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NURSING UPDATE



Staff BBQ

A BBQ for staff was held to show our appreciation and recognition.

We would like to thank each and every staff member for their dedication and commitment during the winter months as high occupancy levels were experienced at the hospital.

This pressure was felt through every department and service within South Canterbury DHB and we cannot thank our staff enough for all their hard work during this period.

FROM THE CEO

Merry Christmas

2019 has been a challenging year and I would like to thank each and every one of you for your hard work, dedication and enthusiasm.

Despite the high occupancy levels that were experienced at the hospital during the winter months, you have continued to have a positive impact on the health and independence of the people of South Canterbury.

As we connect with family, whanau and friends over the Christmas break, it allows for plenty of opportunities to incorporate the 5 ways of wellbeing: connect, be active, take notice, keep learning and give.

I hope you are able to take some time to be with family, whanau and friends over the Christmas break.

We have another big year ahead of us in 2020, and your voice will continue to be extremely important in shaping our future.

Nigel Trainor

CHIEF EXECUTIVE

ntrainor@scdhb.health.nz

TIME TO MEET...

Sarah Leech, Registered Nurse

I decided to get into nursing for the challenge and variation this career presents. There are so many options and areas to get into.

I studied neuroscience at the University of Otago. While in my final year completing my honours degree, I discovered what I was looking for in a career. While completing my dissertation, I realised that while I loved science and everything I was learning, research was not how I wanted to spend my life. I wanted to work with people and apply research that was being done in real world settings. I felt that nursing allowed me to apply the academic learning that I enjoyed in a practical setting directly with those it applied to.

Recently, a new program has been introduced as a Masters pathway in to nursing. Within this, a Bachelor of Nursing is gained through the Ara Institute of Canterbury while completing a Masters of Health Sciences through the University of Canterbury. It is through this program that I have entered the NetP Program on the Medical Ward at Timaru Public Hospital.

PATIENT thank yous...

Just a short note to express my gratitude and admiration for the wonderful service I received during my recent visit to your hospital.

Both medical staff and the nursing staff, in fact, all the staff from ED to Ambulance drivers and even the cleaners made my stay so pleasant.

Congratulations to all concerned for making this wonderful facility available to me.

To the office staff of Kensington.

Thank you for the service and love and respect that you have for everyone who walks through the door.



This program is a two year course integrates theory and practice to allow these different degrees to combine cohesively to support a newly graduated Registered Nurse. The placements are condensed to fit the time frame and a lot of self directed learning is required.

I am loving being a Registered Nurse and feel that the learning I have gained from a variety of tertiary educations has allowed me to develop a wide range of skills that I can apply to my practice.



Who is who...in Leadership?

Joseph Tyro Director Māori Health

In the words of a friend and colleague

Two years ago at a Canterbury District Health Board farewell for Dean Rangihuna, I bumped into an old friend Joseph Tyro.

I was currently working at Purapura Whetu Maori Health Services when I went along to support Dean, as he was selected by Ministry of Health for the inquiry of Mental Health Services. I was really happy to bump into Joe cause years ago, when I was 12, I was unwell, unhealthy mentally and residing at a youth mental health residential facility where Joe was my Social Worker.

Joe couldn't believe how far I have come over the past 17 years, and to now see me working in Maori Health. I told him I was always inspired by the way he treated and supported me as a Māori, and that I wanted to do what he was doing, he inspired me to use my life as a tool for helping others, just like how he helped me all those years ago.

Two years on, we have been able to remain connected at a professional level, aiming to improve Maori outcomes whether it be in education, health or justice.

Over the past eight years I have worked as a Maori Teacher and now within Maori Health Services. I start a new role at Christchurch Prison as a programme facilitator and one of the reasons why I love working with people, is because Joe was a massive support for me.

Joe, I wish you all the best in your role, I know you will be a huge asset where you are and will inspire many more just like you did for me!

Atama Waitere
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Kera Baker Associate Director Maori Health

Ko Aoraki te Mauka, Ko Waitaki te Awa,

Ko te Rapuwai, Ko Waitaha, Ko Kati Huirapa te Hapu, Ko Kai Tahu te Iwi,

Ko Kera Browne toku Taua, Ko Wiki toku Mama, Ko Tamahou toku Tama,

Ko Hepeti Biddle Hitaua Rakuraku-Baker toku Papa, Ko Maungapohatu te Maunga o Papa me Ngai Tuhoe, No reira Tena Koutou Katoa!

Kia Ora Everybody! I am from Arowhenua Marae in Temuka and have grown up in South Canterbury region my whole life including travelling abroad in teenagehood. I descend from a Matriarchal Whanau/Family with both my Taua Kera Browne and mother Wiki Baker receiving Queen Service Medals for their work within Maoridom through community and conservation. My great, great Grandmother was the personal Midwife to Lord Elworthy and his family, so a close relationship exists between both our families. I feel my TauaTaua would be proud to see me in my role today.

I have extensive years within the Hospitality sector starting work whilst at school at the age of 11 working my way up the ranks to head chef and management of various restaurants in Australia. I come from a musical family and in the 70s while studying Business Law I won the South Island Disco Championships title as Disco Queen which took me into the Entertainment Business in Sydney, Australia for a year or so as a choreographer.

After 10 years living in Australia I returned home and began work in Social Services sector with Women's Refuge for 8 years where I gained my Diploma in Child Protection. After that I moved over to the Education Sector as Kaiwhakauru Maori Student Support at Aoraki Polytechnic which merged with Ara Institute of Canterbury.

