

Primary Health Care Nurse Newsletter

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Reducing inequalities

The way Primary Health Care has been interpreted since the Declaration of Alma Ata has remained focused on access to health and health care, as well as equity and community empowerment (McMurray, 2007). In recent years across the developing world, economic restructuring has increasingly marginalised many people with the resulting socio-economic inequalities becoming important political issues (Barnett et al., 2000). The relationship between socio-economic status and health is one of the most robust and documented findings in public health (Howden-Chapman, 2005). This increased recognition of the impact of a wider range of social determinants of health, especially the widening gap between the rich and the poor, has led to a stronger emphasis on equity.

Reducing inequalities in health means addressing the structural social and economic factors that exist in a society (Howden-Chapman, 2005; National Health Committee, 2000), and improves public health (Oliver & Peersman, 2001). Health for all means equal access for all people regardless of their race, age, geography or functional capacity (McMurray, 2007). Inequalities in health become unfair when avoidable (National Health Committee, 1998; Wilkinson & Marmot, 2003). Reducing the socioeconomic gradient in health, as well as the health disparities between ethnic groups, may be the best strategy for improving the health status of the New Zealand population as a whole (MoH, 2007c). In New Zealand, Primary Health Care is considered vital to improving the health of the people and particularly in tackling these inequalities (King, 2000). So how can we, as primary health care nurses, help reduce some of the health inequalities that exist in Tairāwhiti?

July Humour



Top ten reasons to become a nurse:

- 1) Pays better than fast food, though the hours aren't as good.
- 2) Fashionable shoes and sexy uniforms.
- 3) Needles: "Tis better to give than receive"
- 4) Reassure your patients that all bleeding stops...eventually.
- 5) Expose yourself to rare, exciting and new diseases.
- 6) Interesting aromas.
- 7) Courteous and infallible doctors who always leave clear orders in perfectly legible handwriting.
- 8) Do enough charting to navigate around the world.
- 9) Celebrate all the holidays with your friends- at work.
- 10) Take comfort that most of your patients survive no matter what you do to them.

Gisborne Hospital Ball 2009: No limits. No fears. No substitutes



All welcome – come along and have some serious fun

James Bond licensed to thrill. Come along and join in on all of the covert activities at the Gisborne Hospital Ball.

DETAILS: Venue: Poverty Bay Club
Date: 25 July 2009
Tickets: \$65.00/each
Available from Nursing & Quality Services
Enquiries: Jane Wilkie ext 8300 or
Jenny Simson ext 8558
Theme: James Bond

Definition for the month: Root Cause Analysis

Root Cause Analysis (RCA) is a tool used to investigate and analyse a serious adverse event with a focus primarily on systems and processes rather than individual performance. It seeks to identify vulnerabilities that allowed the incident to occur. These include contributing factors and root causes so that appropriate recommendations can be made and effective action taken to prevent similar incidents occurring again (taken from NZ Incident Management System).

Mental Health Update *by Linda Wilkinson*

An external review of Adult Mental Health and Addictions services was undertaken by Williment & Associates. The findings signalled the need for a number of service delivery changes that have been incorporated into an initial three year implementation plan, with an anticipated further two years for all the proposed service changes to become well embedded. A copy of the TDH recommendation review rollout framework has been developed and has been ratified at the Tairāwhiti Local Advisory Group (TLAG) hui in February. This document has taken each of the items as identified in the recommendations that were discussed and expanded them into objectives, actions, milestones/targets, start and finish dates. Hui with key stakeholders have also taken place over the few months to give and receive information about the process to date. Numerous supporting documents have also been developed including a Communication Plan and Risk Management Plan. All project scoping hui are progressing well across the sector following on from the Williment Adult review recommendations. Most of the NGO sector and Provider Arm sector are connecting and driving the objectives of each project. Adult Mental Health report projects are being implemented and feedback process via TLAG is working well with all TLAG members being aware of the stages of each project. This process is creating an environment of sharing of information and service delivery within each of the providers. It is also providing a collaborative model towards the future planning of service development and planning.

