

Primary Health Care Nurse Newsletter

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Changes to the registered nurse scope of practice to enable expanded practice (taken from www.nursingcouncil.org.nz)

The Nursing Council has published a new scope of practice for registered nurses that came into effect on 30 September 2010. The Council anticipates that this scope of practice and framework will allow nurses to confidently develop their practice to meet future health service and workforce needs. Nurses are already assuming responsibility for a health care activities or roles which have been outside their scope of practice in response to health consumer needs and in the development of new health services.

The Council's role is to protect public safety and it wishes to enable the expansion of nursing practice while also ensuring that appropriate standards and education are put in place to protect the public. Following consultation with the health sector the Council has decided to expand the scope of practice for registered nurses. It has also developed a guideline for nurses and employers on expanded practice. In this the Council has emphasised the professional responsibility all nurses have to ensure they are competent before undertaking any health care activities.

Expanded scope of practice

The new scope of practice includes the following enabling phrase *Registered nurses are accountable for ensuring all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards.* Nurses who are practicing in an expanded scope are expected to demonstrate and document how they meet these additional competencies. They will be assessed as part of a PDRP (professional development and recognition programme) or an employers credentialing programme and as part of the Council's recertification audit.

Guideline for nurses and employers

The Council has developed a guideline for nurses and employers to use when making decisions about expanded practice roles. Before considering an expansion of practice a number of issues should be considered in a

collaborative manner by both the nurse and the employer. These include identifying legislation and standards to support the expansion, evidence that health outcomes will be improved, organisational policies to support the changes and the education preparation and clinical supervision and assessment required by the nurse. The scope of practice is more enabling of expanded practice activities and will mean that authorisation of first surgical assistants and nurse colposcopists by the Council will cease.

Meet Raiha



Tērā ia e mā mai rā e pākia mai e ngā ngaru o te moana, ko Te Kuri-ā-Paoa
Kei ngā repo o Te Wherowhero taku waka a Horouta
Ko Matiti te taumata tiroiro a Tāmanuhiri
Ko Ngai Tāmanuhiri te iwi
Ko Ngati Rangiwaho te hapū
Tēnā tātou katoa!

My name is Raiha Moeke and I'm a UCOL, 2nd year nursing student based in Gisborne. Before studying I worked at Tairāwhiti DHB with Te Puna Waiora Planning, Funding & Population Health. During my employment I was introduced to a fantastic team of people working in healthy populations, healthy environments, health protection and health promotion. Exposed more and more to a vast diversity of health areas, health services, organisations and providers I discovered fond interest in health promotion and chronic health. Promoting healthy lifestyle choices and behaviour is essential if individuals, families and their communities are to live longer, healthier lives to their fullest potential. Alarmed that many of my whanau, extended whanau and Māori friends have died or are affected by non-communicable diseases associated with overweight and obesity, much of my interest is directed particularly at improving Māori health. Māori are over-represented with diabetes, cardiovascular disease, hypertension, cancer and coronary heart disease.

I left employment to undertake nursing studies to increase Māori representation in health care. Māori representation is low in most parts of the health and disability workforce making it difficult to progress improvements in mainstream delivery of health care to Māori by Māori for Māori. Primary health care delivery to communities with high level community participation to promote health, prevent disease and achieving early diagnosis of illness is necessary to prevent chronic health developing.

As challenging and hard work nursing studies is, I love the hands on practice and experience we receive through clinical placements in hospital wards and community settings. To date I've had the privilege of work experience in Ward 6 Rehab, Ward 8 Surgical and Community Mental Health. I appreciated my time there and am now looking forward to upcoming placements in Ward 11, Albano and Te Wiremu House. I certainly enjoy taking what we learn in class and applying it effectively to practice. The registered nurses and wider health team have been tremendously gracious in sharing their time, clinical expertise and experience during my training and I wish to take this opportunity to thank them sincerely for every moment. Last but not least I'd like to acknowledge our UCOL lecturers for their support, guidance and help throughout the years.

Naku noa, na



Clinical guidelines when helping patients achieve and maintain a healthy weight.



The Ministry of Health today released the implementation plan for clinical guidelines which frontline health care workers can use when helping patients achieve and maintain a healthy weight. Ministry Chief Advisor Dr Ashley Bloomfield said the implementation plan, 'Implementing the Clinical Guidelines for Weight Management in New Zealand 2010/11' outlines activities that are being developed to support frontline health care workers in primary care and community settings who provide healthy weight management advice and treatment to patients and consumers.

