NUTRICIA CARE Your partner in care

NEWSLETTER SUMMER 2018

Welcome to our Summer 2018 edition of the Nutricia Care Newsletter. Thank you to everyone who contributed to it.

This is a really exciting edition with lots of educational articles on areas such as wound management. Aoife Ward, a Registered Dietitian and postgraduate research student at the Royal College of Surgeons in Ireland, writes about diabetic foot ulcers (DFUs) and how nutritional status and other risk factors can influence their development and rate of healing.

Karen Maher, Associate Trainer and Consultant with the HMI and Certified Mediator with Mediation Institute of Ireland, highlights nine tips for staying more resilient. She discusses how challenges in the workplace cannot be avoided, but we can build resilience to them.

We would also like to take this opportunity to welcome our two new Nutricia Care dietitian's to the team. Maria Lucey and Gráinne Kent are both registered dietitians and we are delighted they have contributed to this issue of the newsletter. Maria discusses dietary considerations for maintaining optimal muscle function in the elderly. Gráinne's article discusses the practical ways to manage and/or avoid weight gain in nursing home residents, and is a follow up to our popular workshop on the same topic at the recent Nutricia Care symposium.

Check out the photo gallery for photos from this event which we were delighted to see so many of your at.

Last but definitely not least, we are thrilled to welcome Aoibhean, our new Tissue Viability Nurse to the Nutricia Care team.

Warm regards, ***The Nutricia Care Team***

Nutricia Care Services:

- Access to healthcare professionals
- Managerial courses
- Annual symposium
- Education
- Catering support
- Wide range of products

Our Nutricia Medical Representatives are always on hand to help:

Genna Murphy
North Dublin & North Leinster

Veronica Burke
South Dublin, Wicklow & Kildare

Robyn Levis
South of Ireland (Covering for Kate O'Donnell)

Aoife Branigan
Midlands & South East of Ireland

Yvonne Leonard
West of Ireland (Covering for Regina Brady)

New Nutricia Care Faces

AOIBHEAN GEARY
Tissue Viability Nurse
Nutricia Care

My name is Aoibhean Geary and I would like to introduce myself as the new Tissue Viability Nurse for Nutricia Care.

To give you an overview of my background, I received a general nursing degree from UCC. From the beginning, I had an interest in anatomy and wound healing and I sought out experience in this area.

To further my knowledge, I completed a tissue viability and wound management post graduate diploma in RCSI. For the past three years I have run a dressings and ulcer clinic in Blackrock Clinic.

I am delighted to be part of the Nutricia Care team and I look forward to meeting you all soon,

— Aoibhean

GRÁINNE KENT
Nutricia Care Dietitian

My name is Gráinne Kent and I'm delighted to become part of the Nutricia Care team.

Having completed an undergraduate in Nutritional Sciences in University College Cork, I went on to study Dietetics in Glasgow Caledonian University and gained a Post Graduate Diploma in 2014.

I worked as a Dietitian in Buckinghamshire NHS Trust in the UK for 3 years, across a number of acute hospitals and in the community setting, gaining experience in medicine for older people, stroke, spinal cord injury and specialising in the areas of weight management, cardiology and diabetes.

Last year I completed my MSc in Dietetics while working full time. I am enthusiastic about care for the older person and in a previous career I worked in nursing and care facilities and as a home carer.

— Gráinne

MARIA LUCEY
Nutricia Care Dietitian

And my name is Maria Lucey and I've recently joined the Nutricia Care team.

I qualified as a dietitian from DIT/TCD with first class honors in 2016. Prior to joining the team at Nutricia, I worked in Connolly Hospital Blanchardstown where I provided dietetic care to a varied patient caseload, including care of the older person, stroke, and cardiology.

I recently had the opportunity to volunteer as a dietitian on healthcare projects in Kisiizi Hospital Uganda providing dietetic care to surgical patients.

I am passionate about care of the elderly and volunteer with the befriending agency, ALONE. I am a keen GAA player and have represented Cork Ladies Football.

