



Nursing Newsletter



News from the Director of Nursing



Lessons learnt from previous years help shape up our future that is if we are brave enough to say enough is enough and take time to think and strategise.

In February 183 nurses in senior roles from the span of our health system at Counties took a day out to do just that. The key messages from the workshops will shape up our next strategic plan. A strong theme was increased accountability for practice; owning the problem and working in a more systematic way to address issues and break down barriers. It is important that we are accountable for the indicators of patient outcome such as falls and pressure injuries. Now more than ever they are one of many measures of quality nursing care. So why would we carry on accepting and working in systems that harm our patients. The challenge has been around for a while. The *Zero Patient Harm* campaign is timely; it is being driven with so much commitment and enthusiasm by clinical leaders. This campaign is also well supported by the wider health team.

Additionally it is important that we capture the concepts of care and compassion. Compassion is not an indicator that is measurable on an indicator board however it features strongly in patient stories. This part of the equation has no costs-it sounds simple-engaging in effective communications, therapeutic touch and a smile makes so much of a difference. Work is underway on *Getting it Right! Communication and Information*. Under this umbrella we are attempting to link up the work being done on AI2DET-a framework adapted by the Tikanga Facilitators on face-to-face engagement, de-escalation and restraint such as the CALM (Composed, Assertive, Look Confident, Measured Tone) Programme – which is closely aligned to Safe Practice and Effective Communication (SPEC) delivered by Mental Health. As you can see, the key to this is effective communications. Please take up the challenge and be actively involved in your areas of practice.

Erin Pettengill: We often think of nursing as giving meds on time, checking an X-ray to see if the doctor needs to be called, or taking an admission at 2:00 a.m. with a smile on our faces. Too often, we forget all the other things that make our job what it truly is: caring and having a desire to make a difference

My final comment is around the role of nursing in delivering value-added care. This should never be underestimated however we sometimes do not articulate clearly enough the 'how' and the 'what' the value looks or feels like. This is where as a DON I do need your help. I do not have ESP. I need nursing to be accountable for practice, report what is working or not as the case maybe. This takes place in many shapes such as monthly reporting to line managers and Nurse leaders, patient safety boards, sharing information and expertise, exemplars in portfolios, working across services and telling those patients stories. On that note thank you for your hard work and commitment.



Be safe and caring

Kind regards
Denise Kivell
Director of Nursing



Winners have safe clean hands

Imagine you need a knee replacement operation, what would you expect from your healthcare provider? You would probably want a good surgeon and for your operation to go smoothly with no needless pain or waiting.

The last thing you would want is a hospital acquired infection such as a wound infection, a urinary tract infection (UTI) related to an indwelling catheter (IDC) or to be contaminated with Multidrug Resistant Organism (MRO). The best way to prevent such infections is good hand hygiene. It may shock you to know that the latest CMDHB audit showed that 50% of us are not washing our hands properly - putting you, the patient in this scenario at risk of getting an infection.

So what is the answer? The solution is incredibly simple and that is washing your hands or using the hand gel before and after patient contact. That's a 15 second exercise that could protect you and your patient from picking up or spreading an infection. It sounds relatively easy doesn't it so why aren't we doing it!

The answer to this question isn't simple, which is why Eman Radman, from the quality improvement unit along with the Hand Hygiene Steering Group is looking at what the barriers are and what we can do to increase this basic patient safety activity.



"One of the mis-conceptions is that staff think it takes too long to fit in good hand hygiene practices into their busy workloads," says Eman Radman. "The reality is that good hand hygiene takes less than 15 seconds. We have also made it easier for staff to clean their hands by improving access to alcohol hand gel. For example, two years ago, alcohol hand gel was only located sporadic outside patients' rooms. In some areas staff needed to walk more than 6 meters to reach a basin to wash their hands. Today, alcohol hand gel bottles are placed at the foot of most beds in the hospital. If not, they are wall mounted inside patient's cubicle. It's really not acceptable to examine patients with dirty hands when gel is available at the point of care and hand washing facilities are available at all sinks."

Education around hand hygiene has been a constant feature in all infection control teaching and orientation sessions to new staff. The information learnt from these sessions needs to be taken back and used at the bedside. That way we provide safe care with no harm to the patients, or to ourselves.

