

Primary Health Care Nurse Newsletter

Volume 24

April 2011

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International Nurses Day 12th May 2011



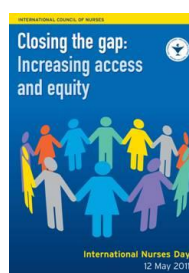
Each year, on the 12th of May, nurses celebrate nursing and raise the profile of their work in a variety of ways and events.

It is also a day for nurses worldwide to celebrate their profession and unite to take pride in their jobs and show the world the importance of their work.

The reason that Nurses Day is held on the 12th May is because this is the birth date of Florence Nightingale. She made many reforms to nursing and health care and drastically cut the death rate amongst soldiers in the Crimean War as a result of her hard work, dedication and training of fellow nurses.

The International Council of Nurses theme for this year is:
Closing the gap and increasing access and equity

The International Council of Nurses believe that nurses have an important role in achieving health equity and developing a clear understanding of how the health sector can act to reduce health inequities. More on this in next month's newsletter.



National Student Nurses Day

National Student Nurses Day will be celebrated on the 8th of May. This

started in 1998.

Now is the time to start thinking how you and your organisation might celebrate International Nurses Day on the 12th of May. – Because we are worth it.



World Immunisation Week 23 - 29 April 2011

The World Health Organization (WHO) ranks immunisation among the most cost-effective public health measures ever developed. In the last week of April immunisation campaigns are being launched simultaneously in 112 countries and territories in the World Health Organization Regions of the Americas, Eastern Mediterranean and Europe. The WHO is encouraging all countries in the Western Pacific to undertake immunisation activities during the same week to align with activities that are happening in the other regions to promote efforts to prevent disease and save lives.

The Ministry is planning some national activities during this immunisation week, these details will be shared with District Health Boards (DHB) when finalised. The Ministry's activities will be cost-neutral and relatively low-key because this is the first year.

In Tairāwhiti:

Key messages:

- Protect your child - immunise
- Protecting your child protects the whānau and the community.
- If you have missed out (on immunisations) get in and get it done.

We will be promoting this week by media campaign, local advertising and Immunisation Drop-in Clinics targeting children 24 months and under.

Immunisation Drop in clinics are going to be held at:
(For clients registered at these clinics)

Puhi Kaiti Hauora

Tuesday 26 April 2011 to Friday 29 April 2011, 10am-12pm
Tuesday 26 April 2011 to Thursday 28 April 2011, 5pm-6pm

Kaiti Medical Centre

Tuesday 26 April 2011 to Friday 29 April 2011,
10:30am-12:30pm
Tuesday 26 April 2011 to Friday 29 April 2011,
2pm-3:30pm

City Medical

Tuesday 26 April 2011 to Friday 29 April 2011, anytime through opening hours of clinic.

For further information

Janine Brown (Immunisation Coordinator)

Phone 06 8690592 ext 8765

Janine.brown@tdh.org.nz

RESEARCH ON WHY PARENTS DON'T FULLY IMMUNISE KIDS – TONY RYALL 24 MARCH, 2011

Government-commissioned research into why parents and caregivers don't complete pre-school immunisations shows that, in most cases, these people aren't opposed to immunisation. Health Minister, Tony Ryall was discussing the research and launching a new immunisation booklet. "We have already achieved record levels of immunisation for two year olds, with just over 88 per cent completing the schedule." The target by the middle of next year is 95 per cent, and we wanted to find out from parents and caregivers what we need to do to help achieve this."

Researchers found that in most cases, people aren't opposed to immunisation, but circumstances get in the way. For example, if the child is ill when a vaccination is due, the appointment may be skipped. Transport can be an issue particularly if the weather is not good, and some caregivers don't believe their children are at risk because they don't see the diseases in the community.

"Immunisation is an important and cost-effective public health programme. "It provides not only individual protection, but also protection for the wider population by reducing the incidence of diseases, which stops them spreading to vulnerable people."