I have a Bachelors Degree in Applied Management with Merit and a Major in Maori Organisational Leadership and I feel that my skills compliment Joseph Tyro Director of Maori Health as we both specialise in Tikanga, Kawa, Manaakitanga, Awhitanga, Pono, Tika, Te Reo Maori, Wairuatanga.

Outside of work I am a passionate whitebater out on local river mouths in South Canterbury and I am currently a Director of Aoraki Environmental Consultancy Limited. I look forward to the challenges ahead in my role and feel privileged and honoured to be working within this organisation.

Tihei Mauri Ora!



Education Fair, Goodbyes and Celebrations



Our Orderlies recently received the New Zealand Certificate in Health & Wellbeing Orderly Services, Level 3. They all worked very hard to achieve this award. Well done for this achievement and the way they continue to do an outstanding job.



Nigel Trainor presented a gold watch to Ian Leigh, Orthotist at the SCDHB to celebrate his contribution over the last 50 years!



A farewell morning tea was held for Dr Bruce Small to celebrate his contribution to the SCDHB over the last nine years. A big thanks for all your hard work! We look forward to working with you on the SCDHB Board.
Pictured: Dr Bruce Small and Robbie Moginie.

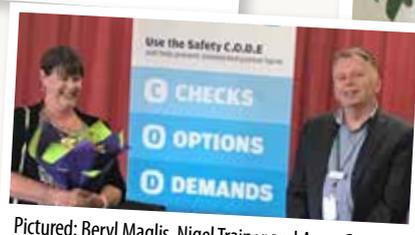


Fiona Gale and Chelsea Brown discussing Post Graduate study options at the Education Fair.



The annual Education Fair was held in the Learning Hub with providers attending from Otago Uni, Canterbury Uni, EIT, Ara Institute of Canterbury and the Southern Institute of Technology from Invercargill.

Pictured: Wendy Maddocks from the University of Canterbury.



Pictured: Beryl Maglis, Nigel Trainor and Anne Greaney.



Beryl Maglis celebrated her retirement after 43 1/2 years' service with her colleagues. Beryl started her nursing training in 1970 at the Timaru Hospital, following a couple of stints away overseas and having children, she has completed 15,860 days at the SCDHB. What a fantastic contribution!



Geoff Werkmeister celebrated his retirement after 29 years' service with his colleagues and wife Nellie. Geoff started his career in 1990 at the SCDHB, during this time he has always been in leadership positions. A big thanks for your fantastic contribution to the SCDHB!
Pictured: Nigel Trainor, Geoff Werkmeister and Lisa Blackler.





Looking after your mental wellbeing – Part 3

By Pete More, Health, Safety and Wellbeing Manager.

Incorporate the 5 ways of wellbeing into your life

The 5 ways to wellbeing were created as a result of the New Economics Foundation’s (NEF) Foresight Project on Mental Capital and Wellbeing research report.

NEF conducted a review of the most up-to-date evidence and found that building five actions into day to day lives is important for the wellbeing of individuals, families, communities and organisations.

The five actions are:

1. Connect (me whakawhanaunga)

Contact with other people is an important factor in combatting stress.

One of the danger signs for some people is withdrawing from social contact.

Creating strong nurturing relationships is known to reduce stress. Take time to think about what you might do to spend more social time with friends, family and colleagues. If you are struggling, talk to someone – a friend, colleague, family member or counsellor. Connecting with animals or nature is also really helpful for some people.



2. Be active (me kori tonu)

Get the blood flowing; go for a walk or bike ride – time outside is especially beneficial to our wellbeing.

Spend time on a hobby, go to the cinema or a concert, tidy out a cupboard or do some gardening.

We are truly blessed to have the ocean on the door step of our workplace, a botanical garden to walk in, or take your lunch and take in the views of the Southern Alps.



3. Take notice (me aro tonu)

Take the time to notice what is going on.

Think about what you are eating, really listen to the music you enjoy, look at what is around you – it is amazing how much we miss, as we go about our days caught up in our thoughts and concerns.



The practice of meditation and mindfulness is nothing new. However, there is increasing research into the effectiveness of mindfulness and self-compassion on our mental wellbeing.

Self-compassion teaches us to treat ourselves kindly and to be aware of when we are unduly self-critical, hard or punitive. Mindfulness teaches us to be in the moment and increases awareness of ourselves and the world around us.

Meditation can help us to find a quiet space in the day to focus on our breathing and empty our minds of intrusive thoughts and worries, calming us down and leading to greater acceptance of ourselves and others.

4. Keep learning (me ako tonu)

It is important that we keep learning; this might be taking up a new hobby (if you have time) or pursuing some new CPD at work.

Even listening with interest to what friends, family or colleagues are doing is learning. How about some bite-sized activities like learning a song, some dance moves or a few foreign phrases whilst on holiday?



5. Give (tukua)

Participation in social and community life has attracted a lot of attention in the field of wellbeing research.

When we spend our working life giving, we need to be careful how and why we do this. However, even little things like showing appreciation to a friend or family member, thanking a colleague for a job well done or being extra courteous while driving all count. As Abraham Lincoln is supposed to have said, “When I do good, I feel good”.



Is it an onion or an egg?



High Performance High Engagement (HPHE) is about empowering those closest to an issue or opportunity to be involved in solving the issue or opportunity. Working in partnership with unions and honouring the principles of the Treaty of Waitangi, HPHE enables quality improvement.

On the next page I have tried to capture how quality improvement and HPHE occur at our DHB... But don't know whether to call it an onion or an egg?

HEALTHCARE WORKER

As individuals we can contribute to and achieve high performance high engagement every day, simply by being curious about our work. This curiosity is what drives us to ask why instead of accepting the status quo. It encourages us to create the best version of ourselves (and can't help but do a wee plug for Navigate which is a wonderful programme that can support you to do this). It ensures that before stepping into an opinion or action that we "go see, show respect, and ask why".