— Maria

Nutrition and Diabetic Foot Ulcers

Aoife Ward
Dietitian and MSc. Research student

What is a Diabetic foot ulcer (DFU)

A diabetic foot ulcer (DFU) is defined by the International Consensus on the Diabetic Foot as *'a full-thickness wound below the ankle in a diabetic patient, irrespective of duration.'* Usually the period of ulceration is required for the diagnosis of a wound, however, due to lack of sensation or poor healing stemming from the aetiology of diabetes, often the duration of ulceration is unknown and therefore excluded [1,2].

A range of classification systems exists for categorising DFU. Two of the most commonly used are the Wagner and the University of Texas classification systems[3,4]. The Wagner Wound Classification stratifies wounds by ulcer depth, osteomyelitis and gangrene. Wounds are graded by clinicians from 0-5, with grade 0 indicating a pre/post-operative lesion and extending to a grade 5 indicating whole foot gangrene[3,5]. The Wagner system continues to be the most common one used by clinicians despite not including ischemia and infection[5].

TABLE 1: DIABETIC FOOT ULCER WAGNER CLASSIFICATION[3]

Grade	Wound Characteristics
0	Intact Skin
1	Superficial ulcer of skin or subcutaneous tissue
2	Ulcers extend into tendon, bone, or capsule
3	Deep ulcer with osteomyelitis, or abscess
4	Gangrene of toes or forefoot
5	Midfoot or hindfoot gangrene

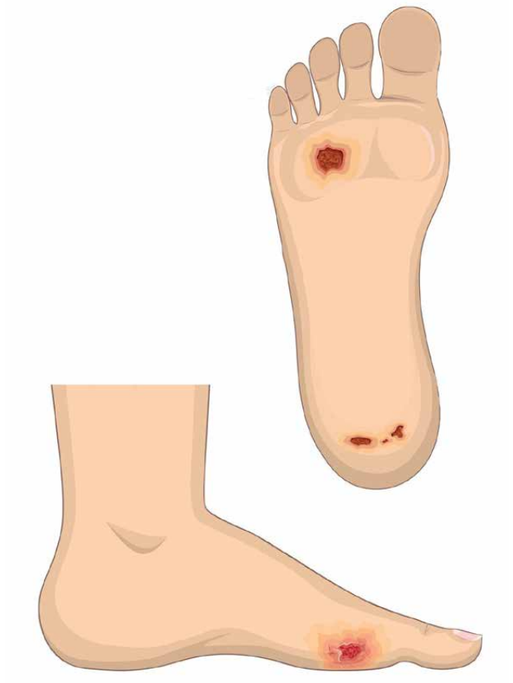
Prevalence and Cost of DFU

In 2015, approximately 171,800 people in Ireland had diabetes[6]. In Ireland the annual incidence of diabetic foot ulcers among those with diabetes is estimated at 2.2% to 7.0%[7]. While DFU occurs in a small proportion of the diabetic population their costs are enormous, both to the health service and patient. During a one year period at a Dublin teaching hospital, €704,689 was spent on inpatient treatment alone for 30 patients, averaging €23,489.63 per hospital admission[8]. Over the 13 years since this study was completed, the costs are likely to have risen. Total healthcare costs for those with DFU are estimated to be 175% higher than those without[9].

Impact on patient Quality of Life (QOL)

On top of the significant financial costs, there are the emotional, psychological and economic effects on the patient. Health related quality of life (HRQOL) is already known to reduce in chronic conditions, including diabetes[10]. However, HRQOL reduces further when a DFU is present, but does increase again once the DFU heals[11]. Effects may include; family difficulties for patients and their carer/partner, employment and therefore financial struggles or reliance on social welfare, in addition to reduced physical functioning[12].

Individuals with DFU have a higher risk of developing depression[13]. There is a bi-directional relationship between depression and diabetes and its associated complications. Therefore, those with diabetes and DFU's are at higher risk of developing depression. At the same time, those among the diabetic population with depression are at greater risk of developing diabetes-related complications[14].



Risk factors for DFU development

There are many factors which contribute to DFU development. The most common contributor is neuropathy[15]. Peripheral neuropathy causes loss of sensation and autonomic dysfunction, dry skin[15, 16]. However, neuropathy alone does not cause DFU. Generally there are two or more factors such as peripheral arterial disease and significant changes in foot structure, increased plantar pressure, peripheral oedema, microvascular complications and increasing duration of diabetes in addition to external trauma[15, 17,18]. This trauma may be due to ill-fitting footwear or chronic biomechanical stress caused by raised foot pressures[15,16]. The strongest risk factor for a DFU is a previous DFU or amputation[19]. The patient's ability to engage may be mitigated by the obesity and sight loss associated with poorly controlled diabetes[20].