At CMDHB we must strive to ensure success and to change the organisational culture in which hand washing is a clear administrative expectation says Catherine Larsen, CND. In order to embed success into daily practice we must change organisational culture and expectations by eliciting the support of thought leaders or clinical champions - both medical and nursing. Research supports the theory that efforts to improve hand hygiene practices have been inadequate due to little attention being focused on the care delivery system, expectations and organisational culture.

Catherine explains the 'culture' in the Operating Theatre empowers staff to monitor each other - nobody would be allowed to join in an operation without performing the correct surgical scrub technique. Staff are taught this technique as soon as they commence employment and are scrutinised and monitored by all staff particularly the senior members of the team. No one is exempt.

Clinical staff involved with hands on care need to ensure they are 'naked' from the elbow down. This means no tops worn under their uniforms and no jewellery except for a plain wedding band. This includes bangles and watches.

If you see someone who is about to administer care but hasn't washed his or her hands ask them to do so. Your patient will thank you for it. Patients can also do their bit by feeling confident to remind staff to clean their hands before and after every contact.

Ultimately, the responsibility lies with each staff member to do their bit to help prevent the spread of life threatening, disabling and very costly hospital acquired infections.

If you have any questions or new ideas to improve hand hygiene compliance, please write to Catherine.Larsen@middlemore.co.nz



Welcome to all the new nurses to CMDHB. Hope you enjoy working at CMDHB

Nursing Postgraduate Education Update

CMDHB has been receiving funding from Health Workforce New Zealand (HWNZ) for four years. Within this time, many nurses have successfully completed the requirements for a postgraduate qualification. First of all congratulations and well done on this huge achievement. Please see the last page for a list of people who have recently achieved this.

There have been increasing interest from nurses who wish to proceed on to the next step e.g. postgraduate diploma. In order to ensure fairness and to meet workforce development needs (locally and nationally) and to ensure nurses have the opportunity to embed their newfound knowledge and skills, it has been decided by senior nurses and the Nursing Professional Development Unit Advisory committee that nurses must be proficient or above to commence a postgraduate diploma. Additionally, any nurse who wishes to commence a Masters programme must have a discussion and agreement with their line manager, nurse educator and Clinical Nurse Director in order to ensure that the programme will meet career plans, service and organisational needs. This will be in effect for the April funding application round. There will be exceptions these principles but they must be discussed with the CND who will let me know. However it will not affect the nurses who have already commenced their PG Diploma or Master's programmes.

Career Plans:

HWNZ has informed DHBs nationally that all trainees (including nursing, midwifery and medical) must have in place a career plan before receiving funding in 2012. A Career Plan-Guiding Principles document has been developed and work is being undertaken to develop templates for this to occur. CMDHB is working in conjunction with HWNZ to ensure we have processes in place to meet this requirement. This all affect all Nursing Postgraduate Funding applications in October 2011 regardless if a CMDHB employee or not. Some training will become available later in the year. As further information becomes available I will forward to everyone. Some information can be found on HWNZ's website:

<http://www.healthworkforce.govt.nz/working-in-health/career-planning>.

Application Round for Semester 2, 2011 open 4th April 2011 and closes 29th April 2011. Application forms will be available from the 4th April either on Southnet or CMDHB Primary Health Care Nursing Education Website.

<http://www.cmdhb.org.nz/Funded-Services/PHC-nursing/education.htm>

I'd take a moment of compassion over a day of competence. Caring for the infirmed is next to Godliness. Caring and compassion are the two vitals that are at the core of my practice- Anonymous

Updated/New Nursing Policies, Procedures and Guidelines

Nursing Policies, Procedures & Guidelines passed Dec 2010 – Feb 2011

Policies

- Mental Health Nurse Professional Supervision Policy

Procedures

- Donor Site Management Procedure
- Adult Skin Graft Dressing Procedure
- Nursing Care of Patient with Femostop Compression Device Procedure
- Spinal Turns - Mid to Lower Thoracic (T7 0 T12) and Lumbar Injuries Procedure
- Spinal Turn - Head Hold (C1-T6 injury) Procedure

Guidelines

- Care of patient in Halo Jacket Traction Guideline

Mental Health Services Update

Nurses in mental health work in a variety of settings, primarily inpatient and community. Wherever they work, they work within an MDT this is particularly important to note for the community teams where 'nursing achievement' may be harder to disentangle from the achievements of the team.

This update details some of work that has been nurse led for each area.

Lisa Cartledge Lead Nurse for community, reports the following initiatives that are being led by nurses small things with big impact.

Subrina Uitime from the early psychosis intervention team (EPIT) developed a re-launch poster and mail out for primary care.

