

Primary Health Care Nurse Newsletter

Volume 4

April 2009

Better, sooner, more convenient

Letter of Expectations to DHBs released

Health Minister Tony Ryall says the new government's goal of better, sooner, more convenient health care for all New Zealanders will be sharply focused on improving hospital services this year.

Releasing the new Government's first Letter of Expectations to District Health Boards, Mr Ryall says "we want shorter waiting times, less bureaucracy and a trusted and motivated health workforce while keeping within budget." The Letter of Expectations priorities are: increased elective surgery volumes, shorter emergency department and cancer treatment waiting times, better clinical staff retention and greater clinical leadership. The Minister says commitment to the Primary Health Care Strategy is bipartisan and remains important. "The Government is signalling that the 2010/11 focus will also be on building up the Primary Health Care Strategy by shifting some secondary services to more convenient primary care settings and establishing multi-disciplinary Integrated Family Health Centres," the Minister says.

For more information go to their website: <http://www.national.org.nz>

SBARR – The Next Stage

Early Warning System

- S – SBARR was one part of a systematic process to help early intervention of the deteriorating patient.
- B – SBARR is a communication tool that assists people to relay information that is relevant, concise and meaningful.
- A – The time is now right to proceed to the next stage - a TDH Early Warning System (TEWS) to help identify and provide early interventions for patients who are deteriorating and may otherwise result in an unplanned admission to ICU/CCU or an extended length of stay. TEWS consists of a new patient observation chart. Observations that fall outside of an acceptable range attract a score. The total score results in an action.
- R – The new observation chart has been designed by TDH doctors and nurses. The Clinical Nurse Managers were asked for a volunteer to pilot the chart. The Chart was piloted in Ward 5, has since been amended and as of April 1 Wards 5, 8, 9 & ED are all going to be using it.
- R – Information on TEWS will be available on Ward 5 or by contacting Sonia Gamblen x 8082

Introducing – Netta Kutia Nurse Liaison

Ko Pukehapopo te maunga,
Ko Waiomoko te awa,
Ko Horouta te waka,
Ko Ngati Konohi te hapu,
Ko Ngati Porou te iwi,
Ko Netta Kutia ahau.

Nursing was not my choice of careers. I wanted to be an air hostess and travel the world. It was my mum that encouraged me into this profession. Thirty years ago was when it all started, firstly as an Enrolled Nurse; which to my surprise I enjoyed. Ten years on, despite continual nagging from whanau and friends to do the three year General Training (as it was known back then), it wasn't until I had my daughter that my whole perspective of a career in nursing changed.

I applied for the 3year Comprehensive Nursing through Hawke's Bay Polytechnic in Taradale, was accepted, packed my daughter up, and we moved to the Fruit Bowl of New Zealand where I commenced my training. At the end of three years (of which I felt were long and hard years) I passed my state finals and returned to Gisborne. At this point I was unable to secure a position on the New Graduate Programme at Gisborne Hospital, but to my benefit a position as a Public Health Nurse became available which I applied for and was accepted. It was a multifunctional role dealing with all ages throughout the life-span. It also involved work in a team, which I cherished. I guess you could say this was my introduction to Primary Health Care Nursing.

After six years, I realized I needed to get back into an area where I could further develop my clinical skills. Once again opportunity was on my side and a position as a Practice Nurse became available. This position I accepted and have never regretted. My role as the Pinnacle Nurse Liaison for Tairāwhiti is a way of keeping myself in touch with not only my little work community but the community at large. The role involves:

- 1) Being the internal champion for nursing related issues within the Pinnacle Turanganui General Practice Network/Pinnacle Turanganui Primary Health Organisation
- 2) Facilitating the development and implementation of nursing initiatives for Turanganui Primary Health
- 3) Managing local relationships pertaining to nursing development on behalf of Turanganui Primary Health and;
- 4) Providing advice and support to Turanganui Primary Health Organisation of nursing issues.

Kia Ora

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Great news – congratulations

Sharon Kirkpatrick and Michell Krawczyk both completed a Postgraduate Certificate in Primary Healthcare Specialty Nursing – Well Child Tamariki Ora Strand at the end of last year.

April's funny



A nursing assistant, floor nurse, and charge nurse from a small nursing home were taking a lunch break in the break room. In walks a lady dressed in silk scarves and wearing large polished stoned jewellery.

