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# Critical Comment

## New Zealand College of Critical Care Nurses



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## December 2024

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**Merry Christmas/Meri Kirihimete me te tau hou**



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### Message from the Chair

Hello and welcome to the third and final edition of Critical Comment for 2024, where did the year go! I hope you are all well and managed to escape the late flurry of flu and COVID.

We would like to welcome two new committee members who are both representing the central region. Sarah Imray from Wellington is taking over from Tania Mitchell and Jade Purdy from Palmerston North fills a vacant central position. Tania leaves us having led the committee to achieve an incredible amount for critical care nursing during her time with us. Tania has kindly offered to continue the work she was involved with on one of our bigger projects.



The recent ANZICS conference hosted by Cardiovascular and Thoracic Intensive Care and High Dependency Unit (CVICU), Te Toka Tumai Auckland was an enormous success. A big thank you to the organising committee, particularly Rachael Parke for the impressive group of presenters she brought together to represent critical care nursing. NZCCCN were pleased to be able to support two scholarship winners from Greymouth and Wellington to attend, and present prizes for two outstanding nursing presentations and posters.

So, as one conference ends, our sights are on the next. ANZICS 2025 will be April 9-11 in Christchurch. Hosted by our Australian colleagues, registrations have recently opened. We are

excited to announce that NZCCCN members will now receive the same discounted registration price as ACCCN members. The committee have been working on this agreement since last year, it will be for any conference or workshop hosted by ACCCN and, of course, the offer is reciprocal. You will need your NZNO membership number to hand when you register.

You may have already seen this in the latest Kaitiaki, congratulations to the EPICCNZ development team (Dr. Mo Coombs, Tracy Klap and Stephen James) who recently won the award for best induction programme from the New Zealand Association of Training and Development. The award recognises the collaborative effort of critical care nurses, allied health professionals and the learning and design teams who worked together to develop the programme. NZCCCN and the NZ nurse educator forum were also thrilled to collaborate with the team on this wonderful initiative. If you have not already done so, I encourage you to visit the programme. It is across all Health New Zealand learning management systems – Ko Awatea Learn, Connect Me and healthLearn. You can access the modules by searching 'EPICCNZ' or 'Critical Care Induction'. If you have completed the programme, more modules have been added since the initial launch.

And staying with the education theme, thank you to those of you who registered to watch the MyHealthHub webinar. Our sincerest apologies again for the technical issues, sometimes these are just unavoidable. We will have another topic ready to go early in the new year, stay tuned for registration details and dates.

I hope you have an enjoyable festive season and summer break with your friends and whanau, travel safe if you are visiting loved ones.

On behalf of the committee Meri Kirihimete and Ngā mihi o te tau hou.



*In the photo: Diane Pollard, Angela Clark, Rachel Atkin (Chairperson), Chrissy Hathaway, Melissa Evelyn, Alicia Osland and Tania Mitchell. Absent: Cherie McGregor.*

**Rachel Atkin**  
**NZCCCN Chairperson**

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## Message from the Editor

Hello fellow critical care nurses and welcome to the December edition of the Critical Comment.

In November our colleagues from the Cardiovascular and Thoracic Intensive Care and High Dependency Unit, Te Toka Tumai Auckland, hosted the ANZICS Regional Scientific Meeting. The calibre of presentations and speakers was incredibly high. I would particularly like to acknowledge

two speakers – Duane Alvares and Adele Ferguson. Duane had an extensive and lengthy Intensive Care Unit admission and presented his perspective of his ICU experience. Adele, a Registered Nurse and PhD candidate from Whakatāne Hospital, presented A day of two eruptions in which she shared her research focusing on resilient healthcare in a natural disaster, exploring healthcare professionals experiences when Whakaari / White Island erupted. Both presentations from Duane and Adele left many of us searching for tissues and standing in acknowledgement and recognition of their strength and mana in such difficult circumstances.



