

# Primary Health Care Nurse Newsletter

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## Nursing: A truly 21st century profession

**MoH Media Release** — 12 May 2011

"Nursing is consistently one of New Zealand's most trusted professions, but many people don't fully realise how complex and diverse the work done by modern nurses is."

That comment from Andrew Bridgman - the Acting Director General of Health comes on International Nurses Day, which is marked around the world each year on Florence Nightingale's birthday – May 12

"The public consistently ranks nursing as one of their most trusted professions, and rightly so."

"The reality is that nurses are highly trained professionals who take a very hands-on role in patient care, and in planning care for patients with complex health needs."

"We have highly specialised nurses in different disciplines. We have nurses who are able to prescribe medicines. We have nurses who perform a wide variety of treatments, and in many cases do a huge amount of post-graduate study to further sharpen their skills. Nursing is a truly 21st century profession," Andrew Bridgman says.

Jane O'Malley, Chief Nurse with the Ministry of Health, welcomes those comments, which were made in the context of discussing International Nurses Day.

International Nurses Day this year is about increasing access and equity, and Dr O'Malley says that's very relevant to New Zealand.

"Nurses know that enabling all New Zealanders to access the right health services in the right place at the right time is key to improving health, wellbeing and life expectancy.

"On this day, we want to thank all nurses for their continued work to achieve those goals across the health sector," Jane O'Malley said.

## Improving integration between enhanced primary care and hospital sectors.

By Dr Tom Marshall, NHB Board Member (from National Health Board e-newsletter May 2011)

The best health outcomes occur when there is a robust primary health care sector with strong links between patients and general practice, and where doctors, nurses and allied health care workers come together as general practice teams (such as in an integrated family health centre) but also in many existing well organised group practices throughout the country. The current framework enables us to ensure that this approach is strengthened and cemented.

We know that around 80 percent of New Zealanders consult a general practice at least once every two years, and that around 95 percent of the issues patients consult general practices about are resolved at the time, without referral.

My particular objective is for more cohesive integration between an enhanced primary care sector and the hospital sector. This is particularly important as health care improves and so much more is able to be done for people with long-term conditions.

Advances in IT mean the opportunities to communicate with, and link to, different areas of the health sector are almost limitless. Although New Zealand was at the forefront of much IT development in the early 1990s, it has tended to stagnate in recent years.

We need to ensure the primary sector has the appropriate incentives and partnership arrangements to allow the development of communication between it and the other parts of the health service, and I know the National Health IT Board has already made great progress in this area.

The fact that everyone in New Zealand has a unique National Health Index number is a huge benefit that ought to enable a great deal to happen in this area, so I'll be looking to advance that.

One of the great strengths of our health sector is that it's populated with talented and innovative people who want to see the best outcomes for those they are caring for. I have confidence that they'll recognise and take advantage of these opportunities for better communication and integration to help them do just that.

I know many health professionals have felt there's been a swing away from clinical influence in key decision making over the last 10 to 15 years. That balance is now being redressed with the establishment of the National Health Board and other initiatives that endorse frontline decision-making.

## Congratulations

Congratulations to Anne Prince. Her research has been put to print:

*Educational needs of practice nurses in mental health* (Anne Prince MA (Applied) RN; Katherine Nelson PhD, RN).

To view the article: VOLUME 3 • NUMBER 2 • JUNE 2011 JOURNAL OF PRIMARY HEALTH CARE  
Or if you would like an electronic copy contact Anne: [anne.prince@tdh.org.nz](mailto:anne.prince@tdh.org.nz)



## What contribution can Enrolled Nurses make towards Smokefree New Zealand by 2025? A message for all Enrolled Nurses By Carol Ford

On 25<sup>th</sup>, 26<sup>th</sup> and 27<sup>th</sup> May, the National Conference for Enrolled Nurses was held in Gisborne. Smokefree Nurses Aotearoa/New Zealand took the opportunity to talk to Enrolled Nurses about their important role in providing **better help more often for smokers to quit**, and to encourage them to become involved.

The first step is to recognise that simply by virtue of your “nurse” title, you are seen by your communities as having expertise in health matters. So you are already in a position to influence people’s health decisions and they do ask your advice, don’t they?

The second step is to equip yourself with up-to-date information so you become confident about how best to respond to smokers in your workplace, in your family and in your community in ways that are likely to provide the support they need to quit smoking. The easiest way to achieve this is by undertaking the online training ([www.smokingcessationabc.org.nz](http://www.smokingcessationabc.org.nz)) and becoming a Quitcard provider. This activity has been agreed by the Ministry of Health to be within the EN Scope of Practice.