Ritinesh Singh developed an electronic template to enable us to process the morning meetings effectively and efficiently.

Lynda Edmonds developed a protocol for depots in community clinics - she will be working alongside Wayne and Debra to tweak this so that it can be utilised across all community teams

Priya Shahi -a graduate nurse has almost completed an NGO database for mental health staff, this will be a quick reference guide with links to further information as needed.

Dalai Lama: If you want others to be happy, practice compassion. If you want to be happy, practice

Cathy Pendergrast and Ann Moulton: are reviewing the Nurse Key worker role and the applications and implications for practice at Awhinatia Health

Russell Murphy, Charge Nurse of Kuaka Ward at Tiaho Mai, indicates that Mental Health and inpatient units can seem a daunting place to have a placement as a student nurse. Russell writes the following article of how he and the ward have attempted to make the experience for students a true two way learning.

'I thought that we should provide opportunity for the students to give us feedback. At the onset of their placement I meet with the students individually and get a feel as to what they want out of the placement. I also make a point of discussing our expectations and encourage them to speak openly and honestly about issues that they may be experiencing during their time on this ward.

A preceptor is assigned and a time line of the learning outcomes made. I emphasis to the students that the nature of mental health is very unpredictable and the time required to mentor and guide them will probably be hindered by unexpected and unavoidable events that characterise this particular brand of nursing. I also give opportunity to meet with me if they feel that they are struggling with any part of their placement. Many arrive anxious about what may happen on the ward. Historically anecdotal feedback has indicated that there is a fear factor in regard to a placement within mental health and in particular Kuaka ward.

I wanted to dispel these long standing preconceived ideas that Kuaka was the "lock up ward and dangerous" and change the reputation to one with a strong recovery focused philosophy that supports not only the clients but the people who choose to work there.

Students do not have much say in where their placement is so with this in mind I was determined to make the stay of the students rewarding, memorable, safe and supportive. I asked a third year student to canvass some of his peers and give me 6 to 8 questions that addressed what they saw as important to them and their learning. With minimal guidance he came up with a questionnaire written by students for students. A feedback form that let the preceptors, the other members of the team and myself reflect on what we did well and maybe indicated areas that we need to improve on.

At the conclusion of the last two rotations I have given these forms to all that have been placed on this ward. The feed back was and is invaluable to not only me as the charge nurse but to the ward collectively. I am proud to say that the feed back has been unanimously favourable, validating the commitment that the staff on this ward have put in. I see this initiative to canvass student feedback as empowering and truly believe that it assists us in providing the student with the best learning outcomes that we can provide.'

Rachel Muir, the Charge Nurse on Tui Ward reports:

On Monday 24th January, the nurse leader and a nurse manager from Christchurch came to visit Tui ward and Tiaho Mai for the day to discuss our recent re-structure and move to our new model of care in Tui ward. They are currently researching and planning their own new facilities and inpatient units. They were interested in our ward function, procedures, and processes for seclusion and restraint, MDT processes, ward lay out, bedroom allocation and management, bed management and Intensive Care Area use and functioning.

They found the visit extremely informative and a very worth while. They hope to adopt our small integrated ICA function into their planning.' This was a valuable sharing of skills and knowledge across the sector.

There may be nurses reading this that have very little idea of what we do as mental health nurses if you would like to find out more either just to further your knowledge or if you are thinking about what would a career be like in Mental Health contact me -Jane Earl CND Mental Health 7899 or drop me an email we would love to share more than we have been able to do here.

Nursing Grand Rounds:

All Nursing Grand Rounds are on the 3rd Tuesday of every month

2011 dates

Venue: KidsFirst Meeting Rooms 1 & 2
Time: 1-2pm

Month	Division
19-Apr-11	Surgical & Ambulatory Care
17-May-11	Kids First & Women's Health
21-Jun-11	ARHOP/ARRC
20-Jul-11	Mental Health
16-Aug-11	Quality
20-Sep-11	Primary/Community
18-Oct-11	NPDU/Nurse Educators
15-Nov-11	Nursing Research
20-Dec-11	Denise Kivell (DON)

All welcome



Reminder to all ENs who qualified pre 2000:
You have until the 1st July 2011 to transit to the new EN scope of practice. If not done by then your practicing certificate will have a condition indicating that you can only work with "patients with stable and predictable outcomes" placed on it. Please talk to your Nurse Educator or see the Nursing Council of NZ's website for more details.