In this edition we hear from Tracy Klap, Ruth Chinn and Miriam Miller. Thank you for your contribution to the Critical Comment for NZCCCN, we appreciate the time and effort that goes into these comments. But also thank you for your incredible mahi in the critical care nursing environment and for sharing this with us.

Tracy Klap, a Nurse Educator in the Intensive Care Unit at Wellington Regional Hospital, has had significant involvement in the introduction of the EPICCNZ across the country. Tracy celebrates this prestigious award EPICCNZ received earlier this year. This is a testament to the incredible work that many critical care nurses and educators have contributed to.

Ruth Chinn, a Registered Nurse in the Intensive Care Unit at Wellington Regional Hospital, received a scholarship on behalf of NZCCCN to attend the ANZICS regional scientific meeting that was held in Te Toka Tumai Auckland. Ruth discusses her take home messages from this meeting.

Miriam Miller a Registered Nurse in the Waikato Intensive Care Unit gets creative during International Recycling week and shares an entry in the Recycled Wearable Art competition that was held at Waikato Hospital in October.

We are always looking for contributions from NZCCCN members for Critical Comment. If you are involved in a research project, change of practice, clinical innovation, or anything of interest which you think other NZCCCN members would like to read about, please contact us on our email at [criticalcarenurses@gmail.com](mailto:criticalcarenurses@gmail.com) or [melissa.evelyn@waikatodhb.health.nz](mailto:melissa.evelyn@waikatodhb.health.nz)

**Melissa Evelyn**  
**Editor NZCCCN**

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## Introduction of elected NZCCCN committee member

**Sarah Imray, MN Nursing**  
**CNS PAR Service**  
**Health New Zealand, Te Whatu Ora**  
**Wellington Hospital, Wellington, NZ**



I am the CNS of the PAR service, based at Wellington Regional Hospital. I am passionate about patient safety and the importance of early recognition and rapid response. I have worked collaboratively with consumers in developing a family escalation pathway, Kōrero Mai.

Working with consumers was very humbling and it was a privilege to have been given this opportunity. I am a current committee member of the NZCCOF, playing an integral role in the development of national standards for outreach services across New Zealand. I am also on the advisory committee for the International Society for Rapid Response Systems, iSRRS.

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## EPICCNZ update – Winner of Best Induction Category, NZATD





*Steve James, Tracy Klap and Mo Coombs from Wellington ICU, with Joe Zhou from Learning and Design receiving the award.*

Last month, the EPICCNZ (Elearning Programme Induction in Critical Care New Zealand) team won the award for Best Induction Programme from the New Zealand Association of Training and Development. This is an organisation that represents individuals, companies and organisations across industry, social, health and education sectors.

This prestigious award recognises the dedication and collaborative effort of everyone – critical care nurses, Allied Health professionals and the Learning and Design team who worked together to develop the EPICCNZ eLearning modules. Thank you to all those involved and know that collectively you were recognised and acknowledged in the acceptance speech.

With over 3100 module completions and continued great feedback, EPICCNZ is true testament to the power of teamwork and innovation. Your hard work has made a lasting impact on critical care education in Aotearoa. We continue to expand EPICCNZ and aim to have Module 11 (Interhospital transport) available mid-December 2024. We presented at ANZICS Regional Scientific Meeting in November - great to connect with so many of the critical care community there!

**Tracy Klap, Nurse Educator**  
**Intensive Care Unit Wellington Regional Hospital**

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## ANZICS NZ Annual Regional Scientific Meeting

Kia ora, my name is Ruth, and I'm a nurse in Wellington ICU. I was fortunate to be supported by NZCCCN to attend the ANZICS Regional Scientific Meeting held in November 2024. The programme was filled with informative and engaging presentations, delivered by a diverse group of intensive care leaders. I will share with you a few thoughts from an impactful presentation that has kept me thinking.

