

Primary Health Care Nurse Newsletter

Volume 26

August 2011

What's on top for primary health care nurses

(from NZ College of Primary Health Care Nurses, NZNO newsletter)

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A decade on from the implementation of the Primary Health Care Strategy and three years after “Better Sooner More Convenient” was introduced, whilst primary health care (PHC) nurses have taken up opportunities presented by redirected funding and post graduate education; there remain many challenges to achieve the objectives of the NZ Primary Health Care Strategy.

Challenges identified recently by the College Executive continue to echo those of the Investing in Health update (MOH 2007) including:

Nursing Leadership

Many nurses, regardless of practice location, continue to have no access to a nursing leadership structure.

- Nursing leadership and direction of nursing practice is essential to ensure optimal quality of practice. The size and diversity of the nursing workforce requires that nursing leadership oversees decisions which create professional practice environment consistent with good outcomes for patients and clients.
- An effective nursing leadership structure enables nurses to provide input into policy development and operational management of issues related to quality of care, safety, continuity of care, patient-staff ratios and clinical outcomes at every level of nursing service delivery.

The College intends to work with stakeholders including MoH, to build an effective national PHC nursing leadership structure.

Career and Education Frameworks

Lack of appropriate education and professional development contributes directly to poorer quality of practice, reduced confidence and reluctance to take on new roles. PHC nursing urgently needs a robust means of maintaining an adequately funded and consistently supported professional continuing education programme.

The College will lobby for and work with PHC nurses and stakeholders to implement a career pathway and knowledge and skills framework for all PHC nurses.

Evidence Data

The lack of nurse sensitive outcome indicators reduces the visibility of nursing services within a primary health care team, and prevents the value of nursing to be

adequately exposed and described.

The College will insist that long overdue work on PHC nurse sensitive outcome measures is included in any future work undertaken on patient health outcome measures.



City and rural men in and around the Gisborne district are faced with many challenges.

Alcohol and drug addiction unemployment, relationship breakdown, family problems, depression, and a sense of rapidly changing roles away from that of the traditional male means that many men are faced with the loss of the very beliefs that hold them together

**Tairawhiti District Health
Te Mana Hauora O Te Tairawhiti
Friendship House Men's Group**

Has been developed to meet the needs of men in the Gisborne region.

Friendship House offers men a life changing opportunity to explore options in a safe environment. Small groups (around 9–12) will be discussing real solutions to issues that are relevant to men. Motivation and leadership from experienced facilitators will help you re-discover your passion for life. Group work is challenging and rewarding and will change your life.

Enhance your life and the lives of your partner, family, and others close to you.

Friendship House Men's Group offers a service that is designed to cater for a wide range of circumstances.

Non religious, non judgmental, non aggressive environment.

This is a place for men to explore how they honestly feel about their lives. Many men want to share their deeper thoughts and feelings with other men but do not have friends or a place where this is possible. They are looking for a supportive environment where they can explore and discover their most essential selves – the struggles, longings, and truths that make them who they are – and to receive feedback from other men.

Many men realize something is missing in their lives when they encounter separation, divorce, infidelities, career issues, burnout and other painful and traumatic events. This is a time when the right support can make the difference between a strong and successful recovery and repeating mistakes all over again.

This is not counseling or psychotherapy

Meetings weekly on Tuesday 7.00pm – 9.00pm

Confidential Enquiries and
Registration

Tele: 06 869 0588

Email:

brian.hunt@tdh.org.nz

Meningococcal C (from MoH website)

Meningococcal disease symptoms may include a high fever, headache, vomiting or refusal of feeds, sleepiness, a stiff neck and dislike of bright lights, joint and muscle pains and a rash. It causes meningitis (an infection of the brain membranes) and septicaemia (blood poisoning). Meningococcal disease is most common in children under the age of five years, although it can occur at any age.

Meningococcal disease is caused by the bacterium *Neisseria meningitidis*. There are several different groups of meningococcal bacteria including Groups A, B, C, Y and W135. These groups of bacteria can be divided into specific strains.