"I am 'Gina the Great'," stated the lady. "I am so pleased with the way you have taken care of my aunt that I will now grant the next three wishes!" With a wave of her hand and a puff of smoke, the room was filled with flowers, fruit and bottles of drink, proving that she did have the power to grant wishes before any of the nurses refuted her.

The nurses quickly argued amongst themselves as to which one would ask for the first wish.

Speaking up, the nursing assistant wished first.

"I wish I were on a tropical island beach, with single, well-built men feeding me fruit and tending to my every need." With a puff of smoke, the nursing assistant was gone.

The floor nurse went next. "I wish I were rich and retired and spending my days in my own warm cabin at a ski resort with well groomed men feeding me cocoa and doughnuts." With a puff of smoke, she too was gone.

"Now, what is the last wish?" asked the lady.

The charge nurse said, "I want those two back at work at the end of the lunch break!"

Influenza for Health Professionals



Gisborne health professionals are urged to get an influenza vaccine in the lead up to winter as New Zealand braces itself for what is expected to be a harsh influenza season. Health authorities are warning that the country could this year be hit by the virulent "Brisbane strain" of influenza which has led to the deaths of six children in Australia. European authorities have warned the strain could be the most severe they have seen in 20 years. This year's influenza vaccine offers protection against two Brisbane strains of the virus so if we are hit with the Brisbane 'flu' there is no better way to be protected than to get the influenza vaccination. Immunisation is our best protection – influenza is easily spread and anyone can catch it. It's important to be immunised before the main influenza activity May to September, as it can take up to two weeks from immunisation to develop immunity. Influenza can be a serious and potentially fatal disease and New Zealand could be due for a more serious season this year as the past few years have been mild.

Health professionals have an obligation to their clients to help prevent the spread of this potentially deadly virus. Studies clearly demonstrate that the annual influenza vaccination of healthcare workers significantly reduces illness and death among the patients that they care for.

For more information visit www.influenza.org.nz or www.moh.govt.nz or call 0800 IMMUNE (0800 466 863).

Nursing Contribution to the Primary Health Care Strategy

By Heather Robertson

Nurses are the largest health workforce group and they have frontline responsibility for the delivery of health care (Expert Advisory Group on Primary Health Care Nursing, 2003). According to the WHO (2000), nurses are also a cost effective workforce. However, it is not straight forward to measure the total contribution nursing makes to health outcomes according to the Ministerial Taskforce on Nursing (1998). This is further supported by Kent et al. (2005) who states the evidence is minimal about the overall cost effectiveness of the nurses role in Primary Health Care. This is not to say it is not cost effective, only that there is a lack of evidence. Further, Carryer (2001) state that the "nursing workforce is both visible and well known, yet invisible and poorly understood" (p.9).

The Primary Health Care Strategy provides the opportunity for nurses to better align their expert practice with the health needs of both individuals and populations (MoH, 2003). This is considered important to ensure the Primary Health Care nurse contribution to reducing inequalities. Also to consider is the demand for Primary Health Care services due to populations aging, rising patient expectations and health reforms that have shifted care from hospitals into the community (Laurant et al., 2006). Issues such as workforce shortages, the burden of chronic care and healthcare access have also been a contributing factor in the development of the Primary Health Care nurse role (Halcomb, Patterson & Davidson, 2006). This is consistent with the growing awareness of the importance of health promotion, disease prevention, the complexities of community based care and the increasingly scarce health care resources that in turn has increased the emphasis on primary health care (Bailey, Jones & Way, 2006; Jerden, Hillervik, Hansson Flacking & Weinehall, 2006).

Nurses constitute a major profession in their own right and are by far the largest part of the health professional workforce. Yet their influence on the management and direction of health service provision is in inverse proportion to their numbers (Ministerial Taskforce on Nursing, 1998). This is consistent with statements made by the WHO (2000) that suggest nurses have failed to make a significant influence on national health policies and are not recognized as equal members of the professional healthcare team. For me the question we need to ask ourselves is what are we going to do about it?

News Item

Tony Ryall Minister of Health 25 MARCH, 2009 **Nurses to elect members to Nursing Council**

Front line nursing staff will get more say in the regulation of their profession, Health Minister Tony Ryall announced today.

