

Primary Health Care Nurse Newsletter

Volume 17
2010

August

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District Health Board elections – have your say

District Health Board (DHB) elections are held every three years at the same time as local government elections. Each DHB Board is made up of elected and appointed members. In electing seven members, the public typically votes for candidates with a range of backgrounds and experience. An elected member serves a three-year term. The Minister of Health is allowed to appoint up to four more people to each Board, to balance the skills and representative qualities of the elected members. For example, the Minister may wish to appoint people with financial or other large entity governance experience, or people from groups not represented among the elected members.

The Board of a DHB has all powers necessary for the governance and management of the DHB. However, the Board must delegate to the DHB's Chief Executive the power to make decisions on management matters relating to the DHB. This delegation may be made on such terms and conditions as the Board thinks fit.

The Board's role is therefore one of stewardship, direction-setting and monitoring the DHB's overall performance against its goals. It is not one of day-to-day management (which is the domain of the Chief Executive). The Board also has no role in employment decisions, beyond appointing the Chief Executive. By law, the Board cannot interfere in matters relating to individual employees.

Under the NZPHD Act, a DHB Board has statutory advisory committees. The Board is also able to form its own specialist committees to address particular issues (e.g. audit and finance matters, Māori health or rural health). Committee members are appointed by the DHB Board. They can be either Board members, members of the public or a mixture of both.

While most Board members are elected by the public, **all** Board members (both elected and appointed) are directly responsible and accountable to the Minister of Health. This is because DHBs are funded by the Government, using taxpayer dollars. It is acknowledged though that elected members provide an important community voice on DHB Boards. Board decision-making is highly transparent. Meetings, agendas and Board papers are normally required to be open and available to the public. The DHB's District Strategic Plan is also subject to a public consultation process, as are many other decisions DHBs make.





TAIRAWHITI DISTRICT HEALTH

is holding a 2010 reunion to celebrate the:

Silver Jubilee of Gisborne Hospital

We are seeking expressions of interest from people wishing to attend this event being held over
24, 25 & 26 September 2010

ALL PAST EMPLOYEES WELCOME

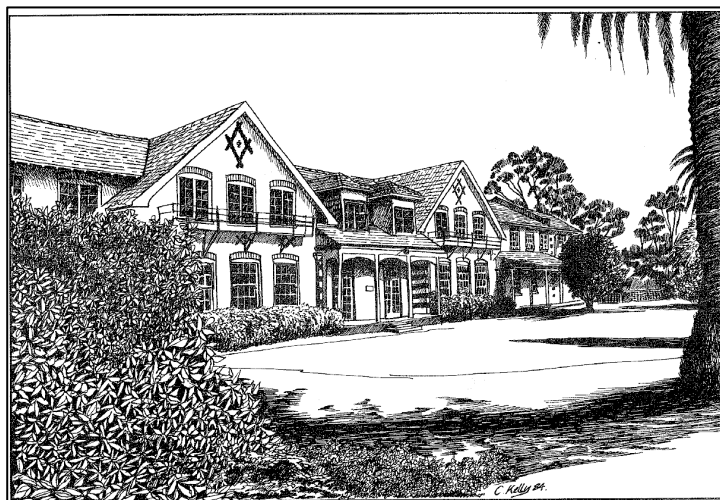
Please email lynsey.bartlett@tdh.org.nz or kb.crawshaw@ihug.co.nz

Or please send a self addressed envelope to:

Nell Schreurs
160 Bloomfield Road
RD 1
GISBORNE

Any phone enquires to (06) 867 2695 or (06) 869 0500 ext 8558

Registrations now available on www.tdh.org.nz



Joint media release: Ministry of Health and PHARMAC



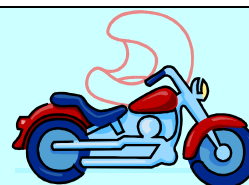
“A new iodine-only tablet (NeuroKare), which will enable pregnant and breastfeeding women to meet their iodine requirements is now available in New Zealand “ says PHARMAC’s medical director Dr Peter Moodie. Rather than pay over-the-counter for vitamin/mineral supplements, women requiring iodine tablets will have to pay just \$3 for a three month supply of NeuroKare. It’s estimated that every year 65,000 women could benefit from this newly-funded tablet.

Dr Moodie notes that NeuroKare (manufactured by Nelson company Alaron) is an iodine-only tablet containing 150 mcg of iodine and meets appropriate quality and safety standards and is subsidised for pregnant and breastfeeding women. Iodine is essential for normal brain development and function, especially during gestation and infancy. The recommended dose is 150mcg a day. Not enough iodine can result in impaired brain function and impaired growth and development in the unborn baby and young infant.