Effective immunisation initiatives have been pulled together in a new booklet that has been put together by the Ministry of Health and the National Health Board. "Immunisation is a health targets success story. In 2007, the number of Kiwi children fully immunised by their second birthday was 73 per cent. By the end of 2010, we have lifted that to just over 88 per cent. "With a target of 95 per cent of all two years being fully immunised by July 2012, we're now looking at getting to those children and families who require a bit more effort," Mr Ryall said.

Better immunisation rates are also having other major benefits for children's health. In the booklet, the target champion Dr Pat Tuohy explains: "Because children under two years of age and their families are now seeing primary health care services regularly for vaccinations, there are many more opportunities for a wider range of health care issues to be addressed. "I think we are already seeing the impact of increased contact with general practice teams, with fewer hospitalisations for Maori and Pacific children for illnesses such as asthma, diabetes and pneumonia – all of which we know can be attributed to more frequent visits to general practices."

New Zealand's immunisation rates for children have been low for a long time, so it is pleasing to see such progress in this prevention programme. "The results add confidence to the view that children, from all backgrounds, are getting good access to GPs and primary care."

This booklet provides insights into the different ways that DHBs and immunisation providers have achieved their successes so far, and it's part of "sharing the knowledge" about how to improve services for patients. The insights come from vaccinators all around the country, including the Canterbury, Counties-Manukau, Southern, West Coast, Hawke's Bay, and Capital and Coast DHB areas. Based on the research and the immunisation target performance so far, the Ministry of Health is working to provide people with more information to support them to make a decision, and improve our immunisation rates even further.

The research is available at: <http://www.moh.govt.nz/moh.nsf/pagesmh/10689?Open>

The immunisation booklet is available at:
<http://www.moh.govt.nz/moh.nsf/indexmh/targeting-immunisation>

New Zealand Influenza for Health Professionals



I have had my vaccination - have you had yours?

Tony Ryall Speech April 2011
Better Sooner More Convenient

“It is worth me restating the objectives of the government's drive in primary care policy – and why a more integrated primary sector is crucial to our public health service of the future. As we all know, the demand for better and more health services grows every year, always faster and stronger than any funding increases, and stronger than the growth of the economy.

Population ageing, new technology and medicine, and rising costs are putting huge pressure on health services around the globe. Internationally, health budgets are being cut dramatically. However, the National-led government is following a prudent strategy future-proofing our health service to better deal with those increasing demographic and financial pressures.

If demand for health services is to double over the next 10 years as some experts suggest, then we are not in a position to double Waikato Hospital or double the number of doctors and nurses. That is why we need to move services to a lower cost platform that can deliver care closer to home ... and that platform is in the community...primary care. And that means integrating services across hospital and community in ways that put the patients' needs at the centre of how care is provided: closer to home.

But that doesn't often happen now because the necessary primary care teams and infrastructure do not broadly exist. And the historic divide between hospital and community clinicians doesn't make it easy. That is why the Integrated Family Health Centre concept in particular is pivotal to the future delivery of patient-centred care. It's about building capacity to deliver more complex care...in the community. The evidence base for a comprehensive multi-disciplinary approach suggests that these will greatly help patients to get the right care in the right place.

General practice in New Zealand is evolving to combine accessible general practice with the benefits of working at scale with others...either co-located or networked. As I said earlier, this is all about preparing the public health service for the future. Building the infrastructure and professional teams we need. That's what Midlands Health Network is doing. It is a great privilege being Minister of Health.

And I want a second term in this job. Because the public health service in New Zealand is now making real progress for patients. Unlike so many other countries around the world, ours is a government determined to protect and grow the public health service. But we are borrowing \$300 million a week and that can't continue if we are to avoid the sort of meltdown seen in other countries”.

The next year will be much tighter for the health budget. Though, with determination and co-operation, we can ensure that service continues to improve for patients and families here in New Zealand.

How many Easter eggs can you put in an empty basket?

Only one – after that it's not empty any more



ha ha

Medscape provides regular updates and discussion documents and articles - it is a free subscription.. Here's the link for registering and signing up:

<https://profreg.medscape.com/px/registration.do?cid=med>



College of Primary Health Care Nurses

Its time to renew your membership!

