Primary Health Care Nurse Newsletter

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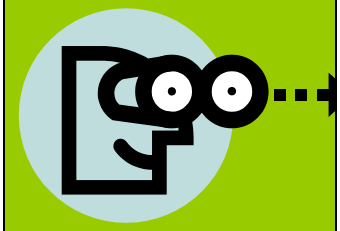

World Hand Hygiene Day – Clean hands save lives

The Health Quality & Safety Commission says World Hand Hygiene Day is a timely reminder of the importance of clean hands in combating healthcare-acquired infections. 'Save lives – clean your hands' was the theme for this year's World Hand Hygiene Day on 5 May, part of a global initiative by the World Health Organization (WHO) to improve hand hygiene in health care.

"It sounds really basic to tell people to have clean hands but we know that lots of patients get infections while receiving health care," says HQSC Chief Executive Dr Janice Wilson. "Making sure hands are clean is a crucial part of ensuring quality and patient safety in our hospitals."

WHO has identified five key moments for when health workers should perform hand hygiene:

- before patient contact (e.g. before washing a patient)
- before a procedure (e.g. before giving an injection or changing a dressing)
- after a procedure or body fluid exposure (e.g. if a patient vomits)
- after patient contact
- after contact with patient surroundings

WHO says millions of patients around the world are affected by healthcare-associated infections (HCAI), and many of these could be prevented by good hand hygiene. These infections contribute to patients' deaths and disability, promote resistance to antibiotics, complicate the delivery of patient care, and impose extra costs on countries' health systems.

"These types of infections are under-reported in New Zealand but are starting to appear in our annual serious and sentinel event reporting," says Dr Wilson. "We know that they happen here as well as overseas, and we are pleased a number of district health boards are promoting World Hand Hygiene Day. This is about reducing the chances of patients acquiring infections while they are in hospital or other health care settings."

More information about the hand hygiene campaign is available at the WHO website: http://www.who.int/gpsc/en/ or on the New Zealand infection control website, www.infectioncontrol.org.nz.

Closing the gap: increasing access and equity

Taken from International Council of Nurses international nurses day toolkit

The International Council of Nurses has the principles of human rights and equity as an integral part of nursing ethics. Nurses play an important role in policy development through developing a voice in analysis, advocacy and research, particularly within the domains of health service delivery and restructuring. However, as authors such as Reutter and Duncan argue, the need to address the social determinants of health means that there is also a need for strong advocacy in the realm of broader public policy which "extend beyond traditional health agencies and government health departments to bring together sectors such as finance, agriculture, education, transportation, energy and housing" (Reutter & Duncan, 2002, p. 295).

The development of new roles for nurses has also been investigated as an important strategy to improve access to many services. Increasing the role and deployment of clinical nurse specialists and nurse practitioners has been demonstrated to improve quality care and reduce organisational costs. Chapman et al. conducted a review of strategies employed to improve access to primary care in the UK, and found that nurse-led primary care has been used to "combat poor service access in areas having difficulties recruiting and retaining GPs", and that nurse-led triage and telephone consultations could save time and improve access without affecting quality of care (though they go on to note that telephone access can infringe access to people with poor English language skills, hearing or speech impediments or no access to phones) (Chapman et al., 2004).

Ensuring that the workforce is culturally competent is an important part of increasing the utilisation of health services for all members of the community, but also helps improve quality of service by improving the patient experience and communication between health service providers and service users. Lobbying and advocacy thus are a key part of nursing's role in addressing issues such as equity and access, and involve the development of a different skill set and knowledge base. Nurse education is beginning to reflect this need, with the introduction of graduate courses which seek to build the skills needed for nurses to engage effectively in public policy development (Reutter & Duncan, 2002).

Evidence has shown that disparities arise in the area of research, as well as in other areas of health service delivery. Cohn argues that nurses, with their experience of direct patient care and communication and the high degree of trust that they share with the general public in many countries, are "uniquely positioned" to ensure that patients are well informed and that research protocols are developed in a way that ensures proper participation and representation from all population groups.

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Joke: what's that????

A husband feared his wife wasn't hearing as well as she used to, and he thought she might need a hearing aid. Not quite sure how to approach her, he called the family doctor to discuss the problem. The doctor told him there is a simple informal test the husband could perform to give the doctor a better idea about her hearing loss.

