

Critical Comment

New Zealand College of Critical Care Nurses



Contents

Message from the Chair	1
Letter from the Editor	2
WCEA Feedback	3
Patient Diaries at Waikato	
Hospital Intensive Care Unit	4
Development of ICU Peer Support	7
WFCCN Information	10
Enteral feeding study	11
Some ways to take care of yourself	12
National committee members	13
Membership updates	14

Message from the Chair

Welcome to the first edition of your Critical Comment for the year. The main thing on everyone's mind currently is COVID-19. As a critical care community, we find ourselves in yet another COVID-19 wave. While the peaks of 2020 and 2021 affected mostly Auckland, Waikato and Tauranga, this Omicron outbreak is affecting ICUs across the entire country. My thoughts are with Auckland and those hospital staff currently who are facing unprecedented times with high numbers of patients with COVID-19, as well as substantial staff shortages. With Omicron, the pressure is on hospital wards more so than ICU thus far, and I would like to thank those of you who are helping out on the wards while ICU has the ability to do that. I know it is hard working in an unfamiliar environment and out of your comfort zone. Thanks for supporting the ward staff during this time, I am sure they appreciate it. There continues to be media interest in critical care capacity and staffing. We have been working with NZNO and the media to keep the ICU nursing voice in the news and respond to media requests when they come through. This was about surge capacity and training, now more so looking at ongoing capacity concerns and adequate resourcing to build ICU capacity to meet the needs of our patient population. It is also valuable to have a nursing voice on the Critical Care Sector Advisory Group to the Ministry of Health. I appreciate the opportunity to be part of this and represent ICU nursing. Through this group we are currently focusing on nursing workforce, and how to build and strengthen this. It's exciting to be part of this and work with those in the ministry who are driving change and increasing the emphasis on nursing workforce development. Next issue of Critical Comment I hope to be able to report more on this. Thanks to those on not only our committee who help with this work, but

other nursing leaders from round the country whose input is valuable. The NZCCCN committee are soon sadly saying goodbye to two committee members. Steve Kirby (Northern region) has been an integral part of the committee, including chairperson for three years. Renee Holland (Southern region) is also standing down from the committee this year. I thank you both for your time, enthusiasm, and commitment to our work. With this brings opportunity for new members to join and contribute to the work we do. If you are interested in knowing more about what is involved, please email us at criticalcarenurses@gmail.com. We are particularly looking for a new committee member from the Northern region, if this interests you, nominations close on April 1st, 2022.

To close, I encourage you to focus on your wellbeing during this time of increased pressure and stress. Never take your wellbeing for granted and be proactive in doing things to look after your wellbeing. What changes will you make to help look after your personal wellbeing during these trying times?

Noho ora mai

Tania Mitchell
Chairperson NZCCCN

Letter from the Editor

There are some lovely articles in this edition written by your colleagues around the country. I have a particular interest in the patient diaries and am aware that this is developing momentum around the country. Peer support is an area that a lot of us want to develop so this article may be of significant interest to you. We have feedback on the World Continuing Education Alliance (WCEA) education platform that is being funded by Fisher and Paykel Healthcare. These are very worthwhile reads and I would encourage you to take some time out to catch up on them.

Does this inspire you to put pen to paper, or fingers to keyboard more accurately? It does not have to be a long article and can just be an opinion piece or information. If you want to get some information out to the wider critical care community, why don't you write something for the newsletter, and we will put it in for you.

Thank you to all the contributors towards this edition. Kia Kaha everyone and be kind.

I look forward to, and welcome, feedback and articles for the newsletter.

Be safe,

Steve Kirby
Editor NZCCCN



The World Continuing
Education Alliance

At the beginning of 2020 the WCEA launched an initiative to provide a sustainable e-learning platform to Ministries of Health and Professional Councils and Associations. With COVID arriving around the same time it became a valuable educational resource used worldwide.

Fisher and Paykel Healthcare very kindly provide funds for the yearly subscription for NZCCCN members, we are in our second year of sponsorship. Below is a taste of what courses you can expect to find on the WCEA website. You'll find the link to the WCEA via the NZCCCN website link below.

https://www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses

Creating an account is easy all you need is your NZNO membership number. For those of you who have forgotten your membership number just simply call 0800 283848 or email membership@nzno.org.nz with 2 pieces of information: your postal address and DOB.

