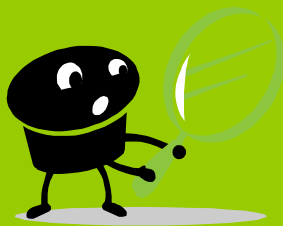


Primary Health Care Nurse Newsletter

Volume 18

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Time to learn: understanding patient-centred care.

(taken from Pelzang R British Journal of Nursing (BJN) (BR J NURS), 2010 Jul 22; 19(14): 912-7)

Patient-centred care is a widely used model in the modern healthcare system. It is described as 'treating the patient as a unique individual' (Redman, 2004: p11). It is a standard of practice that demonstrates a respect for the patient, as a person (Binnie & Titchen, 1999; Shaller, 2007). Patient-centred care is very much about considering the patient's point of view and circumstances in the decision-making process, and goes well beyond simply setting goals with the patient (Ponte et al, 2003). 2005). It is a way of viewing health and illness that affects a person's general well-being and an attempt to empower the patient by expanding his or her role in their health care. Making the patient more informed, and providing reassurance, support, comfort, acceptance, legitimacy and confidence are the basic functions of PCC (Fulford et al, 1996).

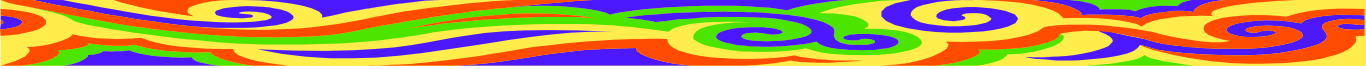
Patient-centred care is understood to be a healthcare system which considers patients as a whole person with biological, psychological and social needs. Respect, compassion, concern, shared decision making and communication are seen as basic elements for patient-centred care. Patient-centred care is said to improve the quality of patient care, reduce the cost of care, and increase satisfaction among nurses, physicians and patients by strengthening professional practice and maintaining the values of the patient and healthcare providers.

It is evident that effective patient-centred care requires health professionals to have good knowledge of clinical practice, as well as skills in data gathering, clinical reporting/documentation, procedures, communication, and relationship development with patients their families, and other professionals. However, inadequate emphasis on patient-centred care in education, a lack of coordination and collaboration among health professionals, a shortage of staff, and the dominance of a biomedical model of health care act as barriers to the delivery of patient-centred care. This implies that the implementation of patient-centred care requires a planned and coordinated approach, with sufficient staff, efficient teamwork, and adequate education of healthcare providers.

For more information on patient-centred care read the full article, or refer to some of the references in the article. If you would like a copy of the article

please email: Heather.Robertson@tdh.org.nz

STROKE AWARENESS WEEK begins 6 September.



Impetigo (school sores) (Handout)



Impetigo is an easily spread common bacterial skin infection in children.

- ✚ It may start where the skin is broken and a germ can get in
- ✚ It may start as small red spots which turn to pus filled blisters with crusty tops
- ✚ It may spread by touching the sores
- ✚ It may spread through direct contact with others with the sores

What needs to be done?

- ✚ Keep sores clean and dry
- ✚ Cover sores with clean gauze or fabric plaster (not waterproof plaster)
- ✚ No swimming until all sores have healed
- ✚ Discourage scratching
- ✚ Discourage picking at sores
- ✚ Discourage sharing clothes, towels or bedding

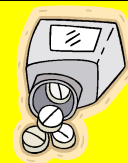
See your doctor if.....

- ✚ Sores do not heal within 2 days
- ✚ More sores develop
- ✚ Redness spreads around a sore
- ✚ The child is unwell with a fever or general illness

General hygiene measures which help prevent the spread of Impetigo

- ✚ Wash hands well with soap and water
- ✚ Regular baths or showers
- ✚ Regular changing and washing of clothes
- ✚ Keep fingernails short and clean

Joke



Pharmacist handing prescription to customer: "Take one of these every four hours. Or as often as you can get the cap off."