The bacteria are spread through contact with respiratory secretions by coughing, sneezing and kissing. Basic steps like covering your nose or mouth when you sneeze or cough and washing and drying your hands can help reduce the chance of spreading the bacteria. However one in five people carry meningococcal bacteria in their nose and throat without getting sick.

The MeNZB™ vaccine was developed to protect against a common strain of meningococcal B disease in New Zealand. The MeNZB™ vaccine only protected against this specific B strain, and did not protect against meningococcal A, C, Y or W135 or other strains of B.

(Please attribute the following statement to Dr John Holmes, Chief Advisor, Ministry of Health)

Immunisation against the Group C strain of meningococcal disease is recommended, but not publicly funded, for the following groups:

- young adults in their first year of residence in hostel accommodation
- close contacts of cases of meningococcal C disease
- individuals at high risk of invasive disease, including those with: sickle cell anaemia and HIV infection
- other groups at higher risk including military recruits, microbiologists and laboratory workers exposed to *N.meningitidis* isolates, and travellers to sub-saharan Africa and Haj pilgrims.

Joke: Taking Medicine for the Rest of Your Life

A distraught senior citizen phoned her doctor's office.

'Is it true,' she wanted to know, 'that the medication you prescribed has to be taken for the rest of my life?'

'Yes, I'm afraid so,' the doctor told her.

There was a moment of silence before the senior lady replied:

I'm wondering, then, just how serious is my condition because this prescription is marked '**NO REFILLS**'....





New Zealand College of primary health care nurses update

You can now go to the following website to see when the next primary health care nurses forum is on in Tairāwhiti. Click on the map where Gisborne is and the information will pop up:

http://www.nzno.org.nz/groups/colleges/college_of_primary_health_care_nurses/regional_forums

Aged Care Workforce Service Review

(Lead: Dr Ray Naden)

The Aged Care workforce service review group adopted a 'whole of systems' approach to the health of older people, looking at the range of factors which impact on the health of older people and the relationships between them. These include the needs of older people themselves, the services which exist or are required to meet these needs, and the workforce which provides these services.

More of the same will not meet the challenge of increasing demand with finite services. It will be necessary to provide more of some existing services as more older people will require them. However, it will also be necessary to innovate to provide for some needs in ways that are significantly different to current services. The system of the future will have to be well integrated, rather than a range of discrete or "siloed" services as they are currently.

Next Steps

A further report on the future workforce for older people with dementia is being prepared by the review group, with the focus on delaying admissions to rest home by improving support for the informal carer at home.

The report builds on the initial report to concentrate on this group who experience moderate levels of impairment, acknowledging that those with severe levels of impairment will still continue to need 24/7 care from health professionals and those with mild impairment are already cared for at home.

Read:

- the full [Aged Care Workforce Service Review summary \(PDF, 16.21KB\)](#) or
- the full [Aged Care Workforce Service Review report \(PDF, 700.68KB\)](#)

Download the full report

[Aged Care - Workforce Service Review \(PDF, 700.68KB\)](#)

If you are not receiving this newsletter electronically and would like copy of the review please contact Heather Robertson: 06 8690570 ext 8599 or Heather.Robertson@tdh.org.nz

New primary care role to be tested (Taken from the HIRC website)

News Item by Research Admin • posted on 4 August 2011

A new type of health care worker to be introduced in a number of Auckland GP practices aims to benefit patients by freeing up the time of both GPs and nurses. Comprehensive Care is being supported by Health Workforce New Zealand (HWNZ) to demonstrate the role of the primary care practice assistant (PCPA) in Waitemata PHO.

The practice assistants will undertake a range of tasks to support the primary care team such as assisting with nurse led clinics (immunisation, screening and diabetes), recording clinical measurements, treatment room preparation, and sterilising equipment. Tasks will be delegated and duties performed under the supervision of a GP or practice nurse.

HWNZ Director Brenda Wraight said: "As we make the shift to providing more care outside of hospitals, the practice assistant role has the potential to offer real value to the New Zealand health system. Practice assistants will free up the time of GPs and practice nurses enabling them to see more patients."