Thirdly, if you are a smoker yourself, take seriously the reality that “stopping smoking is the most important action you can take towards improving your own health” and seek the support you need to quit. All New Zealanders should now expect to be asked by their General Practice at each visit whether they are smoking. Smokers should expect to be advised to quit and to be offered the support they need to do so.

## National Enrolled Nurses’ Day is the 30th June

### Joke: High Blood Pressure



When a physician remarked on a new patient’s extraordinarily ruddy complexion, he said, “High blood pressure”

“Doc. It comes from my family.”

“Your mother’s side or your father’s?” I asked.

“Neither,” he replied. “It’s from my wife’s family.”

“Oh, come now,” I said. “How could your wife’s family give you high blood pressure?”

He sighed. “You must meet her sometime, Doc!”

***Caring is the essence of nursing ~ Jean Watson***

## E-learning for Health Professionals Supporting Chronic Disease Self Management

Chronic disease self management (CDSM) requires clients to make many changes in their lives. While many clients make changes in the short term, most find it hard to maintain these changes. To support clients to make lasting lifestyle changes, health professionals need additional skills in CDSM. Our comprehensive five hour, five module online training program embraces evidence based strategies based on motivational interviewing and cognitive behaviour therapy. These strategies can be used with both groups and individuals. The package includes a manual with tools for 'hands on' use with your clients.

### Modules include:

- Understanding CDSM
- Behavioural goal setting
- Effective communication
- Motivational Interviewing
- Cognitive strategies to support behaviour change

COST \$125 individuals – reduced price for groups

Individual registrations can now be made online. Consult our website for more information:  
[www.heartresearchcentre.org](http://www.heartresearchcentre.org)

Groups interested in the online training program should contact [training@heartresearchcentre.org](mailto:training@heartresearchcentre.org).

## Pneumonia



A man went to see his doctor because he was suffering from a miserable cold.

His doctor prescribed some pills, but they didn't help.

On his next visit the doctor gave him a shot, but that didn't do any good.

On his third visit the doctor told the man to go home and take a hot bath.

As soon as he was finished bathing he was to throw open all the windows and stand in the draft.

"But doc," protested the patient, "if I do that, I'll get pneumonia.

"I know," said his physician. "I can cure pneumonia."



## The ASH Year 10 Snapshot Survey

The ASH Year 10 Snapshot Survey has been used to monitor student smoking and risk factors for smoking since 1999. The 2010 results in this report are presented for all students aged 14 and 15 years, and also by gender, ethnicity, school decile and District Health Board (DHB). The total sample number from 1999 to 2009 was 330, 146, and 32,605 in 2010.

In 2010, the Snapshot Survey found that:

- 5.5% of all Year 10 students reported that they smoke at least daily
- 0.0% of all students were 'regular' smokers (smoke at least monthly, weekly or daily)
- 64.3% of all students had 'never smoked', not even a few puffs of a cigarette

As seen in preceding years, the highest prevalence of smoking was reported by Maori females, and by students from low decile schools. Almost one in five Maori females smoke daily (17.4%), compared to fewer than one in twenty NZ European females (3.3%). However, the proportion of Maori females who report that they have never smoked continues to increase, up from 18.1% in 2005 to 34% in 2010.

The odds of daily and regular smoking have dropped significantly between 2006 and 2010 for both female and male students, and for females, the odds of being a daily smoker in 2010 are much lower than in 2006.

Ethnic and socioeconomic disparities in risk factors for smoking continued into 2010, however reported prevalence of smoking in the home has continued to decline for all groups.

Since the survey was last conducted in 2009, the Government and tobacco control sector have made the commitment to achieve a 'Smokefree Vision' for New Zealand. Several key policy decisions have recently been made in tobacco control, including an increase in taxation on tobacco, increased access to cessation services and pharmaceutical support to quit, a proposed ban on tobacco displays at retail outlets, and the continuation of national health promotion and social marketing activities targeting young people and parents/caregivers.

(On behalf of Action on Smoking and Health, Health Sponsorship Council and the Ministry of Health)  
A full copy of the report has been provided below



ASH\_Year\_10\_Snaps  
hot\_Survey\_2010.pdf

If you have only a hard copy of the newsletter and would like to view the full report contact Heather Robertson for a hard copy  
([Heather.Robertson@tdh.org.nz](mailto:Heather.Robertson@tdh.org.nz) or ph06 8690570 ext 8599Z).