Dr Pat Tuohy, Chief Advisor, Child and Youth Health, at the Ministry of Health says “Pregnant and breastfeeding women have increased iodine requirements and in spite of a good diet and mandatory fortification of bread with iodised salt (introduced late 2009) they remain at risk of inadequate iodine intakes. It is for these reasons that NeuroKare is being made available for these two groups of women either on prescription or over-the-counter at pharmacies,” Dr Tuohy said.

Further information and frequently asked questions and answers are available in [Nutrition: Iodine status in New Zealand](#).

Joke



A mechanic was removing a cylinder-head from the motor of a Harley motorcycle when he spotted a well-known cardiologist in his shop. The cardiologist was there waiting for the service manager to come take a look at his bike when the mechanic shouted across the garage, "Hey Doc, want to take a look at this?"

The cardiologist, a bit surprised, walked over to where the mechanic was working on the motorcycle. The mechanic straightened up, wiped his hands on a rag and asked, "So Doc, look at this engine. I open its heart, take the valves out, repair any damage, and then put them back in, and when I finish, it works just like new. So how come I make \$39,675 a year and you get the really big bucks (\$1,695,759) when you and I are doing basically the same work?"

The cardiologist paused, smiled and leaned over, then whispered to the mechanic...

"Try doing it with the engine running."



DOCUMENTATION

Accurate documentation is an essential part of a health professional's work. There are some simple rules you should follow in writing up patient care.

Documentation of your care is the only way of knowing what care has been given to a patient. However, all too often health professionals fail to follow basic guidelines in documenting their care. When the care provided is held up to legal scrutiny, it is often difficult to prove what care was or wasn't delivered, if it was not recorded accurately.

Case notes are a legal record and the only evidence of the basis on which decisions on client care were made. They are the main source of communication among members of the health care team.

Here are some "dos and don'ts" to ensure you document accurately and effectively:

DO

- Write legibly.
- Use permanent ink.
- Record date, time, signature and title
- Record in chronological order.
- Write objectively.
- Record entries as soon as possible.
- Be specific and factual.
- Use the correct terminology, e.g. cyanosed instead of "blue".
- Record patient comments.
- Document all complaints from the client and their family.
- Record the resolution of those complaints.
- Record findings and evaluations.
- Record patient care and their response to that care.
- Document all changes in condition.
- Sign and date any amendments.

DON'T

- Rely on memory.
- Erase entries.
- Make assumptions.
- Leave blank spaces.
- Use abbreviations.
- Write additional information at a later date unless it is essential (and sign and date the entry).
- Use generalisations, eg condition unchanged.

Taken from NZNO website

For more information visit the NZNO website: <http://www.nzno.org.nz>

Remember - If you would like to put an article in the newsletter (could be an abstract of an assignment you have completed), 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



B4 School Check update

Congratulations to the Well Child team for your outstanding success in meeting the MoH targets set for B4schools. A special mention goes to the Ngati Porou Hauora Rural Health nurses for their input in meeting the target population on the East Coast.

DHB - 8 Jul 2010 update	Total population target (volume)	Deprivati on Quintile 5&0 target (volume)	Deprivati on Quintile 5&0 target (percent)	Number of Checks completed/ closed against total target	Number of Checks completed/ closed against Dep 5&0 Target	Percentage achieved against total population target	Percentage achieved against Dep 5&0 Target
Auckland	3724	1219	70	3478	789	93.4%	64.7%
Bay of Plenty	1659	742	80	1939	613	116.9%	82.6%
Canterbury	3831	792	60	4786	809	124.9%	102.1%
Capital and Coast	2499	634	80	2654	618	106.2%	97.5%
Counties Manukau	2160	1539	36	774	389	35.8%	25.3%
Hawkes Bay	1725	474	60	1848	510	107.1%	107.6%
Hutt	1180	382	70	1406	338	119.2%	88.5%
Lakes	1187	495	70	782	224	65.9%	45.3%
Midcentral	1313	551	80	1609	565	122.5%	102.5%
Nelson Marlborough	906	202	80	1021	165	112.7%	81.7%
Northland	1493	710	70	1792	617	120.0%	86.9%
Otago	1131	307	80	1347	292	119.1%	95.1%
South Canterbury	491	129	80	585	141	119.1%	109.3%
Southland	1004	304	80	1092	310	108.8%	102.0%
Tairāwhiti	530	357	80	665	391	125.5%	109.5%
Taranaki	1154	289	80	1251	300	108.4%	103.8%
Waikato	5144	1770	92	5579	1496	108.5%	84.5%
Wairarapa	443	169	80	498	180	112.4%	106.5%
Waitemata	4319	938	80	5,730	976	132.7%	104.1%
West Coast	319	82	80	407	101	127.6%	123.2%
Whanganui	579	352	80	686	353	118.5%	100.3%