"Here's what you do," said the Doctor. "Stand about 40 feet away from her and in a normal conversational speaking tone, see if she hears you. If not, go to 30 feet, then 20 feet, and so on until you get a response."

That evening, the wife is in the kitchen cooking dinner, and the husband was in the den. He says to himself, "I'm about 40 feet away, let's see what happens." Then in a normal tone he asks, "Honey, what's for dinner?" No response.

So the husband moves closer to the kitchen, about 30 feet from his wife and repeats, "Honey, what's for dinner?" Still no response.

Next he moves into the dining room where he is about 20 feet from his wife and asks, "Honey, what's for dinner?" Again he gets no response.

So, he walks up to the kitchen door, about 10 feet away. "Honey, what's for dinner?" Again there is no response.

So he walks right up behind her. "Honey, what's for dinner?"

"Ralph, for the FIFTH time, CHICKEN!

Nurse Education in the Tertiary Sector (NETS)

NETS is New Zealand's national association of Nurse Education in the Tertiary Sector.
NETS exists to advance nursing education in Aotearoa / New Zealand.
Nets Members are:

- Heads of nursing (or nominee) from nursing education providers.
- Organisations with an identified role in Nursing Education.

NETS Goals

1. To provide a proactive voice on national issues in nursing education and nursing workforce development
2. To provide a national focus for groups seeking informed comment on nursing education and nursing related issues
3. To honour the Treaty of Waitangi/ Te Tiriti o Waitangi commitments and the bi-cultural partnership
4. To work in partnership with, practice colleagues, other health professionals, government agencies, national nursing organisations and regulatory bodies
5. To promote, participate in and/or commission research related to nursing education.

For more information visit: http://nurseducation.org.nz/

Urgent Call for nominations: Health Statutory Bodies

29th April 2011
NZNO has received a call for nominations and applications for the Nursing Council of New Zealand. The vacancies are for three health practitioners and one lay member.
Candidates should have:

- a focus on public interest/involvement
- the ability to think strategically
- intellectual flexibility and sound judgement
- relationship building and team work skills
- the ability to uphold the principles of an effective corporate governance and related accountability
- effective influencing and communication
- self belief and drive.

Terms of Reference for the Council and Candidate information documents are available via the link below:

http://www.moh.govt.nz/apps/statcommittees.nsf/application?open

NZNO members seeking an NZNO supported application should:

1. make direct application on the MOH website prior to 20 May **and**
2. send their expression of interest and curriculum vitae to Hayleem@nzno.org.nz by 1600hr, 17 May 2011.

A Board of Directors subcommittee will review applications and determine NZNO supported candidates. A letter of support of the application will be forwarded directly to the Ministry of Health and copied to the supported candidates.

Queries about the vacancies, the selection process or role may be made directly to the Ministry:
Tim Spackman: tim_spackman@moh.govt.nz
(04) 816 2126.

The Minister of Health makes the appointment and this process can take several months. In NZNO's experience, candidates generally do not hear of a decision until at least August.

QUOTE FOR MONTH

Health is not simply the absence of illness. Real health is the will to overcome every form of adversity and use even the worst of circumstances as a springboard for new growth and development. Simply put, the essence of health is the constant renewal and rejuvenation of life.

Remember - If you would like to put an article in the newsletter please email to Heather Robertson: Heather.Robertson@tdh.org.nz

Midland Regional Clinical Services Plan (CSP)
(Information taken directly from CSP)

Purpose of the Midland Region Clinical Services Plan

The Clinical Services Plan (CSP) describes a vision for the future of health services in the Midland Region and provides a framework for DHB planning and acting collaboratively on a regional basis. A project team was established to support the region in the process of developing this plan. This core project team was guided by a project steering group, involving representatives from all five DHBs, and crossing a range of professional and managerial roles. Their role was to provide strategic guidance on process and developing content, and to recommend a final draft of the plan to individual DHB boards and to our collective regional group of CEOs for approval. The process for developing this plan aimed to involve as many staff as possible from across the region and from a range of different professional disciplines. Engagement approaches included undertaking: two electronic surveys; visits to each DHB; and two clinical reference group workshops.