An engaging young man was brave enough to share his own critical illness experience, which involved a lengthy stay of more than six months in an ICU. Listening to him describe the treatments he endured, it was obvious he was taken right to the limits of what ICU can offer, and it couldn't have been much worse. During a time of professional



growth, his world was suddenly tipped upside down. The audience laughed warmly with him when he described this happening in a very unscheduled way, and his attempts to negotiate with the ICU doctor to “go on the ventilator” for a set period of time (a few days), and then he would be free to return to work. Unfortunately, when he began to ‘wake up’, he had a tracheostomy, and weeks or months had passed.

He showed us photos and videos of himself gravely ill, attached to a myriad of tubing and machinery. We saw photos of his family at his bedside, and other poignant moments such as his dog visiting. Seeing these photos and videos reminded me how important they can be for documenting and celebrating progression, especially when one is looking back on how far they’ve come. In the photos, I could recognise a persistently ill ICU patient, like many others I had cared for - with a tracheostomy and a slow unpredictable respiratory wean. He was a patient with profound muscle loss, unable to swallow or move and, worst of all, unable to speak. Hearing what it was like from his perspective was emotional, in fact, it moved most of the audience to tears. He told us first-hand the difficulties in communicating and how the delirium impacted him. He told us how he was so frightened he would purposefully knock off his tracheostomy to trigger the alarms, resulting in the arrival of a reassuring nurse to break him from his own thoughts. He knew some things were real and some weren’t, but trying to navigate somewhere in between sounded like torture. He told us how unbelievably thirsty he was and that his fluid restriction relaxing from 200ml to 600ml was absolutely life-changing! He also told us of things that humanised his ICU experience and made it more tolerable.

In another presentation, Dr Kimberley Haines talked about critical illness offering the experience of being taken to the threshold of life and the formation of a new vantage point for a world after ICU. I want to thank this brave man for sharing a raw and honest experience of being taken to the threshold. I know that many other colleagues were also profoundly impacted by his presentation. I’m planning on spending more time sitting beside patients and never underestimating the importance of companionship.

Thank you again to NZCCCN and ANZICS for the opportunity to attend the meeting, I’m inspired to work in new ways.

**Ruth Chinn, Registered Nurse**  
**Wellington Regional Hospital Intensive Care Unit**

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## **‘Floral’ hydrate by the Department of Critical ‘Wear’**

**By Miriam Miller, designed by Sheree Gare and modelled by Hazel Ersoz**

International Recycling Week was marked in Waikato Hospital with the 1st Annual Recycled Wearable Arts Competition on Wednesday 23 October 2024.

With 15 entries from across the Hospital, there was a spectacle of plastic, wire, glass, cord, paper and foil sewn, woven, stuck, and tied together into garments which were then modelled down the runway of the Bryant Education Centre.

The Waikato Critical Care team set about developing an idea, and collecting materials for the entry. A small group of ‘fashionistas’ gathered and brainstormed ideas of what the entry could look like, and what materials were going to be used.

Entries were required to adhere to strict infection prevention and control guidelines, meaning all that was to be used had to be clean and not contaminated. Ideas for the base of the outfit included using expired disposable curtains, sterile drapes and guards, and warming blankets ... but finally foil bubble wrap that all the TPN (Total Parenteral Nutrition) comes in from the pharmacy was settled on for the base of the dress.

From there the Critical Care team collected medication vial tops, red, blue, orange, green, purple, and yellow, and in varying sizes over a period of months.



The seamstress used a mannequin to fit the foil bubble base, and then set about drilling holes in the medication lids to sew them onto the bottom of the dress. The propofol and paracetamol lids created a red and blue base to the foil dress. From there, expired ETT (endotracheal tube) tape to create stems that reached up the skirt, to flowers made from pill pots with medication top centres. The ETT tape was coloured in with marker pen to look like stems.

In the Intensive Care Technicians office, large bubble wrap was found. This was attached to the bodice of the dress, and little holes slit in the top of each bubble, where again, medication lids were used, this time, to create a geometrical pattern of flowers. To top off the dress, a hat was created, again with foil as the base, and then with medication lids to create flowers, and remifentanyl and dexmedetomidine lids as a border.