Many of the courses are clinical and others include topics such as team dynamics & communication, sudden death & bereavement, leadership to name a few. There are also many paediatric & neonate courses available.

The courses have been developed by the following organisations so come with a predominantly UK flavour 'NHS Health Education England', 'e-learning for Healthcare' 'Royal College of Nursing' and the 'Royal College of Anaesthetists'. Below is a short summary of 3 courses you'll find on the site.

Clinical management of ventilation part 1 & 2

These 2 courses may be useful for new practitioners or those wanting a refresher. They are developed by an Anaesthetist and a Clinical Director of an ICU. Both courses are 30 mins long and cover topics such as choosing initial settings, managing hypoxia and hypoxemia, identifying common causes of hypotension during mechanical ventilation and recognising and managing dyssynchrony. For those of you who use Drager ventilators you will find the graphics familiar.

Clinical Management of Mechanical Ventilation 2

By Andrew Hutton and Peter MacNaughton

Clinical Management of Mechanical Ventilation 2
NHS

Dynamic Hyperinflation ▶ Recognition
Menu
Previous 8 / 26 Next

Dynamic hyperinflation occurs if expiratory time is inadequate to allow full expiration either because expiratory resistance is abnormally high, e.g. in asthma, COPD and emphysema patients, or because the set expiratory time is too short.

Dynamic hyperinflation is recognized, but not quantified, by close inspection of the expiratory flow-time waveform.

If expiration is complete, expiratory flow will be zero immediately before the onset of inspiration (Fig 1).

If expiratory time is inadequate, expiration is interrupted by the onset of the next inspiration, which is recognised by the expiratory flow not dropping to zero at the time inspiratory flow commences (Fig 2).

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Check Completion Auto-checking in 17s Self Verify Exit

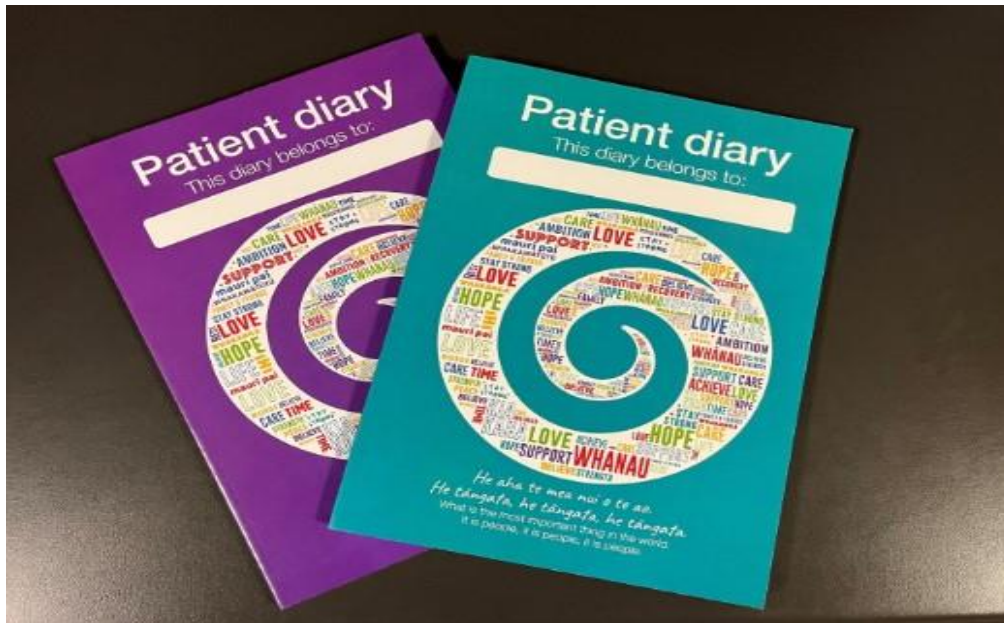
The seriously injured child

Although this course content sits more in an ED setting the information is a great refresher for those of us whom paediatrics sets outside of usual business & comfort zones. Topics include managing facial & airway trauma, cervical spine injuries, work of breathing etc. Other paediatric courses on the site include, abdominal wall defects, meningocele, airway & ventilation etc.