Multiple Languages – Useful Links

Health Ed

NZ health information and resources – some resources in multiple languages

www.healthed.govt.nz

Medline Plus

Excellent website for consumers and health providers developed by the US National Library of Medicine and the National Institutes of Health. Resources in over 40 languages

<http://www.nlm.nih.gov/medlineplus/languages/languages.html>

NSW Multicultural Health Communication Service (Australian)

Over 450 publications on health in a wide range of languages including some in Samoan and Tongan

<http://www.mhcs.health.nsw.gov.au/index.html>

Health Translations Directory

Health information from the Government of Australia, Victoria; translated into many different languages. <http://www.healthtranslations.vic.gov.au/>

Equip

NHS gateway to quality health and social care information for the West Midlands public

<http://www.equip.nhs.uk/language.html>

California Health Literacy Initiative

Multicultural and Multilingual Health Information plus information on health literacy.

Retrieved 5 June 2009, from <http://cahealthliteracy.org>

CulturedMed

“The mission of CulturedMed is to facilitate the provision of culturally competent healthcare to refugees and immigrants worldwide” <https://culturedmed.sunyit.edu/index.php/home>

Cancer

[American Cancer Society - ACS. \(2008\)](#)

Asian Pacific Islander cancer education materials tool.

[http://www.cancer.org/acmmain/\(0galt045sur5hq451vokhd45\)/DefaultACS.aspx](http://www.cancer.org/acmmain/(0galt045sur5hq451vokhd45)/DefaultACS.aspx)

Diabetes

Centers for Disease Control and Prevention

(2005). National Diabetes Education Program. Resources about diabetes in a number of

languages. Retrieved September 6, 2007, from <http://www.cdc.gov/diabetes/ndep/lang.htm>

TAIMNED (Tairawhiti Midwifery and Nursing Education Website)

Don't forget about this website that is a one-stop-shop for training and education information. There you will find copies of the Primary Health Care Nurse Newsletter as well as information on CTA funding etc.

You can view this website on: www.taimned.co.nz

Remember the Tai stands for Tairawhiti, M midwifery, N nursing and ED education -**Check it out**

Medsafe Statement - Graseby MS-Series Syringe Drivers

Medsafe expects that Graseby MS-Series syringe drivers will be removed from clinical use by 31 December 2009. However should there be exceptional circumstances caused by delays in availability, supply, training, or other issues relating to the replacement pump recommended by DHBNZ - the Alaris AD Syringe Driver - this date may be revised.

Background

In 2007 Medsafe raised safety concerns about the Graseby MS-Series syringe devices with Smiths Medical New Zealand, the supplier of the devices. Subsequent to this Smiths Medical ceased supply of the MS-Series syringe drivers in both New Zealand and Australia in October 2007.

The Syringe Driver Advisory (SDA) Group was formed in January 2008 to facilitate the safe and smooth transition from the Graseby MS-series syringe drivers to alternative syringe drivers. District Health Boards New Zealand (DHBNZ) conducted an evaluation process to determine a suitable replacement for the MS-series syringe driver. At the end of this process the Alaris AD Syringe Driver was identified as a suitable replacement device.

Cardinal Healthcare, suppliers of the Alaris device, have committed to a nationwide roll-out of the new syringe driver.

Current Situation

Now that there are alternatives to the Graseby MS-Series syringe driver, which incorporates safety features consistent with modern medical device design, Medsafe recommends that all users of these devices transition to the Alaris syringe driver or an equivalent alternative syringe driver as soon as possible.

To provide clarity for the transition Medsafe has set a date of 31 December 2009 by which time all Graseby MS-Series syringe drivers should be removed from clinical use and replaced. Medsafe will expect users to recall any Graseby MS-Series syringe drivers still in use at this time.

The final date for the transition will only be influenced by delays in availability, supply, training, or other issues relating to the Alaris AD syringe driver. Should any issues arise Medsafe may revise this date.

Medsafe is the New Zealand Medicines and Medical Devices Safety Authority and is a business unit of the Ministry of Health.

Inquiries about this matter should be sent to Robert Jelas, Senior Advisor Medical Devices, via email (robert_jelas@moh.govt.nz), telephone (04-819-6881) or fax (04-819-6806).



B4 School Check update

By Heather Robertson



TDH has met the initial B4 School Check Targets set by the Ministry of Health

TDH has achieved the initial target for the number of Checks set by the end of June. Right up until the final day the B4School check team, under Well Child, worked vigorously to achieve the target set. It is likely that there will not be many achieving their targets but we are pleased to announce that TDH is one of them. As one of the top performing DHB's, staff in the B4School team were determined to offer this Check to all eligible children in Tairāwhiti. Sub contracts with Western rural, Ngāti Porou Hauora and Turanga Health, also meant the rural areas were covered.