The outfit was completed with a crocheted ETT tape neckline and a cummerbund which tied at the back. And what outfit is complete without a bag? A bag was also crocheted out of ETT tape, lined with TPN foil, and had matching medication-lid flowers sewn on, with a medication-lid shoulder strap.

The completed outfit was named 'Floral Hydrate' and was entered under the 'Department of Critical Wear'. It was modelled on the day by one of the Intensive Care nurses, and was placed third.



## Family Members' Involvement in Caring for a Critically Ill Person

Incorporating family members' involvement and engagement during and after an ICU stay is pivotal in delivering high-quality critical care. Families should be supported not only during their loved one's ICU admission but also after their discharge. The involvement of family members benefits both the patients and the families themselves.

For instance, most ICU admissions are unplanned and unexpected. Patients may already be intubated and unable to express their wishes or values. In such situations, family members act as proxies, providing healthcare providers with essential information about the patient's preferences and decisions when the patient is unable to communicate.



Studies have shown that families of critically ill patients often experience high levels of stress, anxiety, depression, and sleep deprivation. However, implementing certain strategies can help alleviate these psychological symptoms and improve family satisfaction.

### Key Strategies to Support Family Members

#### 1. Allow Family Members at the Bedside

Allow families to remain at the patient's bedside. This may require adjusting the unit's visiting hours to an open visiting policy, allowing families to visit at any appropriate time.

#### 2. Encourage Participation in Patient Care

Invite family members to participate in aspects of the patient's care while ensuring the patient's dignity is maintained. This participation can include activities like repositioning the patient or assisting with passive range of motion exercises.

#### 3. Promote Effective Communication

Nurses can use the mnemonic VALUE as a tool to enhance communication with family members:

V – Value family statements

A – Acknowledge family emotions

L – Listen to the family

U – Understand the patient as a person

E – Elicit family questions

This mnemonic helps ensure that all aspects of communication between staff and families are addressed effectively.

#### 4. Conduct Family-Centred Rounds

Including family members in ward rounds has been shown to improve their understanding of the patient's condition and reduce their stress and anxiety. This can be implemented by:

4.1. Inviting family members to attend ward rounds and informing them that medical terminology will be used, while providing them opportunities to ask questions.

4.2. Involving nurses to present any concerns or issues that arose overnight.

4.3. Collaborating with the medical team and allied healthcare providers to develop a care plan.

4.4 Encouraging family members to participate in discussions and ask questions.

#### 5. Educate Families About PICS-F

The psychological symptoms of Post-Intensive Care Syndrome–Family (PICS-F) include anxiety, depression, and post-traumatic stress disorder (PTSD). Educating families about PICS-F helps them recognise these symptoms in themselves. It also enables healthcare professionals to offer advice on where to seek help, such as dedicated post-ICU clinics or general practitioners, should these symptoms arise.

I was inspired to delve deeper into ICU survivorship after attending a talk by Associate Professor Kimberley Haines during the ANZICS Annual Scientific Meeting in Auckland. The summary above provides a brief overview of key strategies for family involvement in critical care. However, I highly recommend reading the following e-book authored by Dr. Haines and her team for a more comprehensive exploration of this important topic.



Haines, K. J., McPeake, J., & Sevin, C. M. (2021). *Improving critical care survivorship : a guide to prevention, recovery, and reintegration*. Springer. <https://doi.org/10.1007/978-3-030-68680-2>

**Brandon Chia**  
**Registered Nurse**

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## Critical Care nurse knowledge and skills framework development

The college committee members over many years have identified a need for clearly defined education standards to help ensure our critical care nursing workforce have the appropriate education to provide high quality care for their patients and whanau. We believe that patients have the right to receive care from appropriately qualified critical care nurses that meets the diverse and changing healthcare needs of the people of Aotearoa New Zealand. This is further supported by feedback from members, nurse managers and nurse educators, that there is a need for further work in this space. An ongoing barrier to this work has been time and resource. Although this barrier is still present, we have a group of motivated and dedicated nurses aiming to advance this work.