If you joined the College of Primary Health Care Nurses in 2010 it is now time to renew your LOGIC subscription and membership.

If you have not joined but would like to or you would like to find out more about the NZNO College of Primary Health Care Nurses, visit their website or open the attached PDF document below:

http://www.nzno.org.nz/groups/colleges/college_of_primary_health_care_nurses



LinkClick.pdf

A man wanted an Easter pet for his daughter. He looked at a baby chick and a baby duck. They were both very cute, but he decided to buy the baby chick.

Do you know why? The baby chick was a little cheeper!



Plunket newsletter

Please find attached the Plunket newsletter for April



110325 Primary
Health Care Nurse Ne

Reflections on participation in PHARMAC Hauora Village at Te Matatini o Te Ra: National Kapa Haka Competition: Gisborne: February 2011.
Prepared by Carol Ford RN. (HealthRight Nurse; Midlands Health Network (Gisborne Locality)).

I was one of a number of Registered Nurses and others who provided, over the four days of the competition, for Maori Men from all parts of New Zealand and also from Australia, Heart Checks under the “One Heart Many Lives” branding. This was offered in association with the Heart Foundation. Prior to the event, preparation and training were facilitated in the form of a team familiarization and “rehearsal” day at a local marae, and also technical training for participating registered nurses at the MHN rooms in Gisborne.

A formal report will be provided by PHARMAC in due course giving precise details of numbers screened and the outcomes achieved. However it is my understanding that more than 300 Maori men received heart checks. This involved an approximately 40 minute process during which their personal and family history health history were recorded, blood pressure, weight, height, BMI and girth measured, and blood was tested for glucose and cholesterol (using point-of-care equipment). All of this information then contributed to a 1:1 conversation with a Registered Nurse who, using the “Your Heart Forecast” e-tool, calculated and explained Cardiovascular Risk to each of the men. A plan of care was developed with each of the men being supported to “work on” aspects of their health which were contributing to increase risk of cardiovascular events.

Where men agreed, a copy of the information collected will be faxed to their General Practice. In addition, in instances of CVD risk greater than 15% or where there was a recommendation for other reasons that a participant should see their General Practitioner within the following fortnight, these men will receive a follow up phone call (from the Heart Foundation personnel) to check that this has occurred.

From the outset, this project was branded as a highly professional, “smart” and quality focused initiative which was reflected in the level of preparation, information and clear expectations provided to participants in the lead-up. On site, each day was heralded with karakia and team briefing, with debriefing and karakia at day’s end. Leadership was clear and supportive throughout the event with considerable care taken to manage the flow of “customers”, to facilitate breaks for clinicians, to provide a variety of work for individuals and at the same time to facilitate learning for individuals.

Initially I had reservations about the “conveyer-belt” approach that was to be taken, and the capacity to have a meaningful, private, life-transforming conversation in the crowded tent environment at such an event. However my reservations proved to be unfounded. And in the vast majority of cases I found the men to be fully engaged in the encounter, keen to learn and hungry for the information that was offered. One conversation with a man in his 40s with 15% CVD risk who had stopped taking antihypertensives, was aware that he is overweight and was doing no deliberate exercise that will stay in my heart for a very long time went something like this.....

Me: “ From what you have told me about yourself, and from what a lot of the other men have said, it seems to me that its always a case of putting the needs of your kids and the rest of the family first. You make sure that they all get the right food and that they get to their sports and that they get to the doctor when they are sick. But who is taking care of you?”

Silence.....silence.....silence.....

Him (eventually): “ Fah! I’ve never thought about it like that.” and at the end of the encounter:

“I’m still thinking about this – “who’s looking after me”. Someone better do it – and its just going to have to be me.”

What was the value to me and my work? (reflections continued)

There can be no greater opportunity to fine-tune one's approach to this client group than the chance, over four days, to have conversation after conversation with Maori men about their life, their health, their lifestyle choices and their "numbers" than participating in this initiative afforded. At the same time, there was the opportunity to learn from observing others doing the same work, to learn new skills (eg use of the point-of-care blood testing equipment), and to receive feedback from others about one's own practice and contribution to the work of the team. I know that my competence in cardiovascular risk assessment and management was enhanced many-fold, as was my confidence that the way I approach this particular client group and the language I use with them is appropriate, acceptable and understood. The value and the learnings are immeasurable and I would not hesitate to volunteer for similar work again in the future or to recommend it to others.