## Grants, Scholarships and Projects

For information on grants scholarships and projects check out the College of primary health care nurses website:

[http://www.nzno.org.nz/groups/colleges/college\\_of\\_primary\\_health\\_care\\_nurses/cphcn\\_hot\\_topics\\_news\\_and\\_views](http://www.nzno.org.nz/groups/colleges/college_of_primary_health_care_nurses/cphcn_hot_topics_news_and_views)

**To help prevent the spread of the common cold and other respiratory viruses:**



**When you have a runny nose use a tissue or a hanky and BLOW**

HOW TO BLOW:

- Breathe in through your mouth
- Close lips tightly
- Blow out firmly into your tissue

Two or three blows may not clear all the mucous from the nose. When you blow your nose it is best to blow five or six times.



**DO NOT SQUEEZE THE NOSE WHEN BLOWING  
DO NOT SNIFF**

## **Health information tool kit**

The Privacy Commissioner has developed a new health information privacy "toolkit" page on her website. The toolkit page provides links to a full range of health information privacy material including all health information privacy related case notes. The Commissioner has also updated "On the Record", the Privacy Commissioner's guidance on health information privacy issues.

The toolkit is aimed at GPs, privacy officers and health educators. It brings together new guidance material with material we've already produced, and puts it all together in one convenient place.

Health information privacy is about making sure patients and staff know what's being done with their health information, and why. Collecting, using and disclosing health information to provide care should never be a problem. But when you do get questions about privacy, the information in this kit will help to give you the answers you need.

To view the toolkit go to:

<http://privacy.org.nz/health-privacy-toolkit/>

***Nurses can take the pressure. ~Author Unknown***



## Health Quality and Safety Commission Fact Sheet on Medication Safety posted on website 3 June 2011

Reducing medication errors is the focus of a factsheet released by the Health Quality & Safety Commission.

*Medication Safety* is the first of a series of factsheets from the Commission. The factsheets, focusing on Commission programme areas, will be released every two months. The July factsheet will feature infection prevention and control.

Commission Chief Executive, Dr Janice Wilson, says medication errors are an on-going and potentially serious cause of patient harm.

“The latest report on serious and sentinel events showed that 17 serious medication errors were reported in our hospitals during the 2009/2010 period. “This is just the tip of the iceberg – estimates vary, but somewhere between 2 and 13 percent of patients admitted to hospital are estimated to have an adverse drug reaction of some description.”

She says two initiatives currently being rolled out by District Health Boards – the national medication chart and medicine reconciliation – have the potential to greatly reduce medication errors.

“The national adult medication chart is a simple, inexpensive but effective way of reducing medication errors. It is expected to be in place in most public hospitals by January 2012.

“The chart will enable the easy identification of signatures, clear documentation of a patient’s adverse drug reactions and allergies and allow standard training for all health professionals using it.” Dr Wilson says one simple design feature of the chart that may in itself save lives is a pre-printed decimal point to avoid ten-fold errors in dose.

The new factsheet also has information on medicine reconciliation.

“The use of formal medicine reconciliation is another effective way of reducing medication errors,” Dr Wilson says. “This process ensures patient medicines are checked at critical handover times, such as when patients are admitted to or discharged from hospital. “The clinicians responsible for the patient’s treatment reconcile the medicines prescribed with the medicines listed as being taken by the patient, using a second source of information as confirmation.”

The factsheet is attached, and hard copies can be ordered from [communications@hqsc.govt.nz](mailto:communications@hqsc.govt.nz)



HQSC\_Factsheet1\_M  
ay11v2[1].pdf

For more information check out their website: <http://www.hqsc.govt.nz/page/25720/factsheet-has-focus-on-medication-safety/?section=12124&contentType=484&tab=2961>





# Menopause and Sexually Transmissible Infections

Dr Christine Roke with Family Planning New Zealand presents a one day update for health professionals.

The course will cover:

9am – 12pm - An update for Nurses and Doctors on orthodox and complementary treatments for menopause.

1pm – 4pm - A workshop aimed at informing health professionals about the prevalence, signs & symptoms of sexually transmissible infections.

It includes sexual history taking and a discussion on screening.



**Course numbers are limited so register quick.**

Cost: \$60 per person – (costs covered for Midlands Health Network staff)

Date: Thursday 11<sup>th</sup> August repeated Friday 12<sup>th</sup> August

Venue: Morris Adair Boardroom, Gisborne Hospital

Time: 9am start and 4pm finish.

Morning and afternoon tea provided

Register with [sue.walker@midlandshn.health.nz](mailto:sue.walker@midlandshn.health.nz). Please state your preferred day.

Surviving and thriving in the health workforce

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

[www.hohp.org.nz](http://www.hohp.org.nz)

## **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>**

**Nā tō rourou, nā taku rourou  
ka ora ai te iwi**

With your food basket and my food basket  
the people will thrive

