



Using the Intervention Wheel to Illustrate Public Health Nursing practice in relation to Developmental Dysplasia of the Hip

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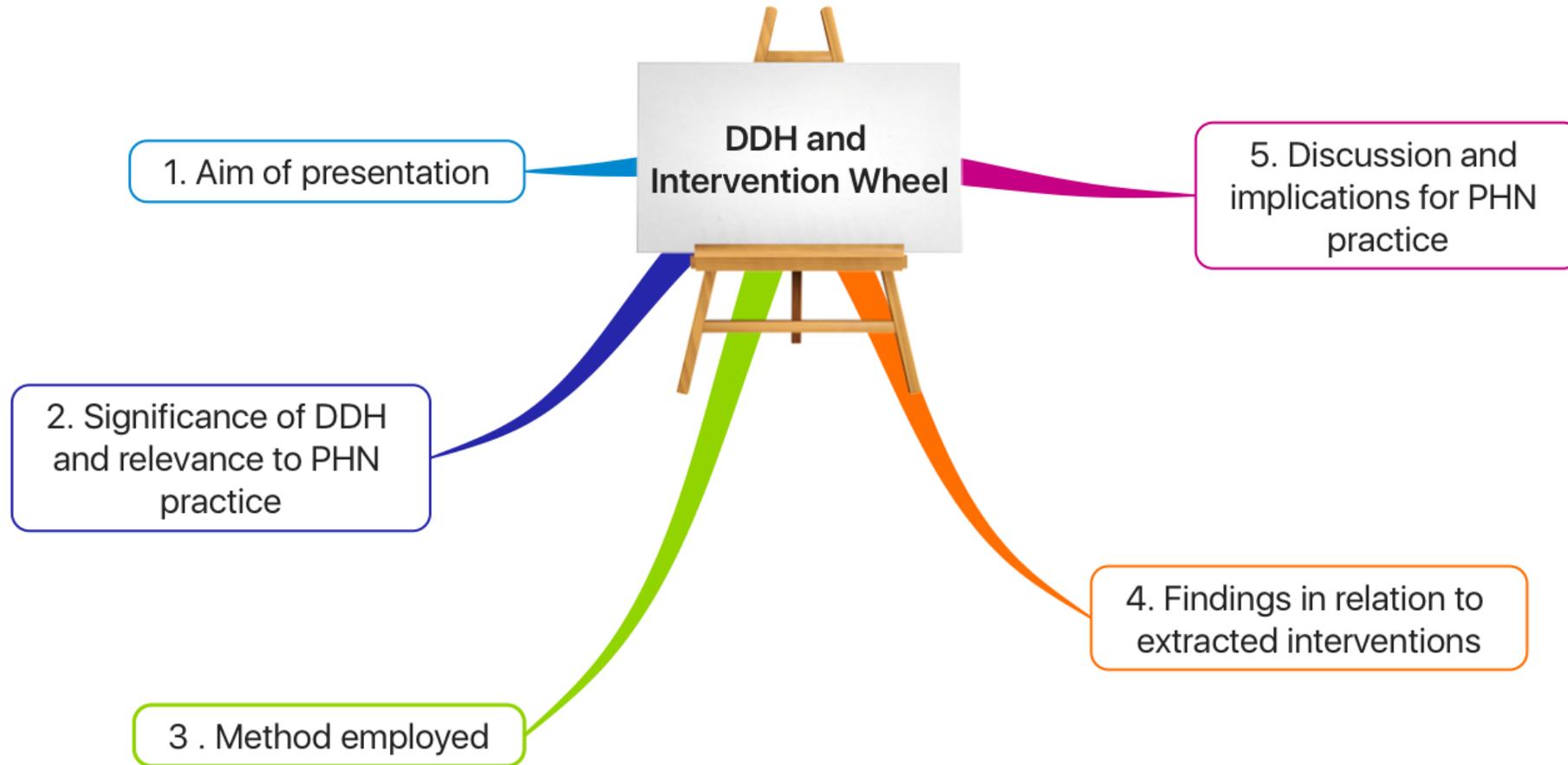
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Objectives