HEALTHCARE TEAM

Working at a team or service level, high performance high engagement is about contributing your information and knowledge into the pool. A fundamental belief behind HPHE is that those closest to the issue or opportunity understand it and are best placed to also understand workable solutions. You can be involved in quality improvement in your service through your CCDM/local data council, professional leads, managers and leaders.

HEALTHCARE ORGANISATION

As an organisation we have a number of quality improvement projects underway. High performance high engagement is an example, alongside the likes of the Health Quality and Safety's Kōrero mai (deteriorating patient consumer engagement), and management projects such as the front of hospital construction.

HEALTHCARE ENVIRONMENT

There are also a range of projects occurring in the healthcare environment such as the National Health and Disability System Review, or closer to home, the newly established South Canterbury Mental Health and Addictions Alliance.

So with hopefully a little more clarity over how HPHE fits into the day-to-day, the only question left to answer is whether it is an onion or an egg?

CASE STUDY

The Leave Management project are delighted to present the updated HR11 Leave Management Policy. The Policy now has a detailed Frequently Asked Questions section included as an appendix to the document.

This provides really valuable information around leave, including:

- Can I cash up my 4th week of annual leave?
- Can I take Leave Without Pay?
- Can I work while I am on parental leave?

CASE STUDY

The Postponement Communication project under the Surgical Patient Journey invited ex-police negotiator Paul Merrett to present on Challenging Conversations to administration and nursing staff.

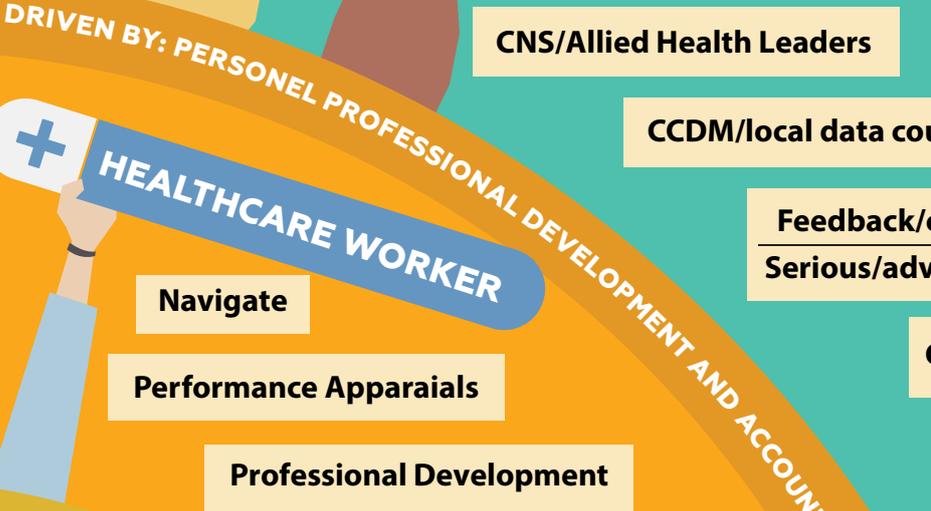
The topic reflects the skill required when delivering postponement news and the expertise required to de-escalate irate consumers. In particular Paul advocates the use of the behaviour change stairway: active listening, empathy, rapport, influence and behaviour change.



HEALTHCARE ENVIRONMENT

Health and Disability System Review

Mental Health and Addictions Alliance



Multi-Condition Hub

The Multi-Condition Hub is made up of Clinical Nurse Specialists and Registered Nurse Specialists. The team works together within primary and secondary settings to provide optimal care to the patient.

The team make home visits, ARC facility visits, ward visits and conducts nurse-led outpatient clinics. They organise diagnostics, communicate with other health professionals and make referrals to other services as appropriate.

There are several portfolios within the Multi-Condition Hub.



Portfolio in Cardio/Respiratory

- Kathy Patrick** kpatrick@scdhb.health.nz | 03 687 2365
- Mandy Morris** mmorris@scdhb.health.nz | 03 687 2366
- Suzanne Jackson** sjackson@scdhb.health.nz | 03 687 7231
- John Pearman** jpearman@scdhb.health.nz | 03 687 7231

The service is accessible via a referral process for patients with Cardiac and or Respiratory conditions. While there will be service criteria there is capacity for chronic condition support. The service also maintains the Cardiac Rehabilitation Programme and referral into the Multi Rehabilitation Programme, acts as a referral agent to community based support services, medical services as appropriate and plays a role in patient education as well as health service staff education.

Portfolio in Contenance

Jenni O'Connell – RNS Contenance Advisor
district@scdhb.health.nz | 03 687 2310

Works primarily in the community setting. I have a patient base of age 4+ with a 3 month history of ongoing urinary or faecal incontinence – which is unresponsive to treatment. Services provided are continence assessment, pelvic floor teaching programmes, bladder retraining programmes, education and advice on management and products. Current referrals accepted through ERMS, community health referral form, or by email as above.

Portfolio in Diabetes

Our team consists of three clinical nurse specialists:

- Diane Reid** dreid@scdhb.health.nz | 027 265 6526
- Erin Bedford** ebedford@scdhb.health.nz | 027 433 5063

We work closely with community and hospital based health care professionals. We can provide support and education to people living with diabetes, either in the community or hospital setting. We see patients both in clinics and at home. We accept ERMS and written referrals, and self-referrals where appropriate. Please refer to Health Pathways for additional information.