We encourage you to create an account and have a browse on the site. If you complete any courses, please provide us with feedback about what you thought of the platform. We hope to review the usage and potential future subscriptions. Send your feedback via the NZCCCN Facebook page or email criticalcarenurses@gmail.com.

Rachel Atkin
ICU/HDU/CCU Nurse Educator – Tauranga Hospital
NZCCCN Treasurer.

What is a Patient Diary and how does it work?



Hi, my name is Stacey Morrow and I am an ICU RN and relief ACNM at Waikato ICU. Providing ICU patients and their Whanau a diary to document their stay in ICU is not a new phenomenon, they can now be found in many different ICUs around the world and in New Zealand. In the early 1990s in Scandinavia the success of these journals is well documented, they helped patients and their families piece together the fragmented memories of their stay in ICU and enhancing their psychological recovery.

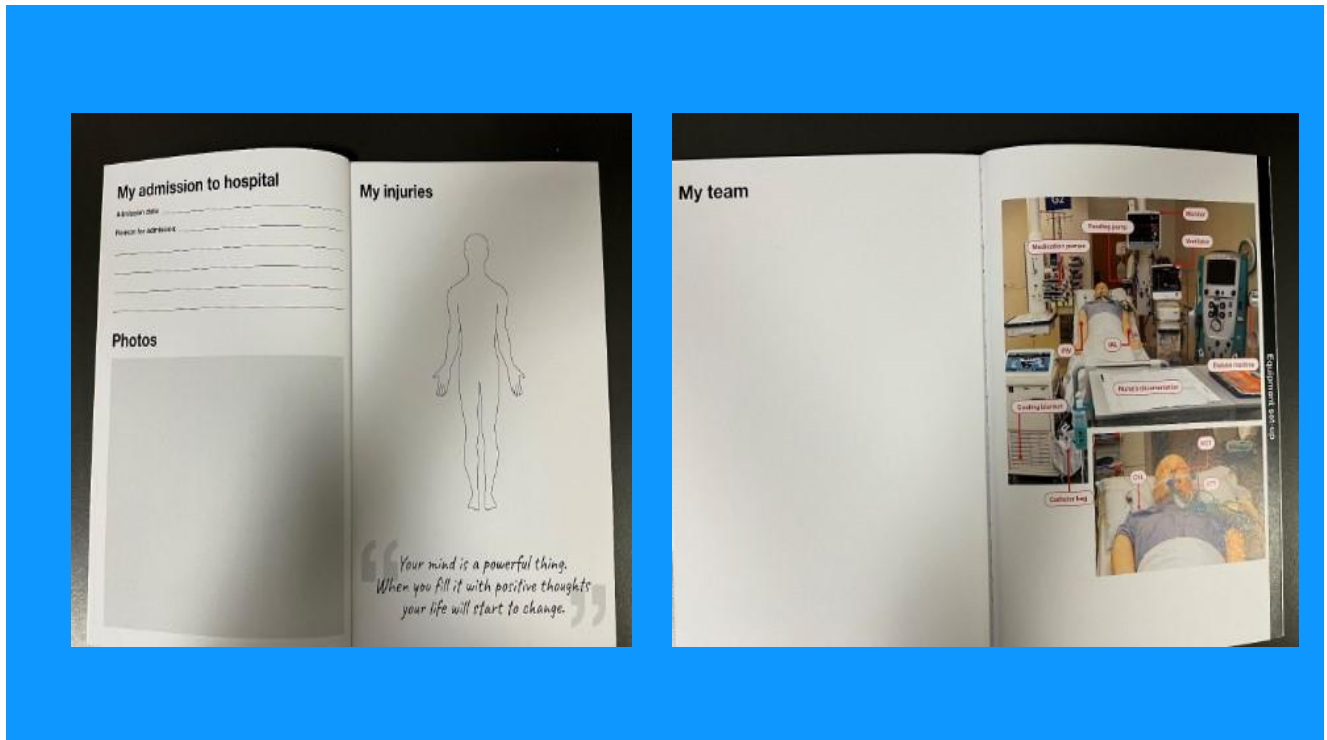
Patient diaries were introduced into the Waikato ICU in June 2020, I initially presented the idea of a patient and Whanau diary for long term ICU patients to the ICU Clinical Practice Committee. My proposal included a lot of research which help gain support for the diary's introduction. Some of the evidence I presented was that patient diaries can help reduce the incidence of depression, anxiety, and PTSD (Jones, et al, 2012). The diaries helped patients to be able to evaluate their recovery, understand their perceptions of their dreams and connect these to the diary entries and photographs. They are also great for improving communication with families and encouraging family centred care (Mickelson, et al, 2021).