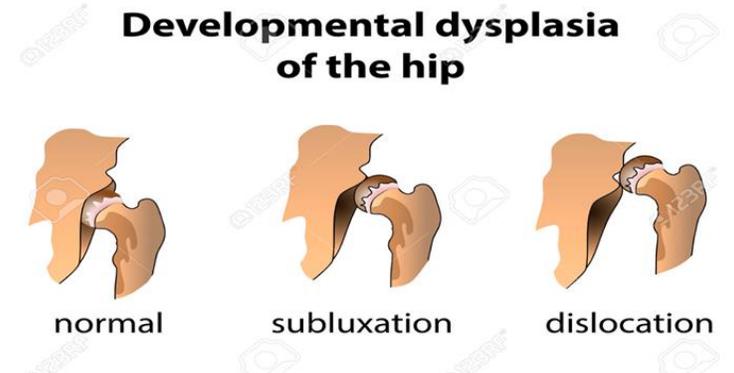
Aim

To present a case study to describe and illustrate the complexities of PHN/HV practice with parents to screen, intervene and manage Developmental Dysplasia of the Hip (DDH).

Significance of DDH for PHN

- Developmental Dysplasia of the Hip (DDH) captures a range of hip disorders which requires early identification and management.
- DDH is a significant public health and primary care issue.
- DDH is widely recognised as a developmental condition and as such may develop at any stage in early childhood.
- PHNs or Health Visitors (HV) may be the first health professionals to be alerted to a missed case of DDH.

(HSE 2015, Shorter *et al.* 2013, Westacott *et al.* 2012).