Portfolio in Gastrointestinal and Hepatitis

Carly Bramley cbramley@scdhb.health.nz | 027 684 0012

I work within the hospital setting primarily but also within the primary care settings – particularly with ARC facilities. I work closely with the Gastroenterologist within the hospital to co-ordinate care for patients with Inflammatory Bowel Disease (IBD) and Hepatitis. However, I also provide education on PEG tubes, and I support patients with ongoing abdominal issues. I provide support and education to people living with IBD, and will also request diagnostics for those having an exacerbation of their IBD, and manage their ongoing treatment. I provide support and education to those with Hepatitis B and C, and will monitor those patients on treatment and request diagnostics as required.



SNAPSHOT

Updates from the Clinical Board

Portfolio in Healthy Ageing

Sally Parker sparker@scdhb.health.nz | 03 687 2280 Ext 8647

I deliver and promote excellence in gerontology clinical nursing practice. Our aim is to improve health outcomes for our community through diagnosis, treatment, education and health promotion. Our main focus is on active engagement and improving care co-ordination with a multidisciplinary team approach. I see patients primarily in a community setting but also within the hospital, and work closely with the Geriatricians within the hospital.

Portfolio in Healthy Ageing and Stroke

Julian Waller jwaller@scdhb.health.nz | 03 687 2371

The role provides a service towards supporting healthy ageing, to clients in both secondary and primary care areas. This includes assessments and evaluation for common comorbidities pertaining to the ageing client, including specific geriatric conditions such as dementia, cognitive impairment, falls and functional disability.

I also have a Stroke and TIA portfolio, which includes a neurological assessment component, as well as information/education across the acute and rehabilitative environments again within both secondary and primary care areas. Using a collaborative approach where applicable to align with the Ministry and local health boards Health of Older People Strategy to help ensure that my input within health systems remain focused on improving the health outcomes and independence of older people in a sustainable way. At this time referral can be via email or phone, from any appropriate discipline.

Portfolio in Paediatric Outreach

Judy Cooper jcooper@scdhb.health.nz | 027 200 9495

I am a two day a week paediatric community nurse specialist. This is closely linked with the paediatricians and paediatric ward where the referrals originate. Home based follow up is provided for children with needs that require a close paediatric link either from our local hospital or a territory hospital to enable a successful transition to the home environment. Other referrals come from paediatric outpatient clinics when it is found children require nursing input between their outpatient appointments. Some of the children referred are long term clients and others are referred back to Primary Care/Well Child Tamariki Ora once stabilised.

Portfolio in Persistent Pain

Luba Lukacova – CNS Persistent Pain Portfolio

llukacova@scdhb.health.nz | 03 687 2374

I work as a member of the Timaru Hospital interdisciplinary pain team. The key functions of my role include psychosocial aspect of comprehensive assessment of people with persistent pain and providing psychological and educational interventions for these patients. I also act as a resource person for the SCDHB staff in the speciality of persistent pain.

“Giving expert advice and exhibiting leadership on clinical matters”.

Clinical Board met 23 October, 2019. Discussions included the following:

- Endoscopy User Group patient survey was presented. Positively received, reviewed opportunities and actions moving forward.
- High Performance High Engagement (HPHE) update on the scheduling project. HPHE is about empowering the people closest to our people, to be part of the solution to the health care challenges. The scheduling project is in discovery phase of the project, taking a wide lens of the surgical scheduling process to understand the current state.
- Presentation on the Integrated Community Assessment Treatment Team (iCATT) which was established in July. ICATT introduces an integrated approach to care via one set of processes using a single point of entry. Clinical Board supported the strategic lens of the iCATT implementation.
- Credentialing Policy received and endorsed by Clinical Board, noting that changes may be coming in credentialing advice nationally in the future. Noting that following recent accelerated credentialing activity, schedule is now up to date.
- Discussion on interface of IT systems adding to complexity of patient assessment.
- Discussion around nursing pipeline planning in acknowledgement of reduced number of new graduate applicants for February 2020 intake.
- Recall of bed lever product, having a large operational impact on our occupational therapy department. This will affect 224 patients in our region.

The Clinical Board meetings are held the third Tuesday of each month from 4-6pm.

A New Registered Nurse Designated Prescriber Regulation

By Anna Wheeler, Associate Director of Nursing and Midwifery.

Earlier this year the Nursing Council commenced a roll out of Registered Nurse prescribing in community health. This enables Registered Nurses who work in community settings to complete work-based education programmes to apply to nursing council for designated prescribing authority for a limited number of medicines for common conditions.

The focus will be prescribing activities that contribute to health promotion, prevention of illness and the clinical management of normally healthy people with minor ailments and common conditions.

The Nurse Prescriber is working within the scope of practice of a Registered Nurse (RN).

RN Requirements

- Work in a community health setting, eg primary health care, public health, district nursing
- Minimum of three years clinical experience with at least one of those in the prescribing area
- Complete the nursing council approved recertification programme for RN prescribing in community health – this is a work-place educational package
- Complete a period of supervised practice with an authorised prescriber (Nurse Practitioner, or Medical Practitioner)
- Prescribe only from the limited list of medicines which they have demonstrated competence within practice area
- Complete ongoing competence requirements.

What will they be able to prescribe?

A Registered Nurse Prescriber in community health can prescribe (within their scope of practice, practice area and education level) treatments for common skin conditions, ear infections, sore throats, urinary track infections, common sexually transmitted infections, contraceptives, low level pain relief and prevention/treatment of rheumatic fever.

Where is South Canterbury at with RN prescribing in Community Health?

In our region we need to gain approval from nursing council to have the governance structure to run the recertification programme required to support the RN educational requirements. We are currently reviewing those requirements, and the clinical need for RN prescribing in community health in our South Canterbury setting.