I had the idea, Waikato ICU support the idea, but I was concerned about how I would secure long term funding. Luckily, I was put in contact with the Waikato Trauma team nurse coordinator. The trauma team had been discussing the idea of patient diaries for their trauma patients, they had performed numerous interviews with trauma patients and their Whanau relating to their experiences. These interviews identified that patients and their Whanau would have loved a diary about their stay, treatments and progress including photographs of themselves. When the trauma nurse coordinator heard I was looking into incorporating diaries into the ICU she came to me with a plan to work together. There was also discussion with the Kaitiaki service relating to design and content of the diary.

We then had numerous meetings deciding how to make the diaries work best for not only trauma patient but also long-term ICU patients. From my literature review and feedback from the trauma team's interviews with patients and their Whanau we decided to have different coloured diaries and a packet of coloured pens. We decided the diary should be run by the Whanau, not to be taken away from the bedside, and

would belong to the patient. The diary would follow the patient through their hospital journey, and at the end of their stay they were free to take the diary home or leave it at the hospital, in the case of the patients death it would be given to the Whanau.

We decided to include some information for the patient and their Whanau relating to what the diaries are, why they may be useful, and some ideas for what the patients Whanau and staff could write. Included in the diary is a blank picture of a person where the patient's injuries can be identified along with a "Clinical summary" which the nurses complete. There is a space for a photo and some pre-printed sections titled "Who I am" and "My likes and dislikes" which the patients Whanau complete, this helps the nursing and medical staff get to know the patient. At the back of the diary is a picture of a mannequin patient with ICU machines around them to help Whanau and the patient become more familiar with the ICU environment, there is also a Glossary of words and terms used in ICU, staff roles and "Helpful tips for your recovery".



Throughout the process we had guidance from the Waikato hospital Kaitiaki service and the print shop. I spoke to hospital lawyers around gaining consent for the diaries, we initially attempted to gain consent from the patients Whanau, but after further advice we stopped that practice and just gave the patients Whanau a diary.

Once we had the diaries, pens, and a place to put them, I began promoting their introduction to ICU staff. I decided to do this in several ways including putting information in our ICU communication book and ICU newsletter, developing a large notice board in the tearoom with all the information staff would need for this to be successful and talked and answered questions with staff around the diary's introduction. Things I included were educating staff around what benefits the dairies may have for the patient, their Whanau, and staff. I also identified which patient should receive a diary, what the unit's expectation were around staff contributing to the diary and completing different sections and keeping the diary updated each shift. I also identified a mobile telephone which could take photos and developed a guide for printing coloured photos. The diary is given to all trauma patients on day one of their stay and a diary is also given to any general ICU patient who are thought likely to be in ICU for three or more days. COVID-19 did delay the initial role out of diaries, but we finally got there.

Initially nurses identified that they felt it would be more work, but now they have taken it onboard and manage to document the patient journey each shift and often take photos of the patients progress or activities during the day as they can now see how valuable it is for the patient and their Whanau. It has taken some time but is now just part of our practice. We have found that photos are an important part of the diary, as it can show how well the patient progresses through their journey. Photos of the patient sitting in a chair, working with the physio, or the day they get a tracheostomy, or maybe a photo of the patient sedated with their family present are great ways to help the patient have visual representation of their journey.

We received feedback via a short questionnaire and personally asking some Whanau how they felt about the diary. One patient came to us and offered his feedback via email. We also have an email address on the back of the diary for people to give feedback after they leave. Feedback from the diaries so far has been very positive, examples being the diary was invaluable, an integral part of my health journey, useful and insightful, a great place for family to express themselves, photos helped make it real and they enjoyed reading entries from the nurses. Whanau really like the coloured pens we provide, they use different colours throughout the book, including drawing pictures, with some Whanau add lots of photos from home.