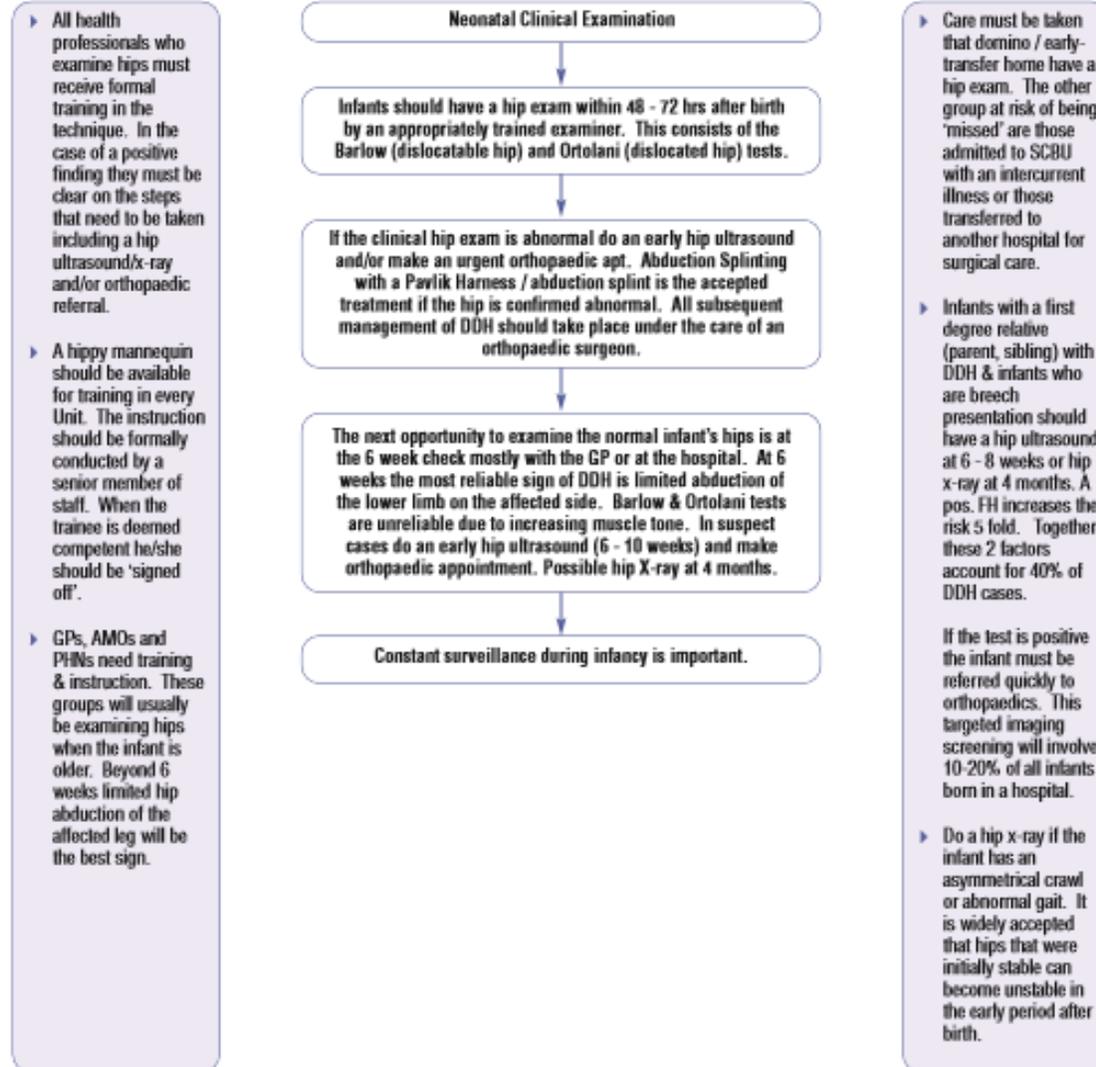


Guidance for PHN and other HCPs practice in Ireland

Source (HSE 2015)

<https://www.hse.ie/eng/about/Who/clinical/natclinprog/paediatricsandneonatology/resources/DDH.pdf>

Developmental Dysplasia of the Hip (DDH)



Methods

The case originated from an interview with a parent in connection with a much larger study (Mulcahy 2014).

The case was considered in the context of potential range of PHN interventions.

The use of cases had been examined in the past as a means of examining the contribution of public health nursing (Day *et al.* 2015) and are also used for teaching.

Therefore the case was discussed by the authors and the relevant PHN interventions (Keller *et al.* 2004, PHIG 2013) extracted.

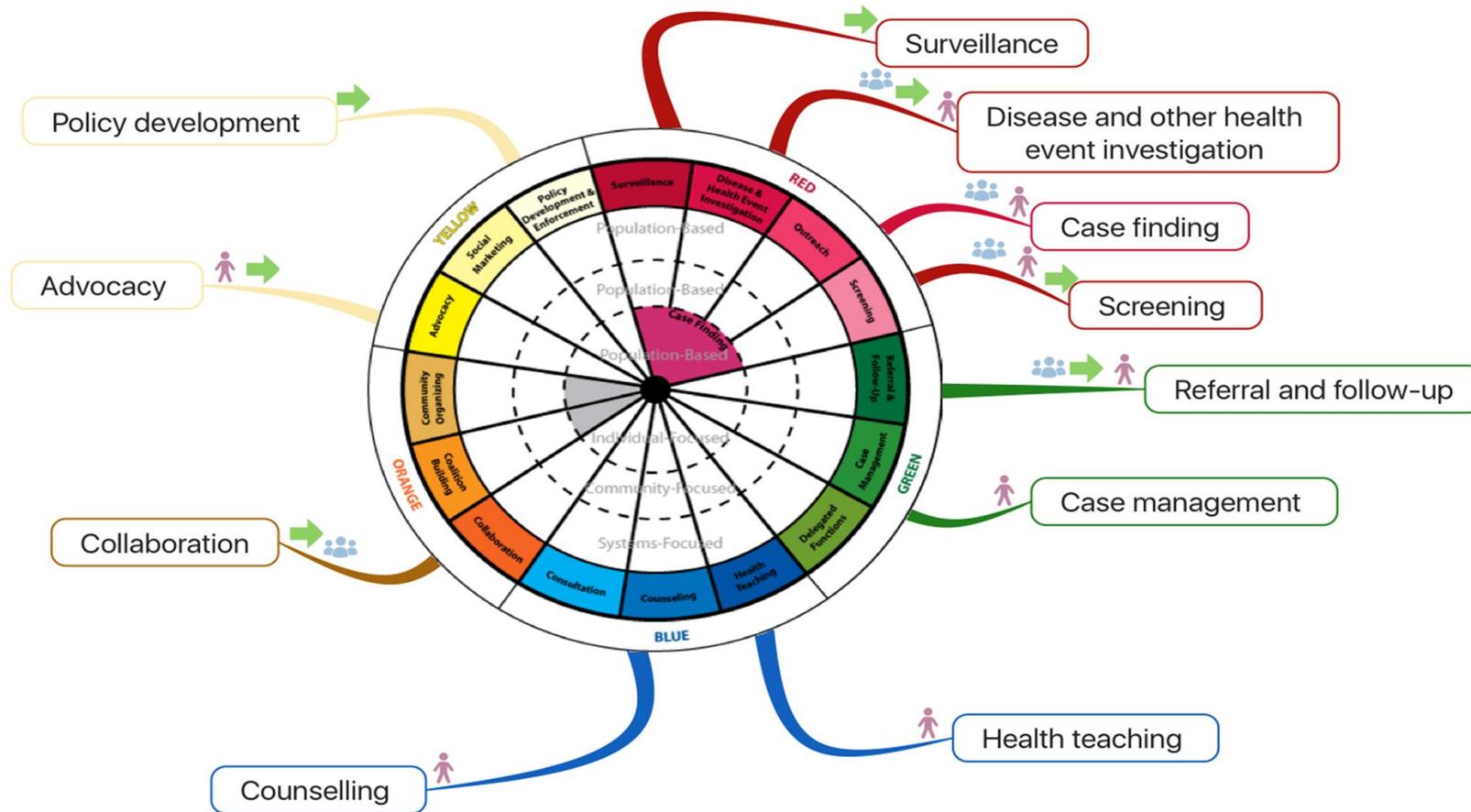
The Case (abbreviated)