Nursing in New Zealand – Three scope of practice, multiple prescribing functions

Nursing Council of New Zealand (NCNZ) authorises three scopes of practice for nurses, inclusive of the Enrolled nurse, Registered Nurse and Nurse Practitioner.

Nurse Practitioners are authorised prescribers, enabling them to prescribe any prescription medicine. From July 2019, there are two models for Registered Nurses to be able to prescribe from within the registered nurse scope of practice under the medicine's regulation - designated prescribing.

Designated Prescriber: A person who can prescribe medicines within their scope of practice, for patients under their care, from the list of medicines specified in their designated prescriber regulations. Registered Nurse prescribers are designated prescribers and work within collaborative team containing an authorised prescriber (Nurse Practitioner, or Medical Practitioner)

Authorised Prescriber: is able to prescribe all medicines appropriate to their scope of practice.

Scope of Practice	Educational Preparation	Prescribing Authority
Nurse Practitioner	Clinical Master's degree with prescribing practicum	Authorised Prescriber
Registered Nurse	Bachelor of Nursing	Non- Prescriber
Prescriber in Primary Health and Specialty Teams (2016)	Post Graduate Diploma with Prescribing Practicum	Designated Prescriber
Prescriber in Community Health (2019)	Work-based education programme through approved recertification programme	Designated Prescriber
Enrolled Nurse	Graduate Diploma in Enrolled Nursing	Non-Prescriber



IV Committee

"We empower healthcare professionals that drive best practice one cannula at a time".

We meet on the 3rd Tuesday of the month. For any questions please contact Sara George on ext. 5861

This month's theme is identifying a patient's visual infusion phlebitis (VIP) score. VIP score is a tool that determines the appropriate discontinuation of peripheral intravenous catheters.

It is vital that we assess I.V site at least once a shift and document the VIP score (found on the back of the observation chart).

V.I.P. Score Visual Infusion Phlebitis Score

VIP score should be evaluated during each shift and documented on the observation chart

I.V site appears healthy

0

No signs of phlebitis

■ OBSERVE CANNULA

One of the following is evident:

- Slight pain near I.V site or slight redness near I.V site

1

Possible first sign of phlebitis

■ OBSERVE CANNULA

Two of the following are evident:

- Pain near I.V site ● Erythema ● Swelling

2

Early stage of phlebitis

■ RESITE CANNULA

ALL of the following are evident:

- Pain along path of canula ● Erythema ● Induration

3

Early stage of phlebitis

■ RESITE CANNULA ■ CONSIDER TREATMENT

ALL of the following are evident and extensive:

- Pain along path of canula ● Erythema ● Induration ● Palpable venous cord

4

Advanced stage of phlebitis or start of thrombophlebitis

■ RESITE CANNULA ■ CONSIDER TREATMENT

ALL of the following are evident and extensive:

- Pain along path of canula ● Erythema ● Induration ● Palpable venous cord ● Pyrexia

5

Advanced stage of thrombophlebitis

■ INITIATE TREATMENT ■ RESITE CANNULA

'Clinical Indication' for cannula removal is:

1. If Cannula is no longer required (treatment discontinued)
2. A VIP score 2 or greater
3. Cannula dysfunction eg resistance when flushing
4. Cannula dislodgement/kinking.

The Pressure Injury Committee

"Super Man died with pressure injury complications – protect your patients".

We meet on the 3rd Wednesday of the month. For any questions please contact Sara George on ext. 5861.

This month we really want to encourage healthcare professionals to complete the HealthLearn Package – Pressure Injury Prevention RGMD007. The aim of this course is to assist Nursing, Midwifery and wider health staff to correctly identify pressure risk factors, stages of pressure injuries, and manage pressure injuries more effectively.

Pressure injuries affect over 55,000 New Zealanders every year, which can cause significant harm if not detected early enough. The good news is evidence shows that most pressure injuries are preventable.



Learning Hub

Inspiring Meaningful Learning
Ka whakamanawatia te akoraka whai tikaka

PDRP UPDATE

SCDHB partners with a number of agencies in the community under the PDRP programme. One of our PDRP partners is Bidwill Trust Hospital. Bernadette East, Director of Nursing at Bidwill Trust Hospital, shared her thoughts on completing her Senior PDRP.

"The Professional Development and Recognition Programme PDRP is a way which recognises nursing development and the ability to reflect on practice. As a senior nurse manager, I made a commitment to complete the senior nurse PDRP to show leadership to nursing staff. I have heard nurses say that senior nursing staff can opt out of this process and it is perceived as unfair. I wanted to encourage nurses of the value of reflecting and writing up their competency-based portfolio which supports their career development. It enabled me to understand the framework of PDRP and the support and encouragement that I could offer. Completing my portfolio showed me how I influence nursing practice in my leadership and the contribution I make towards improving patient care and outcomes".

We had 26 PDRP portfolios submitted in November which was a great number. This included 13 Competent RN, 8 Proficient RN, 1 Proficient EN, 1 Accomplished EN, and 3 Senior Nurse portfolio's.

One of the successful applicants was Catherine Thomas, from District Nursing, who submitted a Proficient PDRP portfolio.

"For me doing this portfolio has made me reflect upon my daily nursing practice as an E/N. It has given me better awareness of the skills I use daily as I attend patients and work within the D/N team. By doing the portfolio it has encouraged me to continue to grow and develop more with education and new skills. It has also increased my confidence in my practice". said Catherine Thomas.

Our PDRP submission dates each year are 1st February, 1st May, 1st August and 1st November. Look up iHub under Knowledge base, Learning Hub, PDRP for guidance or visit <http://edu.cdhb.health.nz/Hospitals-Services/Health-Professionals/pdrp>.