Words of Wisdom:

"Nothing great was ever achieved without enthusiasm."
"Do not go where the path may lead, go instead where there is no path and leave a trail."

~Ralph Waldo Emerson (1803 - 1882)
(Famous American author, essayist, poet, and philosopher)





National Year 10 ASH Snapshot Survey, 1999-2009: Trends in Tobacco Use by Students Aged 14-15 Years

(On behalf of Action on Smoking and Health, Health Sponsorship Council and the Ministry of Health)

The ASH Year 10 Snapshot Survey is a national census style survey that has been conducted annually since 1999. Over 330,147 New Zealand 14 and 15 year old teenagers have completed the survey since 1999, which focuses on smoking by teenagers, their family and friends.

Overall, the proportion of New Zealand 14 and 15 year olds who reported they smoked daily in 2009 was 5.6%. This means that about 3400 New Zealand 14 and 15 years olds are daily smokers. This is lower compared to 2008 (6.8%), significantly lower than the 9.0% reported in 2005 and only one third of the proportion of teenagers who reported they smoked daily in 1999.

More girls than boys reported that they smoke, 12.5% of girls reported that they smoked daily, weekly or monthly and only 9.1% of boys reported that they smoked daily, weekly or monthly in 2009. However, particularly pleasing in the 2009 survey was the continued downward trend in smoking by teenage girls of all ethnicities, particularly Maori and Pacific Island girls. Inequalities in smoking prevalence between girls of different ethnicities have decreased in recent years but are still considerable and additional policy measures are required to address them.

Reductions in regular smoking from 2005- 2009 were greatest in Auckland, Hawkes Bay and Lakes District Health Boards. District Health Boards with the least change from 2005-2009 were Tairāwhiti, Taranaki, Waitemata and Southland. Reductions in odds of daily smoking were greatest in Whanganui, Auckland, Northland, South Canterbury and Wairarapa. The greatest increases in odds of students reporting they had never smoked occurred in Bay of Plenty, Hawkes Bay, Otago, Lakes, Tairāwhiti and Auckland District Health Boards.

If you would like a full copy of this report contact Heather.Robertson@tdh.org.nz

Liverpool Care Pathway (LCP) by Heather Robertson



I have recently been to a two day LCP facilitator hui in Wellington. The number of aged care facilities, hospices and hospitals using the LCP has grown enormously in New Zealand. The LCP provides an evidence based framework for the delivery of appropriate care for dying patients and their relatives in a variety of care settings. It encourages a multi-professional approach to the delivery of care that focuses on the physical, psychological and spiritual comfort of patients and their relatives that has also been shown to empower generic staff in the delivery of care.

We have updated the flow charts and drugs in the previous document and incorporated this into the new International Version 12. These documents have now been approved by the National LCP office. To date, we have had three people in Gisborne Hospital placed on the LCP. Te Wiremu, our aged care pilot site is ready to implement this pathway with other aged care facilities waiting to sign up and commence the process. If you would like to know more about the LCP visit the National LCP office website: www.lcp.org.nz

Introducing a new Nurse Practitioner: Leanne Hutt

Whilst no longer living in Tairāwhiti her journey began here and some of you may remember her when she worked at western rural:

It has been a six year journey, I first studying for my Masters degree and then taking two years to prepare an application portfolio of evidence that demonstrates competence to practise as a Nurse Practitioner. My portfolio was approximately 500 pages long. The final hurdle was to travel to Nursing Council of New Zealand based in Wellington to be interviewed by a panel of four; a nurse educator, a GP, a prescribing Nurse Practitioner and a nurse consultant.

That was incredibly nerve-wracking. It was a cold windy, wintery day and, from where I sat, I could see waves churning - just like my stomach! From 10.30am to noon, I gave a powerpoint presentation on my area of practice and then answered questions from the panel and after lunch responded to case scenarios. It was then a very nervous wait while the panel deliberated, returning with a "congratulations."