"The goals for this current financial year are to encourage and support frontline health care workers to increasingly implement the Guidelines, and to encourage consumers to act and seek assistance more often," he said. "We acknowledge that many working in the area of weight management are busy, and are already successfully implementing the strategies and activities outlined in the plan. Our aim is to support the sector to do more," Dr Bloomfield said. Obesity rates have been rising in New Zealand since the 1990s. Obesity, which is a major risk factor for many chronic diseases, is more prevalent amongst Maori, Pacific and South Asian communities.

The Guidelines outline a four-step approach which frontline health care workers can use when helping patients achieve and maintain a healthy weight:

1. raise awareness
2. identify need and the context for action
3. determine options for action [Food, Activity and Behaviour (FAB) strategies]
4. maintain contact and support.

The Guidelines and the Implementation Plan are available on the Ministry of Health website:

Clinical Guidelines for Weight Management in New Zealand Adults

Clinical Guidelines for Weight Management in New Zealand Children and Young People

Implementing the Clinical Guidelines for Weight Management in New Zealand: 2010/11

Future communications, including the e-learning tool, will be available on the weight management [website: http://weightmanagement.hiirc.org.nz](http://weightmanagement.hiirc.org.nz).

Joke: The prognosis



The man told his doctor that he wasn't able to do all the things around the house that he used to do. When the examination was complete, he said, "Now, Doc, I can take it. Tell me in plain English what is wrong with me."

"Well, in plain English," the doctor replied, "you're just lazy."

"Okay," said the man. "Now give me the medical term so I can tell my wife."

NZCPHCN Executive Committee

Taken from NZNO website http://www.nzno.org.nz/groups/colleges/college_of_primary_health_care_nurses



Purpose

To provide governance and strategic leadership to the College, including interfacing with external stakeholders.



NZCPHCN Executive Committee, August 2010

Extract from *Kai Tiaki New Zealand*, August 2010, Vol 16, No. 7:

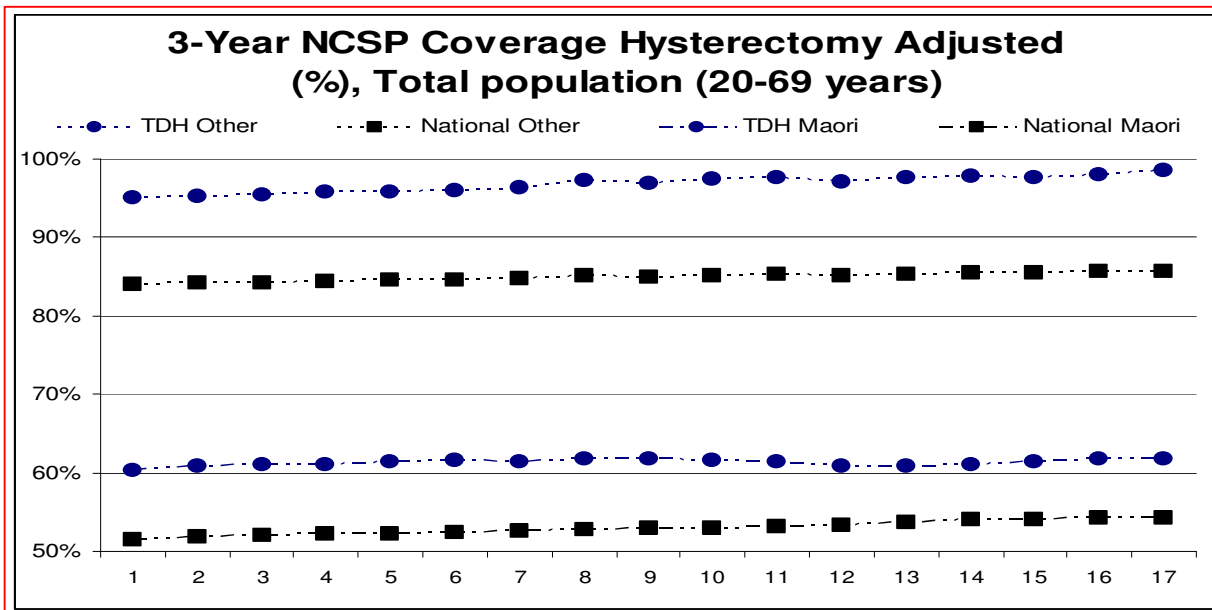
Rosemary Minto, is the inaugural chair of NZNO's new College of Primary Health Care Nurses. At the first executive meeting in August, Minto was elected chair and Debbie Davies, deputy chair. The college includes practice, public health, district, sexual health, prison school and rural nurses and nurses working for Maori and iwi health providers; achieving the vision of a college for PHC nurses who in the past may not have had a professional "home".