Twenty students are being recruited for the demonstration including some assistants and receptionists already working in local primary care practices. Students will begin their practice-based and tertiary learning in February 2012. Tertiary studies will be undertaken part-time over three semesters.

Comprehensive Care, AUT University and Unitec Institute of Technology have developed a practice assistant education programme at Level 4 and 5 (NZQA). Dr Susan Shaw of AUT University said: "The objective is to provide a recognised career structure for students who wish to enter the primary care workforce as practice assistants."

Dr Lannes Johnson, GP and Clinical Director of Waitemata PHO said: "We believe the PCPA role has the potential to add benefit to all types of New Zealand practices. We hope that through this project we will be able to develop a set of national protocols for practice assistants that can be used throughout New Zealand."

The demonstration will run for two years and will be fully evaluated to assess the impact on the health workforce, including assessment of professional time saved and the cost and benefits of introducing the role nationally. For more information about the PCPA demonstration visit the [HWNZ Primary Care Practice Assistant page](#).

The HIIRC is your source of knowledge to improve New Zealand's health care system. Sponsored by the Ministry of Health the HIIRC supports performance and quality improvement efforts through:

- an extensive Knowledge Library of literature
- directories of individuals and organisations
- access to improvement projects, tools and initiatives
- the latest news, events and innovations

Register today to connect and share information with your colleagues.

Go to <http://www.hiirc.org.nz/>



Vitamin D to prevent falls (From Acc website)



Falls are an issue for older people living in residential care. Around two-thirds of older adults living in residential care facilities have a fall each year. That means a lot of staff time is spent dealing with falls, and providing the higher levels of assistance needed to residents who've lost their mobility, independence and confidence following a fall. Reducing falls will therefore go a long way towards improving quality of life for residents, and easing the workload on facility staff.

A fall will often result in serious injury, reduced mobility and a loss of confidence and independence. This can not only affect the individual's quality of life, but also increase the workload for nurses and caregivers.

Vitamin D is a proven way to help reverse the muscle weakness that plays a part in many falls. Research has shown there is a clear association between low Vitamin D levels and reduced muscle strength contributing to many falls in older adults. ACC have recently commissioned research and found that falls in residential care were reduced by 28% when Vitamin D supplements were taken.

Vitamin D is a proven way to enhance muscle strength, by increasing both the number and size of fast twitch (Type II) muscle fibres. Vitamin D can also help maintain bone density, by assisting calcium to be absorbed into the bones. This lessens the risk of fractures in those who do fall.

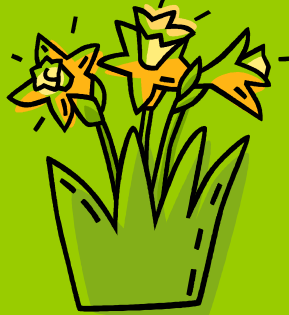
It's estimated that Vitamin D supplements can prevent at least a quarter of the falls that currently happen in residential care facilities. Around 27,000 people currently live in these facilities in New Zealand, which totals approximately 5,000 fewer falls each year.

The supplements are prescribed by a GP and come in tablet form. Two tablets are taken together in the first month. After this, one tablet is taken monthly. Vitamin D supplements have no known side-effects, and can be safely combined with most medications.

As well as helping to prevent falls, Vitamin D has also been shown to reduce the risk of developing many serious chronic illnesses, including rheumatoid arthritis, multiple sclerosis, cardiovascular diseases, some cancers and diabetes.

If possible, exercise performed safely should still be undertaken even if the resident is taking Vitamin D supplements. Exercise has many benefits in addition to building muscle strength. It has been shown to assist in the maintenance of bone density, and has been linked to many positive health outcomes such as lower blood pressure, lower rates of diabetes and an increased quality of life.