I will be working at both a General Practice and The Takapau Health Centre. The Takapau Health Centre has been in operation for 20 years and is still unusual in New Zealand in that it provides nurse-led health services without a visiting GP. This is a fantastic community to work with, however there are systems and procedures to put in place first and I will only prescribe medications that I am legally permitted to prescribe and feel safe and competent to prescribe.

I could not have reached my goal without support from community here and previously in Gisborne; colleagues, friends and family. I have had fantastic mentors and trainers such as Rural Nurses at Waikohu Medical; Margaret Parsons, Robyn Dymock, Heather Robertson, Jan Ewart, Eldred Gilbert, Associate Director of Nursing: Primary Health HBDHB; Julia Ebbett, Clinical Nurse Facilitator, HB PHO, Russell Wills, Community Paediatrician HB DHB, The Doctors, Waipawa.

Having qualified as a Nurse Practitioner in Primary Health Care, being able to order diagnostic tests, prescribe, issue ACC Claimants with time off work and refer to a wider range of other health providers will give more tools in my kit and will enhance the health service to the community.



SBARR

Effective communication requires adequate preparation with relevant information, mutual respect and minimal environmental distraction. SBARR is a method of helping to ensure this happens. Before contacting another clinician the requester should be prepared for the conversation.

Action
S What is the situation? <ul style="list-style-type: none">• Identify yourself and the patient you are going to talk about• What is the problem now• What are the relevant observations
B What is the relevant background? <ul style="list-style-type: none">• What is the relevant history – age, diagnosis, medications, tests, operation, etc• Why is the patient here and what has happened during this care episode
A What is your assessment? <ul style="list-style-type: none">• If you are able, say what you think the problem is – the patient is in pain, the patient's blood pressure is concerning me, the patient requires more I.V fluids• If you do not know what the problem is say so but provide a reason for your conversation
R What is your recommendation? <ul style="list-style-type: none">• What do you want the person you are calling to do – e.g. please can you come and prescribe some analgesia, please can you review the patient urgently/in an hour• Please can you change/add/stop a particular medication or treatment
R Is the response what you wanted? <ul style="list-style-type: none">• Is the response appropriate & useful• Are you clear what is going to happen• What is the time frame• Do you need to do anything

NETP (Nurse Entry to practice) Expansion programme

Are you short of nurses? Have you thought about employing a new graduate next year and growing your own? The NETP expansion programme is a supported first year of practice programme for newly registered nurses employed outside of TDH.

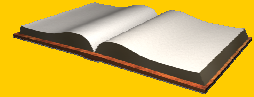
The graduate nurse is well supported in the NETP programme that enables them to move from a beginner RN to a competent RN. And by the NETP - Nurse Educator Jane Wilkie

There is funding available to backfill the new graduate when attending study days.

If you think that you may be able to employ a New Graduate nurse within your organisation or for any more information about this NETP expansion programme please do not hesitate to contact: Jane Wilkie-Nurse educator NETP, phone 8690500 ext 8300 or email Jane.Wilkie@tdh.org.nz



Training / Education



Ear Health Forum



Date: Friday 13th August 2010
Time: 9am – 4.00pm
Venue: *Conference Room TDH*
Cost: **FREE** – *The Well child Team will provide this conference free of charge.*

Contents include:
Neonatal Screening, Hearing Loss, How ears work, Glue Ear (otitis Media) Common Ear Conditions, Otoscopy, Wax management, Audiometry, Tympanometry

Please bring your Otoscope and Tympanometer if you have one for the practical sessions.

Bring own lunch and a plate for a shared morning/afternoon tea

TO BOOK A PLACE PLEASE contact: Kim Quartermain Clinical Nurse Manager
Well Child Team by EMAIL kim.quartermain@tdh.org.nz OR
PHONE 06 8690592 EXT 8700

2010 Continence Conference

15-18 September

"The Whole Works", Waipuna Hotel & Convention Centre, Auckland

REGISTRATION TYPE MEMBER NZCA NON MEMBER CUT OFF DATES

Early bird \$360.00 \$400.00 31 July 2010

Full \$400.00 \$460.00 06 September 2010

One Day \$230.00 \$260.00

Late registration \$450.00 \$500.00

Work Shops Free – but you must be registered

Let me know if you want a registration pack sent to you: Heather.Robertson@tdh.org.nz

Cardiac Nursing Skills Seminar Presented by: Anne Evans-Murray

**Dates: Wednesday 8th September 2010
REPEATED on Thursday 9th September 2010.**

Venue: TDH Conference Room.