Government policy

The HSE guidance document – "Model of Care for the Diabetic Foot" aims to provide foot care based on patients level of risk to prevent and treat of DFU[7]. Screening for diabetic foot issues assesses the following; peripheral neuropathy, peripheral arterial disease, foot deformity and footwear. In this, patients are divided into four risk categories; low, moderate, high risk and active foot disease and based on this are assessed by either GP, practice nurse, public health nurse, or community podiatrist or diabetes hospital team, hospital podiatrist as risk rises.

Dietary prevention of DFU

The "Model of Care for the Diabetic Foot" does not refer to the role of nutrition or dietitians in management and prevention of DFU[7]. The 2016 edition of "A Practical Guide to Integrated Type 2 Diabetes Care" produced by The Irish College Of General Practitioners lists the responsibilities of the community dietitian[21]. This includes providing clients with individually tailored interventions and involvement with the multidisciplinary primary care team (PCT) acute dietetic and secondary care diabetes services to optimise integrated patient care. Dietetic input should aim to ***"enable people with diabetes to achieve a quality of life and life expectancy similar to that of the general population by reducing the complications of diabetes."*** To minimise the complications of diabetes including DFU, dietitians should provide education and empower patients to keep blood glucose, cholesterol, triglycerides and weight within a normal range (BMI 20–25 kg/m^2). General healthy eating guidelines are appropriate. The cornerstones of this advice are education regarding carbohydrate, fat, salt and alcohol[21].

Risk of malnutrition

There is evidence to suggest that nutritional status impacts DFU wound healing. A recent cohort study assessed the impact of nutritional status on DFU. They found that nutritional status deteriorated as the severity of DFU increased and was independently associates with prognosis[22]. The commonly used MUST screening tool uses BMI and percentage weight loss to screen for malnutrition[23]. This assumes that lower BMI results in increased risk of malnutrition. However a recent nested case-control study in a large US veterans population found a J- shaped association between BMI and DFU[24]. Individuals with BMI 25–35.9kg/m^2 had the lowest incidence of DFU. This suggests that those with lower BMI (<25 kg/m^2) were at increased risk of DFU compared to those with a BMI 25–29.9 kg/m^2. However, this risk began to rise again and rise further with higher BMIs. Those with a BMI >45kg/m^2 were 85% more likely to suffer from a DFU. Risk associated with lower BMI (<25 kg/m^2) may be due to weight loss caused by the increased energy requirements due to the wound. For those with higher BMI this increased risk may have arrised due to increased plantar pressure caused by increased weight and diabetes related complications.

Management of malnutrition and promoting wound healing in DFU

There is limited research concerning malnutrition in DFU patients. Many studies include DFU along with other chronic wounds[25]. Therefore it can be difficult to isolate advice specific to DFU. To date there are two systematic reviews which address supplementation in DFU[25,26]. Maier et al. 2013 found a benefit in animal studies, but limited benefit in human studies, though they did not not report on nutritional status of participants prior to intervention[26]. The second review by Ye J. & Mani R. (2016) found supplementation was beneficial for treatment of chronic lower extremity wounds, however only 3 of the 23 studies included were in DFU[25]. There are a small number of studies available regarding arginine, glutamine and B-hydroxy-B-methyl butyrate supplementation in DFU[25,26,27,28] compared to pressure ulcers[29]. Studies in DFU suggest that supplementation with arginine, glutamine and B-hydroxy-B-methyl butyrate during DFU treatment may be beneficial, however, due to the small number of studies outcomes should be interpreted cautiously, and further investigation is required.

As with any wound, the dietitian's role is to ensure adequate energy and protein for wound healing and sufficient micronutrients[30].