Our first submission date for next year is 1st February. Contact your unit Champion or PDRP co-ordinator to discuss.

Fiona Long, PDRP co-ordinator, flong@scdhb.health.nz.

Positive Displacement Connectors

Correct use can optimise patient outcomes

In this day and age following the advent of needleless connectors (NC), needles should never be used to access any vascular device. A NC is considered an accessory to an intravascular catheter allowing the delivery of fluids without the use of a needle. The evolution of these connectors began in the 1990s to reduce the risk of needle-stick injuries. A plethora of these connectors with different functions exploding onto the market has proven to be a source of confusion for health professionals involved in the administration of infusion therapies.

Fluid displacement in infusion therapy

Fluid displacement in infusion therapy is described as being negative, positive or neutral.

1. Negative displacement connectors or devices allow reflux of blood into the catheter lumen during connection and disconnection of a syringe or administration set.
2. Positive displacement connectors hold a small reservoir of fluid. On syringe disconnection fluid moves into the catheter lumen preventing intraluminal blood reflux reducing the risk of infection and clot formation.
3. Neutral displacement connectors prevent blood from moving into the catheter lumen upon connection or disconnection of a syringe or giving set. (Hadaway 2010).

The term "pressure" is often used to describe positive displacement connectors but in reality these devices do not generate any "pressure" or "force" during fluid movement but simply assist with the direction or displacement of fluid within the catheter lumen.

Evidence suggests that many health professionals are unaware of which connector to select, the correct flushing and clamping techniques or how incorrect use can affect patient outcomes. NC are clamped, but it depends upon the function of the device as to when it is clamped. Negative displacement connectors should be clamped before syringe disconnection. Positive displacement connectors should be clamped after syringe disconnection. (Hadaway 2010). A neutral connector does not require a clamping sequence, so the nurse should simply clamp when not in use for patient safety."(Chernecky, Macklin, et al 2009). Restriction of types of connectors available for use in an organisation avoids confusion.

The MaxPlus® positive displacement connector currently in use at South Canterbury District Health Board (SCDHB) and Bidwill Trust Hospital (BTH) is attached to all lumens of Central Venous Access Devices (CVAD) including Peripherally Inserted Central Catheters (PICC). The exception is the valved Groshong catheter. Carefusion have stated that their product MaxPlus® clear does not require the line to be clamped in order for the product to function but recommend in their "Directions for Use "to clamp after disconnect" when not in use for patient safety.

Safety Clamps

All centrally placed catheters, with the exception of some valved catheters, are sold with clamps placed on each catheter lumen. Clamps are provided so the line can be clamped off when not in use as a safety precaution (Carefusion 2011). For all catheters that are supplied with a clamp, the clamp should be closed when not in use to prevent the risk of air embolism or exsanguination with accidental dislodgement of a needleless connector. (Phillips, Gorski 2014).

Management

Management should focus on hand hygiene, aseptic non touch technique (ANTT), disinfection, flushing and clamping techniques, limiting manipulation of IV accessory devices, and adherence to practice standards for connector changes. To reduce the risk of infection and occlusion, it is imperative that staff be trained in the proper use of needleless connectors and syringes (Hadaway 2012). Written policies and procedures must outline the specific types of connectors and syringes in use and include meticulous hand hygiene for all infusion therapy procedures and preparation of equipment.



Changing a Positive Displacement Device

1. Priming



Hand hygiene for preparation of equipment and all infusion therapy procedures must be performed. SCDHB and BTH provides Posi-flush prefilled 0.9% Sodium Chloride syringes. Attach a fully primed Posi-flush syringe to MaxPlus® clear connector. Hold upright and tap while priming to ensure the system is free of air. Once primed with syringe containing flush still attached place on a sterile gauze square.

2. Disinfection



Ensure line is clamped before removing device for change. A vigorous scrub of the catheter hub is required with a 2% chlorhexidine gluconate in 70% isopropyl alcohol swab inclusive of lumen threads. Allow 30 seconds to dry. Drying is integral to the disinfection process, yet studies indicate this is the area of low compliance. Difficulty in removing the device at a later stage has been associated with its attachment when the hub has not completely dried. Attach Max Plus clear connector with attached Posiflush syringe to hub of vascular access device rotating it until it stops. Do not over tighten to prevent cracking or damage to the connections.

3. Correct flushing technique



Administer a pulsatile flush from the attached PosiFlush syringe to clear intraluminal blood. Whether blood refluxes into the catheter lumen is determined by such factors as the way the connector functions and the design of the syringe (Hadaway 2010). Because of the design of the PosiFlush syringe preventing reflux the syringe is completely emptied during the flush process. If a standard syringe is used 2mls of fluid should remain in the syringe prior to disconnection to prevent the backflow of blood.

4. Disconnection and clamping sequence



Disconnect syringe, count to five to allow time for fluid displacement and then clamp. The connector body should always be supported during access, placement and removal to prevent inadvertent tightening or loosening. All syringes are single-use items and should never be reconnected to a needleless connector or IV administration set (Hadaway 2010).

Photo source: CareFusion.

Intervals between connector changes remains debatable. The Infusion Nurses Society (INS) Infusion Therapy Standards of Practice 2016 state; change the needleless connector no more frequently than 96-hour intervals. Changing on a more frequent time interval adds no benefit and has been shown to increase the risk of central line associated blood stream infection (CLABSI). Additionally, INS recommends the needleless connector should be changed in the following circumstances: if the needleless connector is removed for any reason; if there is residual blood or debris within the needleless connector and prior to drawing a sample (INS, 2016). Many manufacturers have tested their needleless connectors for a maximum of seven days or for the number of activations that could be reasonably performed within that period. Increased connector access in the critical care environment may require more frequent connector changes. Please refer to, Lippincott Procedures online and Health Learn for guidance on infusion therapy procedure and information on positive displacement devices.