**Costs: TPHO staff free.
All other attendees \$150/person.**

**Registration: Please email tia@tpho.org.nz to book and
for payment.**

Session contents:

**Clinical Assessment
Heart failure management
ECG Interpretation
Common cardiac disorders in clinical practice.**



Diabetes Update

When: Wednesday August 11th 2010 @ 5.30 - 7.30pm

Where: Turanga Health Board Room, Derby street Gisborne

Topic: Insulin, getting started and titration – please note that this is a repeat of the session held in May this year

Supported by Dr Robin Briant, Jo Tietjen & Ann Corak Diabetes CNS

Refreshments available

Contact Robyn Dymock 8690500 ext 8220 or email Robyn.Dymock@tdh.org.nz to register

This is a follow up from the Diabetes training held in Gisborne in 2009 where it was identified that nurses would appreciate on-going support and education in relation to diabetes. This is the second of three update scheduled for 2010 This update is open to all practice nurses and other primary health nurses as well as hospital based diabetes link nurses



Gisborne: Free Infection Control Workshop for RN's working in primary, community and residential services.

Thursday, August 12, 2010 from 9:45 AM - 3:00 PM (GMT+1200) at Emerald Hotel Gisborne,

To register go to the website: <http://www.eventbrite.com/event>

Programme outline:

09:45 - 10:00: Welcome and refreshments. □

10:00 - 10:30: Influenza Update: *Francie Morgan*.

10:30 - 11:00: Lessons learned from Wave 1 of H1N1 Influenza (2009) and what is a “second wave”: *Dr Geoff Cramp* (Director of Public Health TDHB).

11:00 - 11:45: Isolation precautions and correct use of personal protective equipment (PPE) - A practical session: *Francie Morgan*.

11:45 - 12:30: Environmental contamination : Principles of cleaning and disinfection: *Karen Davis*

12:30 - 13:00: Lunch (provided)

13:00 - 13:30: Ministry of Health Pandemic Plan (April 2010 Guideline): What do you need to consider in your workplace?

13:30 - 14:00: The latest on hand hygiene: *Raymond Pickles* (Infection Control Nurse Specialist TDHB)

14:00 - 14:30: Electronic learning : Introducing the Ministry of Health's new Infection Prevention and Control self-learning program: *Karen Davis*

14:30 - 15:00: Question time and evaluations

15:00: Finish

Program or speakers may be subject to change.



Primary Health Care Nurses Forum 24th August



Spring is just around the corner – we can all start coming out of hibernation

Please join us at this primary health care nursing forum.

This is an opportunity to network and to share knowledge.

Where: Morris Adair Boardroom – Gisborne Hospital

When: Tuesday 24th August Starting 5.30pm

Guest Speakers include:

6pm – Sonia Gamblen: SBARR

6.30 – Natasha Ashworth: Chronic disease management delivery: health professionals perspective

7pm – Carol Ford: Sex Therapy for Primary Nurses”

RSVP to Heather Robertson by Friday 16th August on 8790570 ext 8599 or email Heather.Robertson@tdh.org.nz



Hope to see you there



Care of the Dying Person: Managing Pain

Develop your knowledge in assessment and management of pain experienced by adults in their last weeks/days of life.

Date: Monday August 23 - Friday 22 October, 2010

Time: 24 hours of online learning and 26 hours of self-directed learning over 8- 10 weeks

Venue: Online, flexible delivery to fit your work and lifestyle

Cost: \$228

Contact Person: Dr Daphne Manderson, ph: 940 8291

Course topics include:

- Physiology and types of cancer pain
- Advanced holistic assessment of pain
- Current medical management of pain in end of life care – Dr Amanda Landers
Community Specialist in Palliative Care, Nurse Maude (NM)
- Complementary therapies in managing pain
- Psycho-social-spiritual approaches to supporting the person in pain and their family
- Goals of end of life care
- The Liverpool Care Pathway for the Dying Patient
- Care coordination in end of life care – Katherine Brouard, Clinical Nurse Specialist, NM

The course will be delivered using library resources, web-based resources, video-clips, online discussion groups, and powerpoint presentations. Access to broadband and a computer that can play video clips is required. However, if you send emails, you can easily do this course.

For further information:

Faculty of Health, Humanities and Science

CPIT School of Nursing and Human Services (Graduate Studies)

Phone: 03 940 8074

Email : Mandersond@cpit.ac.nz

**Until the next newsletter keep safe and well.
Ka kite ano (see you again)**