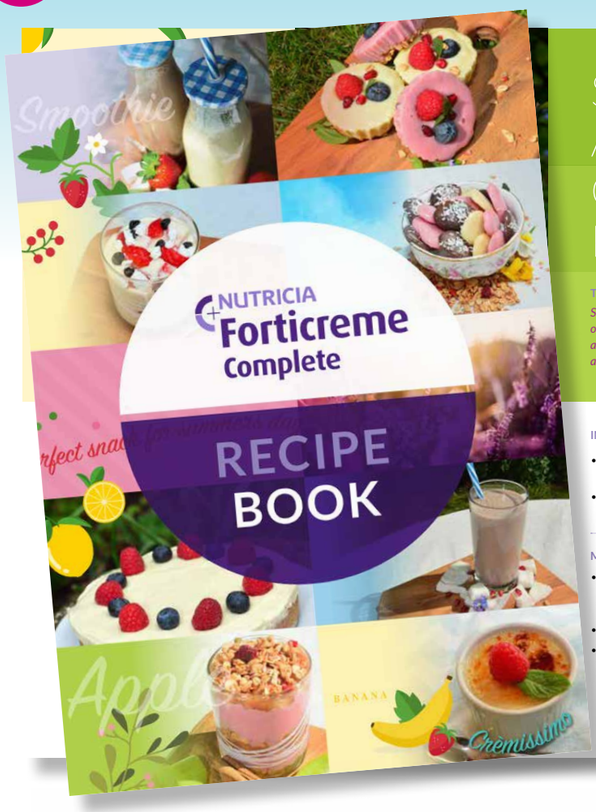
Summary:

In summary, diabetic foot ulcers are complex wounds caused by a myriad of factors. The presence of neuropathy, peripheral arterial disease and hyperglycaemia contribute to DFU development and difficulty treating. DFU have a negative impact on individuals with diabetes, their family and caregivers and are costly to treat. Prevention of DFU can be achieved by a combination of good glycaemic control and preventative foot care as outlined in the "Model of Care for the Diabetic Foot." Dietitians have a vital role in encouraging good glycaemic control. Those with BMI <25kg/m^2 and >36kg/m^2 are both at increased risk of DFU development. Once diabetic foot ulcers occur promotion of wound healing is crucial, as with any wound. Therefore dietitians should focus on provision of adequate macronutrients and micronutrients.

References available upon request

NEWSLETTER - SUMMER 2018

CATERING SUPPORT



STEWED APPLE & GRANOLA POTS

TIP

Serve in a small 200 ml glass or container, and try adding a tablespoon of raisins to the apple mixture!

Applelicious!

INGREDIENTS Makes 1 apple & granola pot | 330 calories · 13g protein

- 125g Forest Fruit **Forticreme Complete**
- Half a large cooking apple peeled and diced
- 1 tablespoon of water
- ½ a teaspoon of cinnamon
- 2 tablespoons of granola

METHOD

- On a low heat, stew the diced apple with the cinnamon & water until it has reduced down
- Set this mixture aside
- In the glass put about a tablespoon of Forticreme Complete followed by a layer of the apple mix
- Continue to layer these until you reach just below the rim of the glass.
- Top with the crunchy granola and serve

DIETITIAN TIPS

Dietary Considerations for Maintaining Optimal Muscle Function in the Elderly

Maria Lucey
Nutricia Care Dietitian

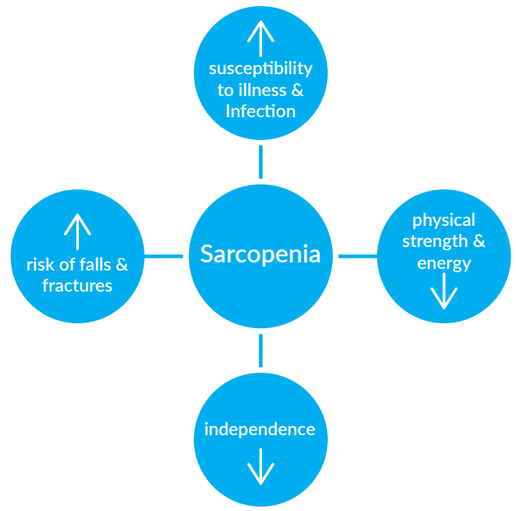
Aging is accompanied by a progressive loss of muscle mass, strength, and function (also known as 'sarcopenia'). This loss of lean body mass can be debilitating and lead to clinical and functional complications. Preservation of this muscle function is crucial for maintaining independent living and quality of life.