The CSP is comprised of two major parts:

Part One starts by painting a picture of the region as it is today, mapping the locations and volumes of services provided now and describing key drivers of changes in demand for health care and in models of service delivery. It then develops a long term view (10-15 years) of health needs across the Midland population and includes assessment of the status quo financial situation, with a 5-10 year financial forecast exploring likely cost growth and identifying changes required to live within our means.

Part Two describes a framework for looking at clinical services that will help ensure services of the future will be of high quality, will reduce inequities, and will be sustainable going forward. These actions formulate the basis of our collective road map that describes what we will do, and when in order to implement our regional plan and to achieve our long-term goals.

If you would like to view this plan visit the TDH website:
http://www.tdh.org.nz/assets/Documents/Reviews-and-plans/Midland-Region-CSP-20-September-2010.pdf

Midland
District Health Boards

Nursing Quotes

"Nurses are the heart of healthcare" ~ Donna Wilk Cardillo

"Nurses are angels in comfortable shoes" ~ Author Unknown

"Constant attention by a good nurse may be just as important as a major operation by a surgeon" ~ Dag Hammarskjold

"Nursing is an art: and if it is to be made an art, it requires an exclusive devotion as hard a preparation, as any painter's or sculptor's work; for what is the having to do with dead canvas or dead marble, compared with having to do with the living body, the temple of God's spirit? It is one of the Fine Arts: I had almost said, the finest of Fine Arts" ~ Florence Nightingale

Training / Education

DE-ESCALATION TRAINING

Presented By Cilla Allen and Gavin Smith

2 half day REPEAT sessions

Date: **Wednesday 1st June, 2011**

Times: **8.30am – 12.30pm**
OR
1.00pm – 5.00pm

Venue: **Conference Room**

CONTENT:

- Recognition of the agitated person
- The aggression cycle
- De-escalation skills
- Breakaway techniques

Pre-reading will be sent on registration.

Session open to
Frontline Staff and Clinical Staff

REGISTRATION IS ESSENTIAL-

Please email:
Candy.Hauiti@tdh.org.nz
or call Candy extn 8034 to register
Numbers limited to **20** per session

Nau mai! Haere mai!
The Nurse Leadership Group Northland / Te Tai Tokerau warmly invites you to attend our second **Primary Health Care Nursing Symposium:**
"Northland PHC Nurses' Navigating the Future: 2011-2015"

Saturday 25th June - Sunday 26th June 2011
Copthorne Hotel & Resort Waitangi, Bay of Islands

Key note speakers:
Jane O'Malley: Chief Nurse MOH
Karen Roach: CEO NDHB
Margareth Broodkoorn: DON & Midwifery NDHB

Workshops:

- Nurse electronic standing orders
- Primary Nursing
- PDRP
- Stanford Model for Patient Self Management
- GASP tool and Asthma management
- Ear Examination
- New Models of Care: Dargaville Detox Unit; IV Canulation;
- Nurse Practitioner & Undergraduate pathway; Whanau Ora model.

Online registrations can be found on the symposium website: www.tttpho.co.nz

Final closing date for registrations: Friday 27th May 2011

IMAC Vaccinator Training Course
25th & 26th May 2011, 8.30am - 4.30pm
Venue: TDH Board Room Gisborne Hospital.

IMAC Update for Vaccinators
24th May 2011, 5.30pm-9pm.
Venue: Salvation Army, Upper Room, 389 Gladstone Rd, Gisborne.

Please contact Janine Brown (Immunisation Co-ordinator) for further information.
Ph 06 8690592 ext 8765 or janine.brown@tdh.org.nz or contact IMAC at www.immune.org.nz.

LITERATURE SEARCH TRAINING
(From the Expert)

Olivia Beattie from EBSCO Australia is coming to TDH to do some training sessions.
This is a great opportunity to get some tips from a recognised expert
Topics being covered on the day:

- **CINAHL**
- **Nursing Reference Centre**

2 sessions

Date: Thursday 26th May, 2011

CINAHL TRAINING:
Time: 1000 – 1100 hrs

NURSING REFERENCE CENTER TRAINING
Time: 1300 – 1400 hrs

Venue: Skills Lab – Ward 10

NO REGISTRATION REQUIRED

For further information please email Robyn.Dymock@tdh.org.nz or Patricia.Sheehan@tdh.org.nz

Hope you had a great *INTERNATION NURSES DAY*