NZCPHCN Executive Committee 2010		
<i>Name</i>	<i>Position</i>	<i>Email</i>
Rosemary Minto	Chairperson - PHC Rep	rosemary@digitalis.co.nz
Debbie Davies	Vice Chairperson - PHC Rep	debbie.davies@midcentraldhb.govt.nz
Rhonda Mikoz	Treasurer - PHNS Rep	rhondam@cdhb.govt.nz
Brenda Bruning	Secretary - PHC Rep	Brenda.Bruning@nmhs.govt.nz
Varina Flavell	Te Runanga	varina@xtra.co.nz
Mairi Lucas	Māori Iwi Provider Rep	mairi.lucas@hotmail.com
Rachel Hale	Rural Rep - Clinical Practice	rachelhale@gmail.com
Rachael Calverley	CPN Rep - Policy & Comms	rachcalv@gmail.com
Denise White	DNS Rep	denise.white@midcentraldhb.govt.nz
Siara Lewis	Administrative Support, NZNO	siaral@nzno.org.nz
Angela Clark	Professional Nursing Advisor, NZNO	angelac@nzno.org.nz



Cervical screening coverage rates

The following graph indicates that the cervical screening coverage within Tairawhiti is well above the national coverage. The top half of the graph represents Non-Maori (other) and the bottom lines represent Maori coverage rates.



Whilst Tairawhiti is doing better than the National average, the gap in screening coverage for Maori and Non-Maori is considerable. Is this gap acceptable? I don't believe so, not when you consider the higher level of both cervical screening registrations and mortality from cervical cancer for Maori in our region.

The question then is how are we going to improve Maori women cervical screening rates both as individuals, within practices and as community collective? If you have some ideas of how this can be achieved please feed this information in.

If we are serious about reducing inequalities then it is essential that the Maori cervical screening rate equals that of Non-Maori

Words of Wisdom

“One of the hardest things in this world is to admit you are wrong. And nothing is more helpful in resolving a situation than its frank admission”

Author: Benjamin Disreali Inspirational Sayings



The New Zealand Nursing Workforce – a profile of Nurse Practitioners, Registered Nurses, Nurse Assistants and Enrolled Nurses 2010

Taken from the NZ Nursing Council website: www.nursingcouncil.org.nz

The Nursing Council of New Zealand (the Council) is publishing this nursing workforce report (the Report) in recognition of the need for current and consistent workforce data to inform policy development, planning and research.

The total nursing workforce:

As of 31 March 2010 there were a total of 51,762 nurses with APCs. Of these, 47,129 met the criteria to practise as a nurse; 46,324 in New Zealand and 805 based overseas. This results in a nurse population ratio of 1199:100,000. Of the total workforce, 7.2% are male and – as is already widely recognised – the workforce is also ageing, with 40% aged 50 years or over (this profile is slightly younger for male nurses). The ethnicity with which the largest number of nurses identified was NZ European/Pakeha; 6.3% identified as M-aori and 3.2% with Pasifika ethnicities.

Nurse Practitioners

There were 69 active Nurse Practitioners registered at March 2010. This group is predominantly female, and almost 50% are aged over 50 years. Five NPs identified as M-aori and two with Pasifika ethnicities. Seventy two per cent gained their first qualification in New Zealand and 40 practitioners possess Masters of Nursing qualifications. While 30 NPs work in District Health Boards, 21 work in PHO/Community Services settings.

Registered Nurses

The majority of the Registered Nurse (RN) workforce is female, and 6% of the total identify as M-aori and 3% as Pasifika. Of this group 37% are aged 50 years or over. Although 45% of the NZ European/Pakeha group are aged over 50 years most other ethnic groups have a younger profile with South-East Asian being the youngest (72% aged under 40). The largest groups of RNs work in District Health Board employment settings, and in surgical areas of practice. The employment setting with the highest proportion of Registered Nurses who identify as M-aori was M-aori Health Service providers (75%). Thirty-seven per cent of the Registered Nurse workforce now identify a New Zealand Bachelor of Nursing as the qualification that gained them entry to the Nursing Register.