"From later this year, nurses on the nursing register can elect members of the Nursing Council," Mr Ryall said. Until now, the six nurses on the council and the two lay people have been appointed by the Minister of Health. Mr Ryall said, "This move is an important step towards giving nurses greater say in decisions affecting scopes of practice, competence and safety.

"This Government is committed to greater clinical leadership, and this includes trusting nurses to elect some of the Nursing Council." In September, elections will be held for two of the six health professionals on the council and they will serve a two year term. When the next elections are held in 2011 there will be three positions open for election for a term of three years.



Head lice –



Head lice have been around for centuries and we are unlikely to eradicate them so the best we can hope for is to control them. Head lice (Kutu) are blood sucking insects like mosquitoes or fleas but unlike the others they only feed from human scalps.

- They like to be warm
- Can't live long away from the human scalp, they feed about five times a day so if they aren't fed or warm they die
- They can't jump, swim or fly
- They have special legs that cling to human hair and they are fast movers
- Great feeders, females can lay up to 8 eggs at night
- They superglue their eggs (nits) close to the scalp. Any egg more than 1 cm from the scalp has either hatched or died
- Nits can camouflage themselves depending on the hair colour. If white they have hatched or died
- Nits take 7-16 days to hatch depending on temperature and humidity, they like it warm
- Head lice can crawl very fast from one head to another

How do you find them?

Itching is not necessarily an indication of headlice. Headlice or nits are not easy to find, places they like are behind the ears, nape of the neck and the crown of the head, so these are places to check. Eggs are usually laid at night close to the scalp.

Treatment

Head lice spread so readily it makes sense to check everyone in the family, and get them to tell friends and neighbours so they can check out their families too. Treating the whole family / whanau can be expensive so ask the doctor to prescribe enough shampoo or lotion for everyone who is found to have nits.

Prevention

Do not use head lice shampoos or lotions if there are no lice or live nits. Unnecessary use helps to develop resistance. Get parents to brush the child's hair daily. This will kill or damage any lice and stop the laying of eggs.



Well Child/Tamariki Ora Book

Have you noticed the changes to the Well Child/Tamariki Ora Book June 2008 version?

The term SIDS (Sudden Infant Death Syndrome) has now been replaced in the book as SUDI (Sudden Unexpected Death in Infancy). SUDI is now often used instead of SIDS because some coroners prefer to use the term undetermined for a death previously considered to be a SIDS.

World Health Organisation (WHO) growth standards – the growth reference charts previously used in the Well Child book previously used included data from children raised under various conditions for 'ideal' growth. The WHO standards established the breastfed infant as the normative model for growth and development; the lower weight gain by breastfed infants not recognised in the previous graphs. There is some disagreement about the use of these standards for New Zealand children with Pacific children in New Zealand growing a lot faster and bigger than other New Zealand children and this need be considered when interpreting the results. For more information consult the Food and Nutrition Guidelines (aged 0-2) available on the Ministry of Health website:

[http://www.moh.govt.nz/moh.nsf/pagesmh/7756/\\$File/0-2food-and-nutrition-guidelines-may08.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/7756/$File/0-2food-and-nutrition-guidelines-may08.pdf)

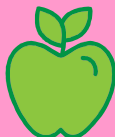
Head circumference –the charts for plotting the head circumference have also been replaced with the WHO charts in the revised book. The main difference with the charts is that it is now only plotted to 13 weeks as opposed to the 12 month as in the old chart. The reason for this is that there is no justification for repeated measurement past 8 weeks.

B4School Check replaces the School New Entrant Check as the eighth and final Well Child core contact. There is now a page in the Well Child book for this.

Definition for the month:

Benchmarking: In benchmarking one facility's routinely collected quality data is compared against data from a similar facility. A benchmarking approach to safety in health environments is needed to help translate lessons so that they are useable and long lasting.