Sarcopenia is a progressive process characterized by 3–8% reduction in lean muscle mass per decade after the age of 30 years.

Why is this important?

- Sarcopenia is associated with a 3–4 fold increased risk of disabilities
- Loss of muscle mass in the lower limbs is especially associated with falls risk
- Falls and their related injury (e.g. hip fracture) – leads to increased morbidity, mortality and disability

Figure 1: Complications of sarcopenia



Fight Sarcopenia with Nutrition

Proper nutrition, with a focus on protein consumption, may reduce the risk and moderate the effects of sarcopenia. Research shows that dietary protein and physical activity are important to maintain muscle mass. Protein is like a building block in the body, it is essential for building up muscle tissue. Increased protein intake has been shown to:

- Preserve muscle mass
- Increase strength
- Improve physical function
- Slow rates of functional decline

Top Tip! *For the body to best use the protein we eat, we should spread our intake equally throughout the day. This can be done by having protein at each of our meals. This will allow the body and muscle to use the protein more efficiently and maximally stimulate muscle growth.*

Sources of protein include:

MEAT POULTRY FISH	MILK FOODS	OTHER
Chicken breast	Glass of milk	Small tin baked beans
Large chop	Carton of yoghurt	Small packet unsalted nuts e.g. peanuts/ almonds
2 slices roast meat	Milk pudding	Pulses-beans, peas, lentils
3-4 fish fingers	2 oz cheddar cheese	Seeds e.g. flax/pumpkin/ sunflower/ sesame
Small tin of tuna/salmon/ sardines	Flavoured milkshakes	
2 eggs		
3 rashers		

Here are some helpful tips on how to get protein into your meals and snacks:

- Make fruit smoothies with milk or yogurt
- Include hard boiled eggs/chicken/salmon in salads
- Drink a glass of milk with meals
- Have yogurt as a snack or add to fruit or cereal
- Add legumes such as beans and lentils to soups, casseroles
- Add cheese to vegetables, salads, sandwiches, potatoes, rice, pasta, and casseroles.
- Add peanut butter to sandwiches, toast, crackers, or muffins or use as a dip for vegetables and fruit.
- Add powdered milk to cream soups, mashed potatoes, casseroles, puddings, and milk-based desserts.
- Add nuts, seeds, or wheat germ to casseroles, breads, muffins, pancakes, and cookies, or use nuts, seeds, or wheat germ to top fruit, cereal, ice cream, and yogurt or in place of breadcrumbs.

Other nutrients important for muscle function include Vitamin D and Calcium

Vitamin D: is made by the action of sunlight on the skin. However, as people age, the skin is less able to produce it, so older people need to eat foods rich in Vitamin D (e.g. oily fish, egg yolk, fortified foods) or take a supplement.

Food Safety Authority of Ireland (FSAI) Recommendations for Vitamin D (2011):

- **5-50 yrs: 5µg/day**
- **50+ yrs: 10µg/day**

Calcium: is essential in our diets at all life stages to maintain bone and muscle health. Dairy foods such as yogurt, milk and cheese are among the best sources of dietary calcium. The calcium in dairy foods is easily absorbed and used by the body. Dark green vegetables such as broccoli, pulses such as beans, and nuts can also contribute to calcium intakes.

Oral Nutritional Supplements
There are a number of oral nutritional supplements that are high in protein available to help meet nutritional requirements when these are not met from diet alone. Not only do they provide extra calories and protein, but many of them also ensure an adequate amount of vitamins and minerals. There are a number of different flavours and product types available (milk, juice, pudding style, etc.). Samples of these are available from the Nutricia Sampling service. Speak to your dietitian for more information or advice on the most appropriate supplement.

**References available on request*

DIETITIAN TIPS

Weight Reduction in the Overweight Resident, From Theory to Practice – Some top tips for your residents

Gráinne Kent
Nutricia Care Dietitian

Introduction

Overweight and obesity is a significant and complex problem in Ireland, and all over the world. In Ireland, over 60% of us over the age of 15 are now overweight or obese – levels have doubled in the past 2 decades[2]. Worldwide obesity has nearly tripled since 1975[1].