...When her daughter Denise *, was three and a half years old (42 months), Dervla* (mum) reported that her 'leg started to go in and (she) got quite clumsy'. At that time Derval discussed her concerns with her own mother who agreed that there was something amiss with Denise. However it was six months later when Denise was aged 48 months old that Dervla expressed her concerns verbally to her PHN.

...Dervla's PHN took a history of the concern and performed a physical examination of Denise. [At this age skin fold appearance is of limited value, legs appeared of equal length and there was nothing of significance noted in the child's gait]. The PHN made a referral to the second tier clinic ... Denise was seen and examined by an Area Medical Officer (AMO) who arranged a hip X-Ray. ...DDH was out-ruled but it was diagnosed that Denise's hip 'was overly flexible' ... a further referral was made for physiotherapy ... When Denise was aged 54 months the rate of falling was reported to be reducing. ...As a result of the anxiety provoked by this case, Denise stated that she was following up with the PHN with an appointment for her youngest child Hannah, who had not yet received her appointment for hip X-Ray, even though she was then seven months old..

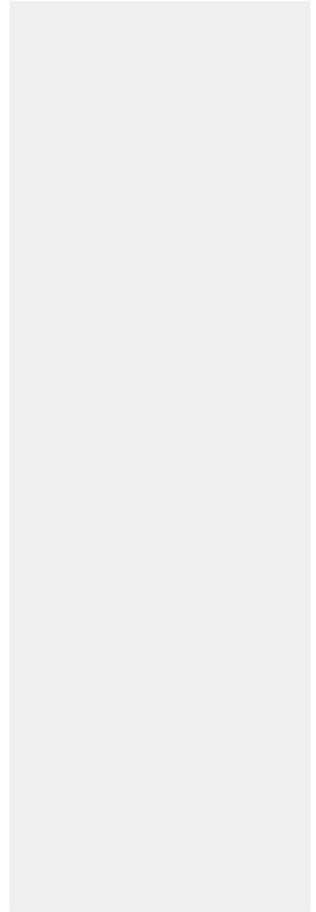
* All names changed to protect identity

Findings: Extracted PHN interventions



Source of PHN intervention wheel (Keller et al. 2004)

Legend
 Figure = individual
 Three figures = community
 Green arrow = systems level



Discussion and implications for practice

PHNs have access to all children in Ireland as part of universal child health services. Their role in the provision of child public health has huge potential in promoting positive child health outcomes.

Early detection of DDH and appropriate intervention prevents long term morbidity for children and their families (Shorter *et al.*, 2013).

Early identification ensures timely intervention from a population perspective (HSE 2015).

Competent practice demands a holistic approach at not only the individual level, but also at the level of family and population underpinned by the principles of developmental surveillance (Westacott *et al* 2012).

Competent management of DDH has implications for the education of PHNs, not only to the point of registration but also for continuous professional development.

DDH is just one area of PHN practice with potential complexity.

The case illustrates the range of interventions employed (Mulcahy *et al.* 2016).

PHNs need sensitivity to maternal assessment of child development and an awareness for the need for services to be adequately signposted (Mulcahy 2016).

Another challenge for PHNs is to maintain a balance between having both a person-centred and population health focus supported by appropriate competence.

Conclusion

- Eleven of a potential seventeen PHN interventions were used in DDH case study
- Individual, communities and systems level interventions were informed by Public Health Intervention Wheel.
- Demonstrates the value of the approach used in bridging the gap between theory and practice.
- Competent PHN/HV practice demands a holistic approach to practice at individual, family and population level.

References

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