CMDHB Nursing & Midwifery Awards
May 12th 4.30pm
Waipuna Hotel
Nominations Now Open

Achievements

PDRP Achievements:



Lisa Sinclair
Shiny James
Ashwani Arora
Kim Allen
Graeme Sykes
Tiffany Jefferies
Theresa Sharp
Linda Ferguson,
Julie Yap,
Sue Parmenter,
Christine Scott
Diane Rooney
Joahna Alican
Richa Kaur
Louise Scholes Brown
Patricia Wenzlick
Sarah Dodds
Deb Madison
Penny McAulay
Nicole Sim
Kala Mohanan
Lallie Mistry
Fiona Goldfinch
Parbina Balgovind
Akata Viliame
Reshmi Sharma
Kasree Pillay



Bronwyn King
John Larkin
Sandica Zorzoliu
Valerie Richardson
Sheryle Roberts



Masters

Vernon Chungson
Pat Crogan
Cate Fleckney
Kusum Narayan
Renita Antonio
Sally Morgan
Annette Walker
Claire O'Brien

PG Diploma

Tracey Binion-Cooper
Kim Bouzaid
Hannah Cattaway
Bernadette Clatworthy
Leah Dixon
Sneha Ganeshan
Devi-Ann Hall
Susan Iles
Angela Jackson
Rosita Jeliazkova
Debra Judson
Melanie Judson
Honey Marsh
Annette Olsen
Marianne Paler-Jenson
Mary Roberts
Sheryle Robert
Nirmala Sami
Antoinette Stickney
Beulah Varkey
Mini Varughese
Yit-Yong Guo
Jill Ware
Raewyn Maguire

PG Certificate:

Farisha Ali
Vicky Amores
Kyong Baek
Marilyn Beggs
Kavita Brough
Amanda Browne
Xiaoshu Chen
Jinky Esquerra
Victoria Crisp
Parnita Masilagi
Sunita Devi
Meiyun Ding
Sandeep Grover
Gil-Ja Gwak
Ian Hartley
Odi Hui
Chae In Jeon
Christine Keenan
Gurpreet Kaur
Nalini Lakhan
Faith Libres
Kemnieng Lim
Su Lim
Jing Lin
Emma Lindley
Lili Ma
Johanna McCamish
Breanna Maude
Robert McIntosh
Jacqueline McMahon
Manor Nair
Sheryl Nan-ong
Grace Nival
Carol Pretswell
Beixan Qin
Jin Song
Gurpreet Singh
Rakha Singh
Taryn Smith
Rachel Spence
Briar Staples
Pauline Sanders
Lauren van Eeden
Emmanuel Villamil
Dan Wang
Xiangquin Wong
Eve Christophers



Nursing & Midwifery Awards

Thursday 12th May 2011



Nominations NOW Open

Online via Southnet & CMDHB Primary Health Care Page

Nominations Close: 5pm

Thursday 31st March 2011

Awards Ceremony 4.30pm to 6.30pm Waipuna Hotel

Friends/Family welcome

Dress - smart casual (no uniforms)

Followed by light supper



CMDHB
Midwifery

COUNTIES MANUKAU DISTRICT
HEALTH BOARD
A Community Partnership



Esmé Green Nursing Scholarships for Professional Development

*“Maintaining the Traditions of Good Nursing
Practice at the Bedside – Holistic Care”*

Applications Close Friday 8th April 2011

There are scholarships available for 2011 with the applicants being nurses on staff at CMDHB working in a clinical setting who consistently show and maintain the tradition of good nursing practice at the bedside – holistic practice with quality outcomes for their patients. These practices will encompass quality time at the bedside, using good communication skills, being respectful and maintaining patient’s dignity, empathy of patient needs, treating people with compassion whilst demonstrating excellent nursing practice and showing professionalism in patient approach and presentation.

Esmé Green is a retired Registered Nurse, who was Middlemore Hospitals first Trainee Nurse in 1947. Esmé has established a fund, to be made available through the South Auckland Health Foundation, for Registered Nurses.

The Scholarships must be used by the successful applicants to support their own professional development. For example to:

- § obtain further education and training
- § gain experience, skills or knowledge
- § undertake research

Scholarships must be taken within the next 18 months. (12th May 2011-12th November 2012)

Application forms are available on Southnet home page.

**Winners announced at Nursing & Midwifery Awards
Wednesday 12th May and presented by Esmé Green**

Applications close Friday 8th April 2011