By Ally Hale, Bidwill Trust Hospital Nurse Educator.

References:

1. Carefusion: MaxPlus® clear needleless connector Quick reference guide © 2011
2. Chernecky, Macklin, et al. Oncology Nursing 101, Caring for Patients with Cancer Nursing—Knowledge of IV Connectors, December 2009
3. Phillips L D, Gorski L. Manual of I.V. Therapeutics: Evidence-Based Practice for Infusion Therapy 6th Edition 2014 p 262—265
4. Hadaway L, Richardson D. Needleless Connectors: A Primer on Terminology. Journal of Infusion Nursing: January/February 2010 – Volume 33 – Issue 1 – p 22–31
5. Hadaway L. Needleless Connectors for IV Catheters: AJN, American Journal of Nursing November 2012, Volume 112 Number 11, p 32 - 44
7. Infusion Nurses Society (INS), Infusion Therapy Standards of Practice [S69], 2016.

National Nursing Update

The Ministry, NZNO, and the DHBs are progressing the commitments of the Accord:

- Part A, of the Safe Staffing Accord outlines the intention to support all new graduate nurses into employment. The 2019/20 ministry budget supports \$6.13 million per annum over 4 years (\$24.52 million total). This is broken down into the following components;
 - \$3,456,000 to support an extra 480 new graduate RNs into employment (nationally)
 - \$1,215,900 to support initiation of an enrolled nurse support into practice programme commencement (similar to RN new graduate entry to 76' practice NeTP)
 - \$80,220 to start up an EN new graduate recruitment process (ACE) matching the RN processes
 - \$1,459,120 to increase the number of new graduate co-ordinators/educator support

This money will be allocated to DHBs via the nursing workforce training agreements. The focus will be to increase new graduates across the sector, inclusive of aged care and primary care particularly.

- Part B – Implementation of Care Capacity Demand Management system (CCDM). This system works with three approaches, variance response management, nursing FTE calculation, and core data sets, to influence safe staffing levels within services. SCDHB is currently second nationally, sitting at 66% implemented in relation to CCDM standards.
- Part C – Return to nursing, and nurse retention. Work has commenced to benchmark recruitment and retention activities across the nation. The year of 2020 is the international year of the nurse, and national activity will be aligned with return to nursing. A national budget bid for 2020 for re-entry to nursing is being prepared.

2020 – Year of the Nurse!

The world health organisation acknowledges 2020 as Florence Nightingale's 200th birthday. 'Nursing Now' is the name of the world wide campaign. NZ has signed up to this, and national leaders are designing NZ's approach to marketing and profiling the nursing profession both globally, and nationally. SCDHB is currently working on a "year of the nurse" plan that will be circulated for feedback and contribution.



The Health and Disability System Review interim report was released end of August. This large report does not contain the final recommendations, but a high-level discussion on the current challenges and themes that the review has highlighted thus far. Please find the review document on the following link: <https://systemreview.health.govt.nz/>.

Therapeutics Products Bill

This is the review of the current Medications Act. This Bill may well bring changes to our current Standing Orders process. Regulations sitting under this revised Bill are likely still years away, however, meetings have commenced to discuss implications for use of Standing Orders, particularly in primary care settings.

Nurse Practitioner Training Programme

The ministry met with education providers who deliver postgraduate nurse prescribing, and nurse practitioner pathways, to discuss future funding options. The current contract has been rolled over until 2021 in its current form (Auckland, and Massey Uni only) until there is a firm outcome of MOH funding initiatives.

Maori Nurse Leaders and Nursing Council Hui

This meeting was held to review Kawa Whakaruruhau, cultural safety and implementing the te Tiriti o Waitangi. This work supports a review of the following regulations

- education standards for RN Scope of practice
- competencies for registered nurses
- the guidelines for cultural safety, treaty of Waitangi and Maori Health education and practice.

Professional Development Recognition Programme (PDRP)

– National discussion around how we guide national PDRP requirements across different sectors who work with different MECAs or individual employers. It was noted that Nursing Council only regulate competency level aligned with their responsibility under competency assurance regulations. Advanced PDRP levels are not consistently applied across different organisations. Agreement that this discussion needs leadership in professional space to reduce it being an industrial issue.



Nursing Council

- “myNC” digital portal for annual practicing certification is now up and running. Those with birthdays in the next quarter are encouraged to register early due to Christmas.
- Internationally Qualified Nurse Competency (IQNs) assessment is under review. This includes reviewing the English assessment criteria, and the education standards within the competency assessment programme (CAP). This may include an exam, such as state finals in the future.
- 56% of 2018 new registrations were IQNs rather than NZ graduates, with international applications for registration up by 3000 in the year of 2018. There is a gap of about 600 CAP placements and those who want to be on programme. NC to consider this requirement in 2020.
- Review of the RN competencies is planned for 2020. Focus will be on equity/Te Tiriti o Waitangi obligations, and the ‘caring’ aspect in the art of nursing. It was acknowledged that as nursing becomes more technical, concern for the lost of patient ‘care’ is being lost. A focus on the lived experience of care is expected.
- Designated nurse prescriber in primary health and specialty teams medication list is to be updated. Council is collating feedback from current prescribers on how to best keep this list contemporary.
- Review of undergraduate preparation of the RN is to be lead by Pam Doyle. Themes are coming through that there are changes required to the current education standards to ensure we have nurses fit for future.
- The review of the vocational education provides (ITOs/ polytechnics) is having an impact on nursing education moving forward. Currently 75% of nursing education occurs in the ITO environment (25% at universities).