Although fundamentally weight gain is caused by an energy imbalance between energy (calories) consumed and expended, the causes and proponents of overweight and obesity are multifactorial. Some of these include the environment, access to affordable and healthy food, physical activity, cultural and societal norms, education and skill levels, genetic make-up and lifestyle choices. Overweight and obesity develop over years and it will take multi-agency action to tackle.

Definition

It is defined by the World Health Organisation (WHO) as "abnormal or excessive fat accumulation that may impair health"[1]. As it is difficult to tell, without blood tests and X-ray vision, whether fat is impairing health, generalised measurements are used to assess ***risk*** of excess fat causing impaired health. Two such easy and replicable measurements to assess risk include BMI (Body Mass Index) and waist circumference measurements.

BMI – a measurement of weight in relation to height, i.e. Weight (kg)/Height (m^2).

TABLE 1: THE WHO RECOMMENDED CUT-OFF POINTS FOR BMI

BMI	
Less than 18.5	Underweight
18.5–24.9	Healthy weight
25–29.9	Overweight
30 or more	Obese

Table 1: The WHO recommended cut-off points for BMI. Lower thresholds have been suggested for certain minority groups who may be at higher risk.

Waist circumference – a measurement of distance around the waist is used to assess body fat distribution.

Less than 94cm/37 inches for men

Less than 80cm/31.5 inches for women

Figure 1: The WHO recommended cut-off points for waist circumference for men and women. Lower cut-off points have been suggested for certain minority groups who may be at higher risk.

Health and overweight and obesity

Being overweight or obese has been linked to the development of non-communicable diseases, such as cardiovascular diseases (mainly heart disease and stroke), diabetes, musculoskeletal disorders (especially osteoarthritis) and some cancers[1].

In the older nursing or residential home resident, being overweight or obese may put them at increased risk of pressure sores, it may make mobilising difficult, put pressure on joints, causing pain, reduce ability to partake in activities of daily living and increase the need for specialised bariatric equipment. All of this can have a profound effect on the resident's mood and quality of life[3].

How can you help?

1. First consider what is achievable and realistic for the resident. Avoiding further weight gain and keeping weight stable may be more achievable goals for some residents, especially if activity levels are low. Combining physical activity with a modest reduction in calorie intake can help manage weight and maintain muscle mass in older people. A resident's GP or physiotherapist can advise on appropriate levels of physical activity. Consider use of exercise bands, lights weights, chair-based exercises etc.

2. Try to establish the resident's motivation to make changes, where appropriate, before referring to the dietitian. Avoid conversations around weight or suggesting the resident needs to "go on a diet", instead talk about how they can achieve a healthy, varied diet and do more activity. Consider the following questions.
   - How do you feel about your diet and lifestyle?
   - How do you feel you could have a healthier diet?
   - How do you feel you could do more activity?
   - Tell me about any aspects of your diet you would like to work on?
   - Tell me about any aspects of your activity levels you would like to work on?

   Some residents may benefit from keeping a food and activity diary for 1-2 weeks. Writing down all foods and drinks consumed as well as identifying all activity done in the day can help a resident to tune in to habits and patterns which may be unhelpful and therefore spot areas they would like to work on. This can help to establish or drive motivation in the resident. It is important that the resident understands that this exercise is for their eyes and benefit only – it is not so that others can judge their diet as being "healthy" or "unhealthy"

3. Encourage the motivated resident to make S.M.A.R.T goals, i.e. specific, measureable, achievable, realistic and time-bound goals until they become part of the resident's lifestyle.

   Example of S.M.A.R.T goal:
   I will use my pedal exerciser for 10 minutes, 3 times a week, on Tuesdays, Thursdays and Sundays, at 2 o' clock in the afternoon.

4. When plating food at mealtimes, use the "Healthy Eating Plate" as a guide, i.e. half fill the plate with a mixture of vegetables or salad, leaving a ¼ of the plate for the meat/fish/vegetarian protein serving and ¼ of the plate for potatoes/pasta or other carbohydrate serving. Please note this is a guide only. Work with the resident's appetite and make gradual changes.