Spring Nursing Forum



*Please join us at this nursing forum.
This is an opportunity to network and to share knowledge.*

Where: Morris Adair Boardroom – Gisborne Hospital

When: Thursday 15th September

Starting: 5.30pm with finger foods

Guest speakers:

Anita Vaotuaa – Addiction Nurse

Ra Walters – Addictions Program coordinator

Roberta Tibble – Addictions Councillor

Joanne Love – Adult Mental Health Liaison

Robyn Dymock – Nursing Appraisal Process part two

RSVP to Heather Robertson by Monday 12 September on 8690570 ext 8599 or email Heather.Robertson@tdh.org.nz

Hope to see you there



Worried Patient



Patient:

Doctor, when I press my leg it hurts. Then when I press my chest it hurts, when I press my head it hurts, and when I press my stomach it hurts. I'm worried doc, what's wrong with me?

Doctor:

Easy straightforward, you have a sore finger

Too much and too little? Prevalence and extent of antibiotic use in a New Zealand region

by Pauline Norris, Simon Horsburgh, Shirley Keown, Bruce Arroll, Kirsten Lovelock, Jackie Cumming, Peter Herbison, Peter Crampton and Gordon Becket in *Journal of Antimicrob Chemother* 2011; 66: 1921–1926 doi:10.1093/jac/dkr194 Advance Access publication 27 May 2011

Please note Tairawhiti's own Shirley Keown is co-author

Objectives: Although antibiotic use in the community is a significant contributor to resistance, little is known about social patterns of use. This study aimed to explore the use of antibiotics by age, gender, ethnicity, socio-economic status and rurality.

Methods: Data were obtained on all medicines dispensed to ambulatory patients in one isolated town for a year, and data on antibiotics are presented in this paper. Demographic details were obtained from pharmacy records or by matching to a national patient dataset.

Results: During the study year, 51% of the population received a prescription for one or more antibiotics, and on average people in the region received 10.15 defined daily doses (DDDs). Prevalence of use was higher for females (ratio, 1.18), and for young people (under 25) and the elderly (75 and over), and the amount in DDDs/person/year broadly followed this pattern. Maori (indigenous New Zealanders) were less likely to receive a prescription (48% of the population) than non-Maori (55%) and received smaller quantities on average. Rural Maori, including rural Maori children, received few prescriptions and low quantities of antibiotics compared with other population groups.

Conclusions: The level of antibiotic use in the general population is high, despite campaigns to try to reduce unnecessary use. The prevalence of acute rheumatic fever is high amongst rural Maori, and consequently treatment guidelines recommend prophylactic use of antibiotics for sore throat in this population. This makes the comparatively very low level of use of antibiotics amongst rural Maori children very concerning.

The full article is provided below – if you received this newsletter in hard copy and would like to view the full article please contact Shirley Keown 06 8690457 or of Heather Robertson 06 8690570 ext 8599



1921.fullantibiotics in
tairawhiti.pdf



New Zealand Aged Care Association (NZACA)

Conference 2011
29 - 31 August

***Delivering quality and choice
is this possible and affordable?***

*Monday 29 August (conference commences 11.00am)
Wednesday 31 August (conference closes 3.45pm)
SKYCITY Auckland*

The 2011 Conference will focus on aged care for the future. Following on from the Aged Residential Care Service Review, which was released in 2010, this conference will explore the care options of the future. Will consumers get the choice of care they want? Will there be adequate funding for services? How will these services be funded?

For more information go to the website:

<http://nzaca.org.nz/events/conference-2011.htm>



College of Primary Health Care Nurses Conference

Early notification for 2012

Confirmed date 10-12th August 2012 in Hamilton

Please note there is no conference this year

We invite you to take advantage of early bird pricing and register before 1st September 2011 to secure your place at the Conference.

To find out more and to register now please visit the [registration page](#) on our [website](#). If you have any queries about the Conference or the registration process please don't hesitate to email us on hohp@tcc.co.nz or phone 0064 9 360 1240.

We look forward to welcoming you to the inaugural Health of the Health Professional Conference in November!



In development with



3-5 November 2011 - Langham Hotel, Auckland, New Zealand

www.hohp.org.nz

Hei konā (see you later)