Stacey Morrow
ICU RN
Waikato ICU

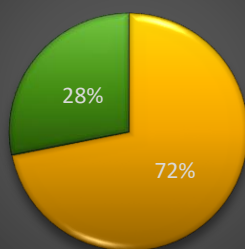
Development of ICU Peer Support

INTRODUCTION

My name is Rachel, I am an Intensive Care nurse at Waikato Hospital. My nursing journey started in the Intensive Care Unit, from which I continued on to become an Emergency Nurse within the Waikato Emergency Department and then travelled to Australia for rural/remote agency Nursing. Throughout this journey, I was a part of many brilliant nursing teams, all of which faced stressful events and hardship every day. I have always admired the resilience of my fellow nursing colleagues, however, my nursing journey clearly showed me that often resilience in our work force isn't enough, and that more support needed to be provided to our nursing teams.

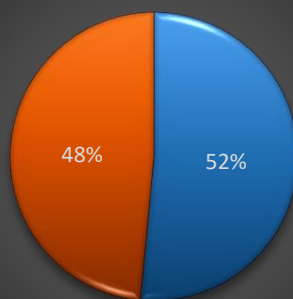
When nursing within the Waikato Emergency Department and abroad, I witnessed a range of strategies that were utilised to support nursing staff and their mental/emotional wellbeing. One that attracted my attention being a peer support program. Following my return to the ICU at Waikato Hospital, I became inspired by the facilitated programs I had witnessed and began to research Critical Care nursing burnout and peer support programs. My research demonstrated that 39 percent of critical care nurses suffer from compassion fatigue and 34 percent report nurse burnout (Wahl, Hultguist, Struwe & Moore, 2018). And that additionally, peer support programs have shown to improve resilience and communication within teams, and reduce feelings of stress, burnout, and vastly improve the incidence of secondary traumatic stress. Furthermore, a questionnaire was presented to staff that assessed compassion satisfaction, compassion fatigue, and secondary traumatic stress. The results were as follows:

COMPASSION SATISFACTION



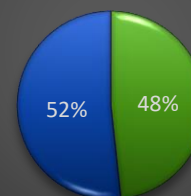
Low Moderate High

BURNOUT



LOW MODERATE HIGH

SECONDARY TRAUMATIC STRESS



LOW MODERATE HIGH

Of the 33 survey participants, only 28 percent scored high compassion satisfaction. Forty-eight percent were shown to have moderate levels of burnout and over 52 percent scored moderate secondary traumatic stress. Research suggests that if left un-addressed, burnout, compassion fatigue, and secondary traumatic stress can have detrimental effects on the physical and psychosocial wellbeing of healthcare individuals, negative impact on patient care/outcomes and thus, negative impact on the organisation they work for (Kelly, 2020). Compassion fatigue and nurse burnout directly influence nurse retention, patient safety, and patient satisfaction which is why it was imperative this was addressed. This led to the investigation and development of the Peer Support Team.

OBJECTIVES

- To provide non-judgemental, empathetic and confidential support
- To identify colleagues at risk
- To identify potential traumatic events and individuals involved
- To provide alternative resources or support pathways when indicated

SCOPE

Peer support will be provided to any staff working within the Intensive Care Unit. Peer supporters will be discrete and confidential and will at all times maintain professional standards required by their governing body NZNC.

IDENTIFICATION

The ICU Peer Support Team will be promoted throughout the department. New staff will be approached by a Peer Support member and informed about the peer support group and how they can be contacted, emphasising that they can approach any peer support member

PEER SUPPORT TEAM

The peer support team would consist of 10-15 voluntary staff from within the Waikato intensive care unit that would provide non-judgemental, informal, and confidential support to their colleagues. These individuals will be able to be identified via a peer support poster on the notice board. The peer support group would also hold "peer huddles" once per month. Peer huddles will be an informal meeting for staff to discuss personal experiences of working in a high acuity unit, and the challenges we face. All conversations are confidential, unless details regarding unsafe, unethical, or illegal practice is revealed.