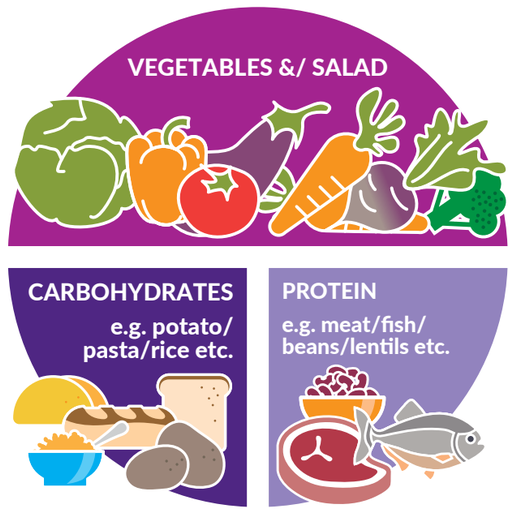


Figure 2: Healthy Eating Plate guide.

REPLACE THESE HIGH FAT FOODS	...WITH THESE LOW FAT/HEALTHIER ALTERNATIVES
Full fat dairy products e.g. cheese, milk and yoghurts	Reduced fat cheddar, low fat soft cheese, cottage cheese, skimmed milk/Supermilk, diet or low fat yoghurts
Soup made with butter/cream	Low fat soup made with minimal oil and thickened with potato or cornflour
Chips (fried), roast potatoes. Potatoes mashed with butter and full fat milk	Boiled or steamed potatoes mashed with low-fat milk, oven chips. Try pasta and rice as alternatives
Butter, lard, dripping	Low fat spread e.g. Flora Light, Low Low, Dairygold Light
Biscuits with chocolate and/or cream filling	Plain biscuits e.g. Rich Tea, Ginger Nut, fruit shortcake, malted biscuits (limit 1–2)
Fizzy drinks and full sugar squashes	Diet/low calorie drinks, no added sugar fruit squash, unsweetened fruit juice
Processed meat such as sausages, burgers, pasties, pies, sausage rolls	Skinless chicken breast, lean cuts of meat e.g. pork, beef with fat trimmed, lean minced beef, rindless rashers or lean bacon medallions, eggs
Nibbles such as crisps and nuts	Dried fruit, flavoured rice cakes, unsalted popcorn
Ordinary jelly	Sugar-free jelly powder or ready-made in individual pots
Confectionery e.g. cakes, chocolate, toffee	Fresh or tinned fruit, boiled sweets (3–4) or sugar-free mints, fun sized chocolate bar, slice fruit brack
High calorie desserts	Sugar-free jelly, fresh or tinned fruit, low fat custard or rice pudding, meringue with fruit, 1 scoop or slice of plain vanilla ice cream, low fat / diet yoghurt, trifle with low fat custard / sugar-free jelly
Fried food	Try roasting, poaching, boiling, steaming, grilling or stewing instead

Table 2: Examples of higher fat foods versus lower fat/healthier alternative foods.

Making simple food swaps can help to create an energy deficit to avoid weight gain or promote weight loss. The table above outlines some ideas.

If you have any questions based on the above information, please do not hesitate to contact your Nutricia Care Dietitian.

References available upon request.

EDUCATION

9 Top Tips to Becoming More Resilient

Karen Maher
Karen Maher Associates
Associate Trainer and Consultant with the HMI and
Certified Mediator with Mediation Institute of Ireland (MII)

Challenges in the workplace cannot be avoided, but we can build resilience to them. Organisations, Managers and Individuals can learn to identify, manage and "bounce back" from these challenges more effectively and Resilience is now recognised as an important factor in the current, modern day workplace. As part of their successful Building Resilience Training, **Karen Maher Associates puts forward 9 top tips to help individuals become more resilient.**

#1 **Visualise success** – Resilient people create their own vision of success. This helps them achieve their goals by providing a clear sense of their future direction.

#2 **Increase your self-esteem** – Identify what you're good at. Remind yourself of these things regularly.

#3 **Take control** – Resilient people are assertive and believe they can make a difference and can be successful.

#4 **Be more optimistic** – It is important to look on the bright side, have confidence in your own abilities, and salvage what you can from difficult situations.

#5 **Manage YOUR stress** – Be physically active. Eat healthily. Get a good night sleep. If you are showing signs and symptoms of stress yourself, you won't be able to help those around you.