Research on Primary Health Care Nursing



Have you seen the report that presents the findings from research conducted by the Victoria University in Wellington and the CGB Research LTD Auckland? *Nursing Developments in Primary Health Care 2001-2007* presents findings relevant to practice nurses from interviews undertaken with a sample PHO and general practice staff and other key stakeholder organisations in 2006 and from a survey conducted with general practice staff in 2007. I have enclosed a copy of the conclusion for your perusal although it is best to read the entire article. To view this report, go to the Victoria University website: <http://www.victoria.ac/hsrc>

Conclusion

Both the Strategy document (Minister of Health, 2001) and the nurse leaders interviewed for this project agree that PHC nurses have a crucial role to play in the Strategy's implementation, and many nurses have accepted the challenge. However, for nurses working in general practice, the PHO environment has not always been conducive to the development of their role, expansion of their practice, and equal partnership in multidisciplinary teams. Nor has it been conducive to collaboration amongst the various groups of PHC nurses.

Where there have been substantial developments in the nurses' role, PHO managers and GPs have been keen to embrace the vision of the Strategy. They have encouraged their nurses to undertake new and innovative developments, recognised that nurses add value to patient consultations, ensured that good leadership is provided in their practices, demonstrated effective teamwork, had good staff retention, and supported nurses in undertaking postgraduate education. The nurses who have expanded their practice – many of whom are employed in larger practices – have had positive attitudes about the opportunities for development, have been keen to respond to their communities' needs and, despite heavy workloads in many cases, have undertaken postgraduate education to enhance their skills and knowledge. Effective mentoring of nurses has been successful for involving them in governance at the PHO level.

The reported external barriers to nurses expanding their roles were the employer/employee relationship between GPs and practice nurses, GPs' attitudes, lack of support and motivation from GPs, the current funding structures, poor remuneration,

heavy workloads, lack of educational opportunities, lack of leadership, lack of physical resources, and patients not recognising the nurses as autonomous health professionals. Some nurses also reported a lack of self confidence, a belief that their current role is appropriate, and for some a lack of willingness to embrace change.

Providing generous incentives (as discussed in the funding model above) for general practices and other providers to increase access to culturally appropriate and socially acceptable population-based services as well as to personal health services would result in nurses working more effectively. It would also result in greater retention of nurses, would promote an environment that would encourage recruitment to PHC, and would overcome the current restrictions to the NP role. This would result in increased capacity and capability in the PHC workforce, more collaborative teams within practices and PHOs and the broader PHC sector, and a broader range of high quality health services for the people of New Zealand.

If the goals of the Strategy are to be realised, it is imperative that PHOs, along with GPs and nurses working in general practice and in other provider units, embrace the opportunities that are available in the new PHO environment. They need to develop strong multidisciplinary teams, encourage collaborations with other health and social service providers, and focus on improving health outcomes for all New Zealanders.

Establishing such an environment – one that encourages innovation, attracts and retains appropriately skilled nurses, and is focused on achieving the vision of the Strategy – has implications for both policy and practice. This research has identified four key areas for these: funding; education; leadership, mentorship and governance; and recruitment and retention (Finlayson, Sheridan, & Cumming, 2009, p61).

Liverpool Care Pathway update



Theresa MacKenzie LCVP project Coordinator/Palliative care Nurse Specialist, from Arohau Hospice in Palmerston North gave two presentations on the Liverpool care pathway (LCP) on Friday, February 20, 2009.

The Liverpool Care Pathway 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. The two sessions were attended by 41 health professionals and clergy and resulted in support and commitment for the introduction of this programme in Tairāwhiti.

So where to from here?

A working group has been formed and held their first meeting. A facilitator for 1 day a week will be appointed to support the roll out of the program. Two sites have been selected for pilot implementation: Te Wiremu aged care facility and the Rehab ward at Gisborne Hospital. Some keen nurses are now heading down to Palmerston North to attend the facilitator training on April 3. This is a once in a life time opportunity as for the first time in New Zealand some of the people from Liverpool will be presenting two workshops.

THE NGATI POROU HAUORA WARFARIN MANAGEMENT PROGRAMME



Through a partnership between Ngati Porou Hauora, Roche Diagnostics New Zealand and Flinders University's Community Point-of-Care Services Unit, point-of-care pathology testing (POCT) for INR is being conducted as a clinical services improvement project for patients on warfarin therapy across the network of six Ngati Porou Hauora health clinics along the East Coast.

In past years, INR testing was performed at the laboratory in Gisborne city but difficulties with transport of samples to the laboratory and delays in getting results back to patients led Ngati Porou Hauora to investigate the use of POCT.