Unequal Impact II: Māori and Non-Māori Cancer Statistics by Deprivation and Rural–Urban Status 2002–2006

(Taken directly from; Te Rōpū Rangahau Hauora a Eru Pōmare University of Otago, Wellington)

Cancer remains a major cause of illness and death in Aotearoa/New Zealand. The first chartbook *Unequal Impact: Māori and non-Māori cancer statistics 1996–2001* (Robson, Purdie, Cormack 2006) identified significant disparities in cancer incidence, mortality, stage at diagnosis, and survival between Māori and non-Māori. Further investigation of these disparities is critical to provide a comprehensive and detailed base from which to inform cancer control strategies, the development of services and community interventions, and actions to increase equity of access and outcome.

Disparities between populations in cancer incidence and outcomes are influenced by differences in exposures to risk and protective factors, differential access to preventive services, screening, early diagnosis, timely and effective treatment, support services, and palliative care. Survival disparities may be affected by stage at diagnosis; the timeliness of journeys through curative or palliative treatments; the scope, relevance, quality, and effectiveness of services or treatments available; comorbid conditions affecting the chances of being offered or receiving adjunct therapies; and differential access to appropriate support services.

This chartbook of Māori and non-Māori cancer statistics *Unequal Impact II: Māori and non-Māori cancer statistics by deprivation and rural urban status 2002–2006* provides analyses of variations in cancer incidence, mortality, stage at diagnosis, and survival in Aotearoa/New Zealand, by small area socioeconomic deprivation and rural–urban residency. In particular, it measures disparities by area deprivation (using the NZDep2001 index) and by rural–urban status (using the New Zealand Urban/Rural Profile classification). The chartbook uses national cancer registrations and mortality data from 2002 to 2006 for analysing incidence and mortality rates, and data from 1996–2006 (inclusive) for analysing stage at diagnosis and survival disparities. The results provide insights into the role of deprivation and rurality in disparities in cancer incidence and outcomes between Māori and non-Māori. The purpose of this publication is to present key data and analyses, rather than in-depth discussion of findings.

If you would like a copy of this publication please email: Heather.Robertson@tdh.org.nz

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

You can not prevent the birds of sorrow from flying over your head, but you can prevent them from building a nest in your hair

Chinese Proverb



Feedback from Primary Health Care Nurse forum 24th August



Carol Ford presented a hilarious but informative talk on Sex Therapy for Primary Nurses. Carol recently completed training in this area and uses this skill in her everyday encounters with her clients. This was followed by Sonia Gamblen Associate Director of Nursing who presented on 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.

For those of you who have wondered what SBARR means, it stands for:

- S Situation**
- B Background**
- A Assessment**
- R Recommendation**
- R Response**

The night was further enhanced by Natasha Ashworth, who presented her thesis: Chronic disease management delivery: health professional's perspective. Well done Natasha – that was a fabulous piece of research. Natasha has written an article for publication in the Journal of Primary Health Care (formally the New Zealand Family Physician) in the December issue.

Overall it was a fantastic night with 19 nurses attending. The next forum will be held in December



What has happened to the CTA funding?

Nothing really, but it has changed its name. CTA funding is now called Health Workforce New Zealand (HWNZ).

Calls for applications for funding for post graduate study will go out late September early October. The application forms will once again be available from the TAIMNED website: (<http://www.taimned.co.nz>). More information will come out nearer the time.

If you are thinking of undertaking postgraduate education next year, now is the time to start looking into it. What is on offer? Where do you want to be working in 5 years time or in 10 years time? What learning institute do you want to attend? What funding is there to support my study? What qualification are you seeking? Oh so many questions. I am available if you would like support in finding your way through the maze (Heather Robertson 06 8690570 ext 8599).

The National Health Board website

The National Health Board has this week launched its website www.nationalhealthboard.govt.nz

As well as providing core information about the National Health Board and business unit, the website will also help us to better engage with the health and disability sector.

This is the first stage of the site, which will be progressively updated over the next month to include a members area, links to a social networking presence on Facebook and Twitter and a regular e-newsletter. The home page will be regularly updated with profiles and stories of interest.

College of Primary Health Care Nurses (NZNO) update



Have you joined the College of Primary Health Care Nurses yet? The New Zealand College of Primary Health Care Nurses NZNO is a specialty, professional group of NZNO, dedicated to the provision of leadership, support, education and professional development of Primary Health Care Nurses in New Zealand.