#6 **Improve YOUR decision making** – Resilient people trust their own judgment, but aren't afraid to change their minds.

#7 **Deal with conflict** – Be Calm and take a positive approach. Be Patient, it's worth taking as much time as needed to resolve a conflict situation. Be Respectful, by focusing on the issue not the person.

#8 **Know when to ask for help** – It is a strength not a weakness to have friends and colleagues in whom you can confide.

#9 **Plan to learn** – Seek constructive feedback. Plan annual personal development activities and preserve and enhance your greatest asset – YOU!

Karen Maher Associates *specialises in Workplace Mediation Services, Building Resilience Training, Coaching and Mentoring, Emotional Intelligence Assessment and Personal Action Planning. Karen Maher has over 20 years' experience working as a workforce development specialist, works as an Associate Trainer for the Health Management Institute of Ireland (HMI), is a qualified Mediator registered with the Mediators Institute of Ireland and is licensed to deliver and interpret the EQi2 Emotional Intelligence Test.*

KAREN MAHER ASSOCIATES
HR CONSULTANCY SERVICES

NUTRICIA CARE MANAGEMENT COURSE FOR DIRECTORS OF NURSING

A Continuous Professional Development Day for People Managers

Healthcare is a dynamic, knowledge based sector, subject to constant change due to the introduction of new treatments, new practises and processes and new innovative approaches to patient care and service delivery. It is therefore not surprising that continuous professional development – or CPD, is accepted as an essential component in the provision of safe and effective services.

Nutricia Care has teamed up with the Health Management Institute of Ireland (HMI) and Karen Maher Associates to design and deliver a one day CPD programme for managers which concentrates on people management and some of the challenges associated with working with people.

Key areas in the course include:

- **Self Analysis**
- **Conflict Management**
- **Performance Management**

Feedback from this course is very positive. Participants were delighted with not only the content and learning from the course but they also took full advantage of the opportunity to network with colleagues from across the country.

If you are interested in attending this one day course in your area please contact your **Nutricia Medical Representative**.

Photo Gallery

We were delighted to see so many of you at the 4th annual Nutricia Care Symposium on the 23rd of March 2018 and to get such positive feedback about the day.

The theme of this year's conference was Effective Care Through a Person Centred Approach. Over the course of the day the speakers shared their insights on different aspects of person-centred care, effective service delivery and health and wellbeing, all of which are key themes in the National Standards for Residential Care Settings for Older People in Ireland.

Through the Nutricia Care programme, we were delighted we could support you, your residents, and your staff with this educational day. Effective Care Through a Person Centred Approach is central to the Nutricia Care programme.

Through the programme we also offer support to nursing homes though educational trainings, Managerial courses, Catering support and the Nutricia Care educational newsletter.

CLOCKWISE FROM TOP PICTURE:

Nutricia Care 4th Annual Symposium: Thursday 22 March, 2018

Ms Bindu George, CNM2, St Mary's Centre, Telford;
Ms Genna Murphy, Nutricia; Ms Lisha Jose, St Mary's Centre, Telford.

Professor Sean Kennelly, Consultant Physician in Geriatric and Stroke Medicine, Tallaght Hospital, Clinical Associate Professor in Medical Gerontology, Trinity College Dublin.

Ms Aoife Branigan, Nutricia, Ms Marianne Perez CNM,
Ms Threnda Manuel, *CNM, Ms Lilibeth Bina, Staff Nurse,*
Our Lady's Manor, Dalkey, Ms Maria Lucey, Dietitian, Nutricia.

Ms Florence Palabrica, Staff Nurse, Harvey Nursing Home, Terenure, Ms Clare Holman, Nutricia, Ms Renee Lubiana, Harvey Nursing Home, Terenure.

For more information about our Nutricia Care Service, please contact our customer care team on Freephone **1800 923 404** or email **nutriciacare@nutricia.com**

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A WIDE RANGE OF FLAVOURS
TO SUIT EVERY PATIENTS' TASTE

Vanilla, Strawberry, Banana,
Neutral, Peach-Mango,
Berry, Mocha

Reference:

1. Compared to competitor high protein multi-nutrient oral nutritional supplements on 26/2/18
2. Nutricia, UK Community Trial, Data on file, 2011.

*Per bottle