- 10-15 volunteers from within the ICU encompassing a diverse range of roles, ages and skill mix e.g. RN, ACNM, Educator, HCA etc. Ensuring that there is a wide network for staff to approach
- Peer support team to be reviewed annually, with the option to opt out at any time

- There will be a designated chairperson of the peer support team and administrator to ensure meetings are planned and minutes are recorded.
- Means of communication will be either face to face, text or phone call
- Peer support staff are volunteering their own time to meet with staff regarding:
 - Clinical/non-clinical experiences
 - To support and assist colleagues to raise issues of concern regarding inappropriate workplace behaviour that they have experienced or witnessed and assist staff to resolve situations for themselves at the lowest possible level, but are aware of the process to escalate situations when required.
- Ensure that all contacts are carried out in a respectful and confidential manner.
- Promote and provide necessary hospital resources to staff in need e.g. EAP, union support, workplace support person, chaplain, Kaitiaki etc
- Peer support members to introduce themselves to new staff members and educate them regarding the peer support program
 - Follow up plan distributed through the peer supporters to see new staff and check in post orientation.
- Support “huddles” will be held off the floor every eight weeks for staff to discuss clinical experiences in a confidential and non-judgemental environment
 - Meetings to be organised in advance on a set day
 - Meetings subject to staff availability and Unit workload
 - Groups to remain small 10-15 people
 - Tea trolley provided
- All peer support meetings to be documented – anonymous and themes of meeting only
- Peer support team members will be required to complete appropriate training and have regular supervision
- Meetings and Minutes: The Peer support team will meet every 12 weeks. An anonymised record of peer support contact will be discussed, and themes identified. Any themes recognised should be highlighted and escalated accordingly.

OUTCOME

The proposal was accepted, and the peer support team was advertised within the department for volunteers. There were 24 nurses who volunteered to become a part of the Waikato Critical Care Peer Support Team. Training was facilitated by Clinical Psychologist and the plan was set in motion in early 2022. The peer support team remains a fresh initiative within the ICU, but in the current climate with so much uncertainty both in and out of the work environment, looking after staff wellbeing has never been so important.

RESEARCH AND ARTICLES

Kelly L. (2020). Burnout, compassion fatigue, and secondary trauma in nurses: Recognizing the occupational phenomenon and personal consequences of caregiving. *Critical Care Nursing Quarterly*, 43(1), 73–80. doi: 10.1097/CNQ.0000000000000293

Hunsaker, S., Chen, H. C., Maughan, D., & Heaston, S. (2015). Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *Journal of Nursing Scholarship*, 47(2), 186-194.

Potter, P., Deshields, T., Divanbeigi, J., Berger, J., Cipriano, D., Norris, L., & Olsen, S. (2010). Compassion Fatigue and Burnout. *Clinical Journal of Oncology Nursing*, 14(5)

Van Mol, M. M., Kompanje, E. J., Benoit, D. D., Bakker, J., & Nijkamp, M. D. (2015). The prevalence of compassion fatigue and burnout among healthcare professionals in intensive care units: a systematic review. *PloS One*, 10(8), e0136955.

Rachel
Intensive Care nurse
Waikato Hospital.



Message from the WFCCN for WFCCN Members,

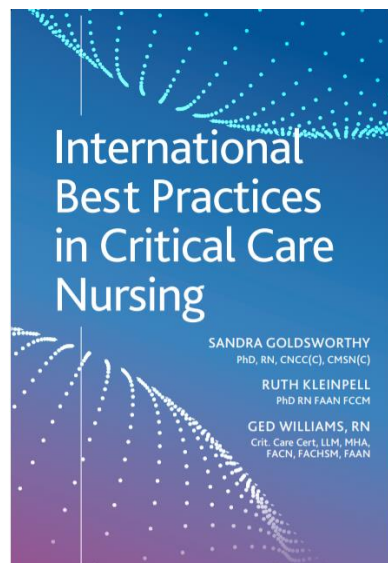
We would like to offer all members an opportunity to place a link on their association website or Facebook page that provides their members direct access to the 2nd edition of the International Best Practice in Critical Care E book from the WFCCN.

Below is the cover of the E-Book, access the E-book [here](#)

We hope your members find this resource helpful in their care of critically ill patients.

Kind regards,

Violeta



Dr. Violeta Lopez, RN, MNA, MPET, PhD, FACN
Board of Director (Secretary) and Ambassador, WFCCN



Registered Nurses enteral feeding practice: The RN FEED study

Researchers at Griffith University are seeking registered nurses who provide care to critically ill adults and children to be involved in this research study

WHO CAN PARTICIPATE?

Are you:

- A registered nurse working in Australia or New Zealand
- Currently deliver patient care to critically ill adult and/or paediatric patients

WHAT IS INVOLVED?