Regional Update

RN Prescribing South Island Group – Updated website to include RN prescribing numbers across our respective regions.

New RN prescribing in community health pathway, regional commitment to a connected approach. Business case put forward for a regional co-ordinator to run programme for interested parties across region. South Island Project office will consider business case with the outcome in February.

Nurse Practitioner in Primary Care SI group

NP in primary care toolkit is currently being drafted to circulate for consultation once out of first draft. This toolkit is aimed at primary care business owners to ensure they have consistent information to support employment of NPs into practice settings. This includes scope of practice information, model of care considerations, examples of NP profiles across South Island, position description templates, and financial information.

South Island DHB Directors of Nursing

Discussion around professional development funding for nurse practitioners. Regional approach to a CPD framework commenced. This will need consideration of non-DHB employer impact inclusive of PHO, Aged Care, and private employers.

Local Update

New Graduate Intake 2020 – Assessment centre held in October demonstrated a high level of graduate competency which is exciting. However, we normally get approximately 40 applications, where this year we had 19. We are unsure of the rationale for the low applicant numbers, and are actively revising our marketing, and connection with tertiary providers. We are taking 9 NETP graduates and one NESP graduate for 2020 first intake. Primary care, aged care and mental health continue to be a priority for graduate placement, however, it has been difficult to gain opportunities for employment in these areas.

Post Graduate Workforce Funding – We have had 36 applications for post graduate funding from across the South Canterbury sector. This is up from 34 in 2018. Three for aged care, 6 from primary care, and 24 from SCDHB. We are working with mental health to encourage further applications from this sector. Prioritisation processes and funding contracts are yet to be confirmed.

RN prescribing – We have 12 nurses on an RN prescribing pathway (RN Prescribing within primary health and specialty teams), most of which are aiming to continue to NP status.

Ara – 2020 will be the first year that we have fully transferred out of Otago Polytechnic, and Ara is our local cohort provider across the three year BN. We have 14 second year, 14 third years, and are yet to confirm our first year number in the pipeline. The enrolled nursing programme commenced locally in February, with 5 ENs on a pathway to graduate into our region in August 2020.

South Canterbury Nursing Alliance – in September, we have our inaugural nursing alliance meeting which was a group of nursing leaders from across our region inclusive of private providers, primary care, aged care, mental health and child health providers. We have decided to meet 6 monthly to discuss South Canterbury nursing initiatives, pipeline nursing planning, and partnership with Ara for graduate preparation. We have a term of reference which focuses on a collaborative approach for nursing leadership and sustainability for the South Canterbury region.

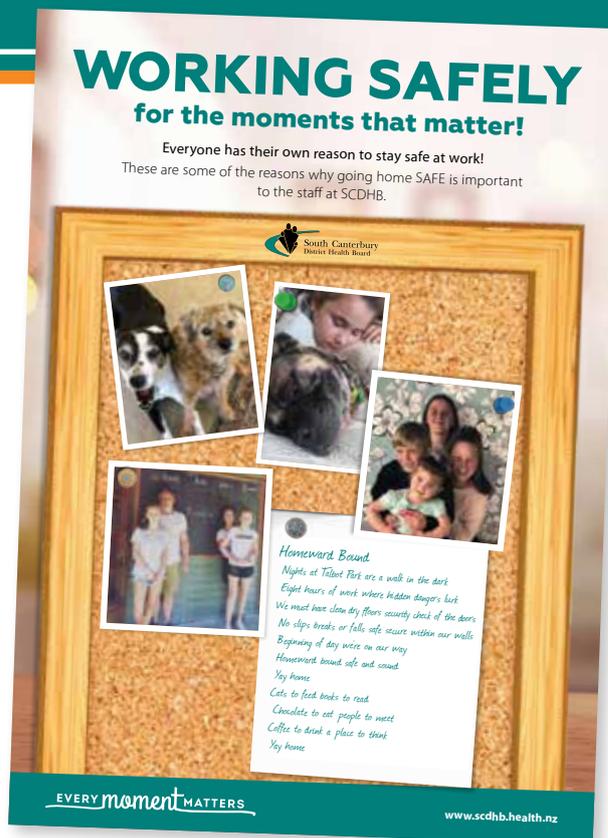
By Anna Wheeler, Associate Director of Nursing and Midwifery.

Earlier this year we held a Health and Safety competition asking staff to tell us either in words or through a photo, why it is important to them to go home safe every day from work.

The winners of the competition are:

- ★ Lisa Dobson
- ★ Angie Foster
- ★ Laura Horton
- ★ Christine Akurangi
- ★ Marie Beeby

Thank you to everyone who took the time to enter.





SAVE THE DATE

Caroline Bay Hall, Timaru

6 June 2020, 6pm till late

Celebrating success in Health



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COME WORK FOR US

South Canterbury DHB employs between 950 and 1,000 staff at any given time, including part-timers, casuals and contractors. If you know of any colleagues who may be looking for a change of scene, please feel free to pass on our contact details, or if you are contemplating a change of role then look at the selection here or visit our website for more opportunities.

- + Registered Nurse - SC Eye Clinic
- + Speech Language Therapist
- + Clinical Pharmacist or Pharmacy Technician
- + Clinical Psychologist - Children and Adults
- + Clinical Nurse Specialist - Oncology
- + Clinical Coder
- + Registered Comprehensive Nurse
- + Return to Practice Midwife
- + Clinical Coordinator - Infant, Child and Adolescent Mental Health
- + Pain Medicine Specialist
- + Psychiatrist (Adult)

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