Why are you stuffing all that Easter candy into your mouth?"
"Because it doesn't taste as good if I stuff it in my ears."



Useful reference list

(from Diane Williams)

- MOH; Medicines (designated prescriber: Nurse practitioner) Regulations 2005
- BPAC (Best Practice Advisory <http://www.bpac.org.nz/public/home.asp?>
- <http://www.bpac.org.nz/magazine/2008/september/neuro.asp>
- http://www.bpac.org.nz/resources/orders/admin/resource_order.asp
- PHARMAC <http://www.pharmac.govt.nz/healthpros/Schedule/SAForms>
- ASTHMA <http://www.asthmacontrol.co.nz/Quiz.aspx>

PATIENT resources from BPAC – these resource are FREE

- Asthma Patient Information, Information leaflet on spacers
- Back pocket prescriptions pamphlet
- Patient information pamphlet on back pocket prescriptions
- Blood tests and Hereditary Haemochromatosis
- Details of blood tests that may be performed
- Brand change notification Information on the change from Aropax to Loxamine
- Depression patient health questionnaire Laminated re-usable depression assessment questionnaire
- Diabetes Lab Tests Information
- Patient information pamphlet on Diabetes lab tests
- FRAX charts Fracture Risk Assessment Calculation Charts
- Indigestion Patient Information
- Dyspepsia and Heartburn patient information leaflet
- Is your drinking OK Drink check – Patient Questionnaire
- My medicine looks different General information on medicine brand changes
- Poster "Are you at risk..."Poster about risk factors for diabetes
- Smoke free guide A guide for making your home and car smoke free
- Special foods information sheet
- Changes to the Funding of Nutritional Products
- Starting on warfarin Patient information for those beginning warfarin
- Tension-Type Headache Managing tension-type headaches (Currently out of stock, expect a delay)
- Tiredness Patient Information Explanations on factors associated with tiredness
- Vitamin D and Sun Exposure Advice on sun exposure and 'sunsmart'
- What your Lipid Test means for you Information on Fats and Lipid testing



IMAC Vaccinator Training Course

25th & 26th May 2011, 8.30am - 4.30pm

Venue: TDH Social Clubrooms 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.



Professional Supervision
What's it all about?

Learn how to give and receive supervision
How to set up peer group supervision

When: Thursday 5th May 2011

Where: Gisborne Hospital Social Club Rooms

Or

When: Friday 6th May

Where: Te Puia Hospital (Te Whare Hauora o Ngati Porou) Conference room

Facilitator: Gytha Lancaster - Nurse Advisor NZIRH

Lunch – bring a plate for shared lunch

RSVP:

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

or

Gytha Lancaster: gytha@nzirh.org.nz

PHARMAC Seminar Series

The PHARMAC Seminar Series provides a number of high quality education seminars, covering a variety of topics and caters to a range of health professionals. Seminars are a full day and are held in Wellington. PHARMAC covers the cost of travel to and from seminars (including flights), and accommodation when required. Participants are charged \$115.00 (GST inclusive) as a contribution towards the cost of running the seminar. To register go to their website

Rheumatic Fever

Date: 26-April-2011

Location: PHARMAC, Wellington

Speakers: Rheumatic fever, a "third world disease", is still existent in New Zealand and reflects large inequalities in child health. There is an urgent need for accelerated implementation of a coordinated national programme to achieve eradication of Rheumatic Fever before 2020. A systematic and cross-sectoral approach is required with attention to primordial, primary and secondary prevention in high risk settings. This seminar will assist health professionals who are working in such settings to ensure their efforts can achieve rapid improvement.

Audience: Please note we will be identifying and inviting registrants for these seminars from the relevant high risk areas.

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

The spirit of Easter is all about Hope, Love and Joyful living.
Happy Easter!



Count your eggs and your blessings this Easter time!