Now patients on warfarin therapy are able to visit their local clinic, have their INR measured on a finger prick of blood by the clinic nurse using the Roche CoaguChek XS POCT device, and obtain their result in less than 2 minutes. Their dose of warfarin is adjusted immediately through the use of computer decision support software (called INR On-line), developed by clinical haematologist Dr Paul Harper from Palmerston North Hospital. A colour-coded monthly calendar, that identifies their warfarin dose for each day of the month and their appointment time for their next visit, is automatically printed out for the patient.

Nurse Leader – Primary and Community update by Heather Robertson

The last two months have been very busy. This newsletter allows me the opportunity to reflect on all that is happening for nursing and in particular Primary Health Care nursing. As mentioned earlier the research report on Primary Health Care nursing makes for some interesting reading as does the new government's goal of 'better, sooner, more convenient health care for all New Zealanders'. As nurses it is important for us all to become more aware of what is happening in health so that we are able to make informed decisions and have input into change – we need to be politically aware. We have this responsibility not only to ourselves as professionals, but also to the clients we see as part of our working life.

I was fortunate to have had the opportunity to attend the two and a half day incident management training recently. The training increased my awareness of how and why incidents occur in health care and helped me to understand the principles of incident management and the critical steps in undertaking Root Cause Analysis (RCA). Root Cause Analysis is a method for us all to learn as much as we can about what happened, learn the truth about why things happened, and to prevent adverse events and close calls happening again - what were the underlying causes. Most health care is delivered safely and appropriately to a very high standard and people don't come to work to harm someone or to make a mistake. But sometimes things do go wrong. However, how we deal with the incident and what learn from it so the same mistake does not happen again is so important. It is not about blaming the person or the people involved, it is about putting processes in place to reduce the risk of occurrence.

I have the manual from the training if anyone would like to view it or if you would like more information please contact me: (06) 8690570 ext 8599 or email: Heather.Robertson@tdh.org.nz

Happy International nurses day for May 12. I am currently working on how we can celebrate this special day. Once the plan is confirmed, information will be sent out and I encourage you all to join in the celebration.



INTERNATIONAL NURSES DAY 1988 - 2009

International nurses day is celebrated each year on May 12, the anniversary of Florence Nightingale's birth. This year the theme is: Delivering Quality, Serving Communities: Nurses Leading Care Innovations. According to the International Council of nurses "Nurses worldwide are engaged in innovative activities on a daily basis; activities motivated by the desire to improve patient care outcomes and the need to reduce costs to the health system. Many of these initiatives have resulted in significant improvements in the health of patients, populations and health systems. However, the nursing contribution to health care innovation is seldom recognised, publicised or shared among nursing and the wider public.... We live in a world that is constantly changing. Such is our reality, our challenge and our opportunity – our opportunity, as nurses, to make a significant difference to the world's people. We have never been in a better position to do so. We are heading up specialised clinics in such areas as diabetes, mental health and rheumatology. And we are fast becoming the first and primary point of contact for health services, often for people who find it difficult to access the mainstream"

To get a copy of the poster and to find out more information about this year's theme go to: <http://www.icn.ch/indkit2009.htm>

What's coming up?

Nursing & Midwifery Forum

Date: Wednesday, 08 April 2009

Time: 1030hrs Coffee

Presentation: 1100hrs

Venue: Conference Room Gisborne Hospital

Topic: **SAFE STAFFING & SAFE PATIENT CARE**

For enquiries and catering purposes please RSVP:

To: Jenny Simson; Phone 869 0500 ext 8558 or email jenny.simson@tdh.org.nz

Palliative care Nurses Study Day

Friday, May 8, 2009, 8.30am to 4pm (morning & afternoon tea provided) at Gisborne Hospital Conference Room

Topic: A Nursing Perspective of Palliative Care

Presenter: Mel Topp Specialist Registered Nurse involved in Hospice/Palliative Care in Christchurch

Registrations close 1st May 2009

Contact Palliative Care to Register:

Email: palliative@tdh.org.nz.

Phone: 869 0552

Fax: 869 0566



CORE training (levels 4-7) (Resuscitation)



Courses are available throughout the year –contact Jo Whibley, Resuscitation Co-ordinator 8690500 extn 8524 or email jo.whibley@tdh.org.nz to book onto one of her teaching/training days. Please note there is a charge for primary health care.

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



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