Enrolled Nurses and Nurse Assistants

The Enrolled Nurse (EN) and Nurse Assistant (NA) workforce has the highest proportion of women of any individual scope, with only 3.2% of nurses in this scope being male. These nurses are also significantly older, with 72% aged 50 years or over. Nine per cent of the EN and NA workforce identify as M-aori, compared with 6% of Registered Nurses. Of these, over 50% work in M-aori Service Providers. The most common workplace setting for ENs and NAs is Rest Home/ Residential Care, with 31% of the workforce employed in this setting.



New Job Vacancies page on College website

<http://www.nurse.org.nz/>

The College of Nurses website now has a **Job Vacancies** page added under the Latest News tab, or follow the quicklink on the left of their webpage.



Age Concern accredited visiting service (AVS)



The accredited visiting service aims to reduce loneliness and social isolation as well as increase social participation for older people living in our community. Chronic loneliness is an increasing problem for older people which can lead on to serious health and social issues such as cardio-vascular disease, suicide, elder abuse, neglect and problems with aging in place. Having a visitor can make a real difference to the health and happiness of an older person.

Aged concern will be providing this visiting service that is made up from volunteers who have been screened and trained for this purpose. A coordinator identifies social goals with a client and works with them to develop an action plan to meet these goals. They then match the client with a 'visitor' who visits them weekly. The relationship is monitored and reviewed on a regular basis and the client referred on to other agencies as appropriate. If you would like more information on this service please contact Francis Toroa at Aged Concern: 8676533 or email francestac.tai@xtra.co.nz

Primary Health Care Nurses Christmas Forum



Where: Morris Adair Boardroom – Gisborne Hospital

When: Tuesday 14th December Starting 5.30pm

Yes that time is coming up fast. Pre-book this date to come and join us at the primary health care nurse Christmas Forum. If you want to know how to build more effective personal and professional relationships then this forum is for you. This promises to be a dynamic, interesting, self-awareness raising session by Nichola Ellis that comes highly recommended. Flyer out soon



Educational update for nurses working with the elderly

2nd December

At Gisborne Hospital Board Room

12.30–4.30pm

Topics to include delirium, direction and delegation and elder abuse

Please contact Heather if you would like to attend: Heather.Robertson@tdh.org.nz or 8679057 ext 8599



Diabetes Update November 2010

Tui Te Ora Building, Gisborne Hospital 5.30pm – 7.30pm Tuesday November 9th

This is the final diabetes update for 2011.

Programme:

Introduction & the importance of DAR

Duncan Bush: Retinal outreach screening programme

Michael Fergusson: Retinal photographs

Questions

Break

Ann Corack: Diabetes foot assessment

Ann Corack: Wound care for the diabetic foot/lower leg

Registration for catering purposes to Robyn.Dymock@tdh.org.nz or ph 8690500 Extn 8220 by November 4th



Enrolled Nurses Portfolio preparation session

Where: Conference Room Gisborne Hospital
When Thursday December 2nd 3pm – 5.30pm

Please bring your portfolio with evidence to date

Covering aspects of:

- PDRP requirements
- 1st and 3rd party evidence
- NZNC Competencies
- Role of HR department
- Completing the workbook

Please register with Candy Hauiti Extn 8034 or email Candy.Hauiti@tdh.org.nz
Please phone Robyn Dymock for information Extn 8220 Robyn.Dymock@tdh.org.nz

New Zealand Resuscitation Council Core Courses



A six hour study day including latest guidelines on:

- **Adult and Child Basic Life Support**
 - **Airway Management**
 - **Use of the AED**

For further information and course availability contact:

Jo Whibley – Resuscitation Coordinator

Tel: 06 8690500 Ext 8524

Email jo.whibley@tdh.org.n

Core Dates 2011

Level 4

Thursday 10/02/11

Thursday 17/03/11

Tuesday 10/05/11

Tuesday 14/06/11

Level 5-7

Tuesday 22/02/11

Tuesday 29/03/11

Tuesday 12/4/11

Tuesday 24/05/11

Tuesday 28/06/11

Remember – If you would like to put an article in the newsletter (could be an abstract of an assignment you have completed), achieved a postgraduate qualification, advertise a new service, have a nurse start or leave your organisation, or have a comment please email to Heather Robertson: Heather.Robertson@tdh.org.nz

Until the next newsletter keep safe and well
Kua haere au. (Ok I'm off)

