Literacy: A prescription to end confusion, Committee on health literacy, National Academies Press.

International Council of Nurses (2005) International Classification for Nursing Practice Version 1.0, ICN Geneva, Switzerland.

Kamiya Y, Murphy C, Savva G, Timonen V. (2012) Profile of Community-Dwelling Older People with Disability and their Caregivers in Ireland, The Irish Longitudinal Study on Ageing www.tilda.ie.

Keller L.O. & Strohschein S. (2012) Population-based public health nursing practice: The Intervention Wheel, Chapter 9 in Stanhope and Lancaster, Public Health Nursing, Population-Centred Health Care in the Community, 8th edition, 186-215, Elsevier: Maryland Heights, Missouri.

Kichbusch I, Wait S, & Maag D. (2005) Navigating Health: The Role of Health Literacy available at www.emhf.org.

McDonald A (2013) digiPHIT Project, Final Report to the Institute of Community Health Nursing available from www.ichn.ie

McDonald A, Frazer K, Cowley S. (2013) Caseload management: an approach to making community needs visible, British Journal of Community Nursing Vol 17, No 12 p630-637.

Minnesota Department of Health, Public Health Nursing Section (2001), Public Health Interventions; Applications for public health nursing practice www.health.state.mn/divs/op/cd/phn/docs/0301wheel.manual.pdf

Morris R, MacNeela P, Scott A, Treacy P, Hyde A. (2007) Reconsidering the conceptualization of nursing workload; literature review, Journal of Advanced Nursing 57(5) 463-71

National Centre for the Protection of Older People (2009) Public perceptions of Older People; a literature review, HSE and NCPOP www.ncpop.ie

National Institute for Clinical Excellence (NICE) (2004) National Clinical Practice Guideline Number 16, accessed at www.nice.org.uk/guidances/cg16/evidence/

Nursing and Midwifery Board of Ireland (2014) Code of Professional Conduct and Ethics for Registered Nurses and Midwives available at www.nursingboard.ie.

Nursing and Midwifery Board of Ireland (2015) Domains of Competence accessed 30th July 2015 at www.nursingboard.ie/competency/comp2/dom

Nursing and Midwifery Board of Ireland (2015a) Standards for Medicines Management for Nurses and Midwives, Draft for Consultation www.nursingboard.ie

Population Health Interest Group (PHIG) (2013) Public Health Nursing in Ireland: Demonstrating interventions from practice. Institute of Community Health Nursing, Dublin.

Qiao Qiu W, Dean M, Liu t, George L, Gann M, Cohen J, Bruce ML (2010) Physical and Mental Health of the Homebound Elderly: An Overlooked Population, Journal of American Geriatric Society: 58(12): 2423-2428.

Sale D. (2005) Understanding Clinical Governance and Quality Assurance, Palgrave Macmillan, New York

Sava G, Donoghue OA, Horgan F, O'Regan C, Cronin H, Kenny RA. (2013) Using Timed Up-and-Go to Identify Frail Members of the Older Population, Journal of Gerontology A Bio. Sci. Medical Sciences 68(4):441-446 available at www.tilda.ie

Small Areas Health Research Unit (2011) Sahru Index www.sahru.tcd.ie

Wanless D. (2004) Securing Good Health for the Whole Population, Stationery Office London.

World Health Organisation (1986) Ottawa Charter for Health Promotion www.who.ie

World Health Organisation (2008) The World Health Report 2008 www.who.ie

World Health Organisation (WHO) (2009) Definitions of an older or elderly person www.who.int/healthinfo/survey/ageingdefnolder/en/index.html/

World Health Organisation (2011) Report on the Burden of Endemic Healthcare Associated Infections worldwide, Geneva: WHO Press available at www.who.ie