The B4 School Checks were introduced in Tairāwhiti on the 1st of September 2008 and offered to all families in New Zealand to help them to make sure their child is healthy and can learn well at school. Parents are actively involved in the Check, because they know their child best. The results of the Check, as expected, has identified most of our four year olds in the region and healthy. Those children that have required referral were children picked up using the new development and strength and difficulties questionnaire that are part of this Check. Many of these children required numerous referrals to agencies such as CHAMS, Group Special Education, the GP, paediatrician, Ear Nurse, Audiology etc. What this has meant for these children, is that support systems can be put in place prior to the child starting school to enable optimum learning opportunities.

The success in this region for these checks has been in the relationship with our Early Learning Centres, where the most of the B4 School Checks were undertaken, as well as the dedicated team of nurses, administer and Kaiāwhina. I would like to take this opportunity to thank all of those involved – it was a magnificent effort. The target has been set for next year, the team ready to continue supporting families. Well done team.

Community Based Assessment Centre (CBAC)



Downloaded from the MoH website

The purpose of a CBAC is to provide additional primary-care capacity when there is a sudden increase in demand for primary care services. This demand may arise from the need to provide separate facilities for people with infectious disease symptoms during a significant outbreak such as an influenza pandemic, or when there has been a mass casualty incident or a large evacuation of the population within a DHB region.

CBACs will be facilities where staff can provide clinical assessment, advice, triage and referrals to other services. They will not provide in-patient or observation services, or operate as field hospitals. Clinical staff will be supported by clinical leadership, onsite management, administrative and other support. Other support services will be provided externally and/or remotely by DHBs.

These centres will be established when the resources for the planned clinical services can be provided. They will be located where they can best meet the needs of the local community. Different approaches will be required based on the type of facility being used, and community consultation will be required in the pre-planning stages.

The final decisions on the nature, location and activation of CBACs will be made locally by the DHB in liaison with the local community. These centres, once established, will need to have their purpose and location widely publicised. For more information visit the MoH website: www.moh.govt.nz and type in CBAC

Human Papillomavirus Vaccine update *by Jan Ewart*



The programme is progressing nationally without a lot of difficulty, no nasty side effects and uptake is reasonable. We have not had any surprises here and are happy with progress to date.

The school programme has progressed very well this year and those staff who have worked tirelessly to get consent forms back are acknowledged for their hard work. Our reports are telling us we have had a 94% return rate which is wonderful. Those eligible, which is all girls in year 8 through to year 13 (2062), have been offered the opportunity to participate and a total of 59% have received dose 1 and 57% dose 2 in the school programme. The statistics also shows that 68% of those receiving dose 1 were Maori so the school team are certainly achieving equity which is a priority for this programme. Round 3 will be starting late August and through September. This same group (Years 8-13) will be offered the programme next year which means those who did not want to participate this year will be given another opportunity in 2010.

The harder group to reach are our school leavers and statistics certainly bear this out. For those born in 1990-91 coverage for the 3 doses as at the end of May was 40% HPV1; 24% HPV2; and 7% HPV3. There is a big disparity in equity here with 26% identifying as Maori and 78% as European or Other for HPV1 and 14% and 54% respectively for HPV2. Practices are continuing to start people on the programme and are putting effort into recalling those who need their second and third doses. However, it would be good to see our uptake increase further especially for young Maori women

We are really keen to ensure all young women are aware of the programme and have the opportunity to participate so if anyone has some ideas or if practices need some help to contact their school leaver please get in touch and we can see what can be done to support you. There is a whanau engagement team in place who are waiting for referrals so that they can follow up in a similar way the Outreach Team do for childhood immunisations. Forms have been sent to Practices but if unsure contact Judith Akuhata-Brown on 8690500x 8731 and she will send more forms or take referrals.

If anyone wants help or has ideas as to how we reach school leavers don't hesitate to get in touch with me Ph 869 0570 x 8550 or email Jan.Ewart@tdh.org.nz

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 you organisation, or have a comment please email Heather Robertson: Heather.Robertson@tdh.org.nz