- Completion of an online survey that takes approximately 15-minutes
- No additional costs associated with participation

WHY BE INVOLVED?

- Your contribution may help inform clinical practice, education and research
- This is an ethics approved study (GU ref no: 2022/058)

Your voice is important to us! If you are interested in participating, please complete the online survey.

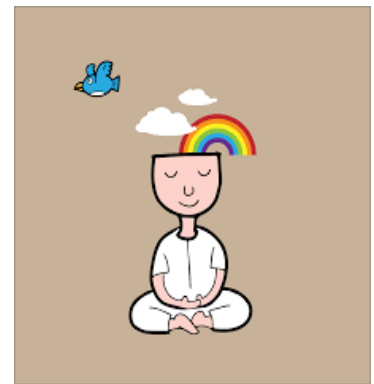
To access click here <https://prodsurvey.rcs.griffith.edu.au/prods200/index.php/666978?lang=en>

For further information contact:
Professor Andrea Marshall
a.marshall@griffith.edu.au

Some ways to take care of yourself

Self-care is essential but in a stressful time it can be a challenge to put this into action. Having a list of possibilities can help.

- Give yourself permission to sit and relax, especially when you're tired. Visualise a safe, relaxing scene and imagine stepping into it and soaking up the peace.
- Explore nature. Sit in the sun. Watch the sunset. Listen to the birds.
- Have a warm drink.
- Create quality time for you by taking the phone off the hook.
- Eat something nourishing. Cook something special. Buy yourself a treat.
- Notice your achievements and give yourself credit for them.
- Lie on the grass.
- Write in your journal. Write down everything you love about yourself. Write about your special accomplishments in your journal. Write about what you are feeling. Say soothing, loving things to yourself.
- Go for a walk. Go to the library. Go to the beach or bush
- Have breakfast in bed.
- Have a massage. Have a spa, swim or sauna.
- Play with an animal.
- Give yourself a hand or foot massage.
- Get some exercise. Do some yoga.
- Go to the movies or a show. Do something creative just for pleasure. Draw or paint a picture.
- Write some poetry. Play some calming music. Phone a friend. Write a letter to a friend.
- Go window shopping.
- Walk in the rain.
- Tune into yourself and find out what you're feeling and what you need. Ask someone for a hug. Ask for the help and support you need. Take mental health day off if you really need it.
- Plan something fun – an outing, treat, celebration or holiday. Plan a get together with friends.
- Dance. Play your favourite music.
- Stop and smell the flowers. Spend time in the garden. Buy yourself some flowers or a plant/plants.
- Meditate or pray.
- Watch a funny video.
- Relax with a good book.
- Make a list of things that make you happy.
- Go to a park and swing on the swings.
- Go to bed early. Wake up early and watch the sunrise.
- Make a special meal just for you.
- Give yourself a facial.
- Read an inspirational book.
- Take a warm scented bath. Have a foot bath. Burn some essential oil in the oil burner.



NZ College of Critical Care Nurses [NZNO] 2022 national committee members

Position	Name	Year	Region
Chair	Tania Mitchell	4 th	Central
Website/Newsletter	Steve Kirby	6 th	Northern
Treasurer	Rachel Yong	4 th	Northern
Membership	Rachel Aitkin	1 st	Midlands
Secretary	Renee Holland	3 rd	Southern
Consultation Documents	David Aveyard	1 st	Midlands
Committee	Lara Millar	4 th	Central
Committee	Diane Pollard	Seconded	Mid South
NZNO Liaison	Angela Clark	N/A	N/A

Update your NZNO or NZCCCN Membership

If you move address, change your name, change your job/position, or no longer want to be a member section please update your details with NZNO. You can do this by emailing Sharyne Gordon: SharyneG@nzno.org.nz with your NZNO number and a simple request to alter your details or to remove you from the membership database of the college



NZCCCN

New Zealand College of Critical Care Nurses

Critical Care and Coronary Care Unit Nurses

Are you a member? Membership is FREE

- ◆ Join a large community of likeminded nurses
- ◆ Scholarships available for courses and education
- ◆ Discounted registration to ANZICS conferences
- ◆ Critical Comment Newsletter
- ◆ Support education and safe staffing standards

For more information or to join, visit our website:
www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses



OR

New Zealand College of Critical Care Nurses