If you meet the following criteria and would like to join the college please use the form below:

- A Primary Health Nurse working in a Primary Health Care Setting
- A Nurse involved in education and professional development of Primary Health Care Nursing
- A financial member of NZNO

Membership benefits include:

- Being part of a Specialty Nursing group with a Primary Health Care focus providing leadership and strategic direction
- Access to professional standards of practice, position description, PDRPs etc.
- Representation at regional and national policy and decision making forums with feedback to members
- Regular contact through Regional and National virtual groups
- Networking through Regional forums
- An excellent Journal
- Annual Conference at a discount cost
- Scholarships and awards
- Industrial strength
- The opportunity to have your say as to your future in nursing
- Full access to the College website



2010-08+Membershi
p+form+CPHCN1.pdf

Please note there is a fee of \$25 per annum to join.

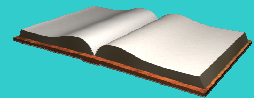
You will be kept updated on progress within the College through this newsletter and on the NZNO website.

Feedback from the educational update for nurses working with the elderly July 29th



We had 10 nurses attend this event that was enjoyed by all. Janice Petty spoke on advanced directives and living wills. Cheryl Morley provided an overview with excellent handouts on chronic pain and arthritis, while Sonia Gamblen explained the usefulness of the communication tool SBARR. To complete the afternoon, Kim Priest presented on how to deal with managing challenge behaviours. This was a hilarious but informative talk that had attendees roaring with laughter as well as learning new techniques. The next educational update will be held in November.

Training / Education



Two day PRECEPTORSHIP WORKSHOP

Date: Thursday 28th – Friday 29th October 2010







Time: 8.30am – 4.30pm

Venue: Gisborne Hospital Conference Room

This two day course is suitable for those who have never had any preceptor training and those wanting a comprehensive update.

The aim of the workshop will be for course participants to increase their understanding of the various components of the preceptor role.

Workshop Covers:

-  *Defining preceptorship*
-  *Socialisation*
-  *Adult learning and teaching principles*
-  *Assessment*
-  *Feedback and communication*
-  *Conflict management*

REGISTRATION IS ESSENTIAL

Please email: Candy.Hauiti@tdh.org.nz or call Candy extn 8034 to register

Any Enquires about this workshop please contact: Jane Wilkie
Phone 869 0500 ext 8300 or email Jane.Wilkie@tdh.org.nz

Online smoking cessation training

The easiest way to register as a Quit Card provider is to complete the online e-learning tool: Smoking Cessation ABC, <https://smokingcessationabc.org.nz/> which provides the basics of ABC, and on completion, HCPs can register on-line to become Quit Card providers. The tool takes between 30 and 40 minutes to complete.



Try it now



ENROLLED NURSE STUDY DAY

Date: Monday September 20th, 2010
Time: 8.30am start – 4.30pm
Venue: Conference Room Gisborne Hospital

Contents include:

- ✚ Patient assessment
- ✚ Direction and delegation
- ✚ Communication
- ✚ Patient education
- ✚ PDRP process

Programme and content of this day will relate to the new Nursing Council competencies for EN and supporting in the transition process:

REGISTRATION IS ESSENTIAL

Please email: Candy.Hauiti@tdh.org.nz or call Candy extn 8034 to register

Any Enquires about this study day please contact:

Robyn: Phone 869 0500 ext 8220 or email Robyn.Dymock@tdh.org.nz

Attention Deficit Hyperactivity Disorder (ADHD)

Objectives:

- To gain understanding of ADHD including description, signs and symptoms, aetiology and epidemiology
- To gain knowledge of best practice treatments and management for ADHD
- To increase understanding of practical strategies and resources available for the mother and kai awhina enabling promotion of maternal attachment

Participants have an opportunity to present a case for discussion or opportunity to relate practice to theory

Time: September 16th(9am-3pm)

Venue: Gisborne Hospital Morris Adair Board Room

Any queries and RSVP please do not hesitate to contact me on (06) 8690500 ex 8525

Joleen Turnbull

Mental Health Educator

Tairāwhiti District Health

GISBORNE

Diabetes update

The next Diabetes update is scheduled for **Wednesday September 29th 5.30pm -7.30pm in the Turanga Health Board Room**

The topic will be Diabetes and renal disease with presentations from Dr Robin Briant, Kathy Bunyan, Renal CNS, Jo Tietjen and Ann Corack Diabetes CNS

There will be one further update this year which will relate to the **Diabetes Annual Review** in November but date to be confirmed and will be advised

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