This was further highlighted through the Critical Care sector advisory group (2022-2024) to Te Whatu Ora (CCSAG). This was established as part of the Labour government's initiative to increase critical care capacity and capability nationwide. This group commissioned a review of the currently available education across the motu, and made recommendations on how this could be improved.

A steering group has been established, consisting of nurse manager and nurse educator representation from each of the 4 regions. In addition we have several national representatives in their specific area of expertise. The steering group will develop a knowledge and skills framework (KSF) that will be linked to clinical skills acquisition and the critical care nurse qualification which reflects a commitment to Te Tiriti o Waitangi, kawa whakaruruhau and culturally safe nursing practice.

We know that the current definition of a qualified critical care nurse in Aotearoa is wide and open to interpretation, and this does allow for flexibility for individual units to manage how they wish to meet the education needs of their nurse. We think it is time for this to be revisited and standardised.

The barrier of time and resource is ongoing, and as I am sure you can appreciate, the steering group members have competing priorities for their time. As part of the investment in critical care, the CCSAG had approved resource to progress this important work. Unfortunately with the cost saving requirements from the current government, this funding has been revoked. This means that the timeframe for completing this work is currently uncertain. The advisory group was wound up in June 2024, and at this stage, Te Whatu Ora have decided not to progress with a critical care national clinical network.

The steering committee currently membership includes:

Chair	Liz Dalby	Critical Care Regional Lead – Te Waipounamu
New Zealand College of Critical Care Nurses	Tania Mitchell	NZCCCN
Critical Care Nurse Educators Forum	Hayden Smith	CCNEF
Maori consultation	Kylie Clark	Maori critical care nurse representative
National Director of Nursing	Claire Jennings	Director of Nursing representative
Northern region	Cindy Thompson Nicole Morales	Charge Nurse Manager, DCCM Nurse Educator, CVICU
PICU (Northern region)	Amanda Wevers	Nurse Educator, PICU
Te Manawa Taki region	Sarah Rogers Annie Morley	Nurse Educator, Waikato Charge Nurse Manager, Rotorua – Lakes
Central Region	Maureen Coombs Lyn Maughan	Nurse Educator, Wellington Charge Nurse Manager, Palmerston North
Te Waipounamu Region	Carla Snow Carrie McAleice	Nurse Manger, ICU Dunedin Nurse Educator, ICU Canterbury

Do you have questions or comments about this work? Would you like to be involved with this work? Perhaps reviewing and commenting on draft work?

We welcome questions and input from college members. Please feel free to contact us [criticalcarenurses@gmail.com](mailto:criticalcarenurses@gmail.com) or contact one of your regional representatives.

**Tania Mitchell**  
**NZCCCN representative**  
**November 2024**

## **New Zealand Critical Care Outreach Forum (NZCCOF) – Annual Hui, Auckland City Hospital 2024**



Friday November 22nd saw the New Zealand Critical Care Outreach Forum (NZCCOF) meet for their annual national Hui at Auckland City Hospital. The day of education and networking was in association with NZNO and the NZCCCN, and was made possible thanks to our awesome sponsors: Fisher & Paykel, Zoll, Mindray and the Department of Critical Care Medicine in Auckland.

The programme was filled with engaging and knowledgeable speakers on a variety of subjects. This included Jess Hart (Paediatric PAR Nurse Consultant) who presented common paediatric diseases that you encounter in the PAR service, i.e., patients with conditions such as bronchiolitis and other respiratory compromise, haematology/oncology (who are often complex and fragile), and cardiology. They see about 350 patients per month and attend all ED emergencies. Bronchiolitis is predictable with good outcomes. The key is to identify at risk patients, manage them well and acknowledge they are a high resource of the PAR team. Haematology/oncology patients in NZ have really good outcomes for childhood cancer.

Dr Clinton Lewis (Haematologist) spoke about special populations in haematology such as myelomas and lymphomas, and their management, especially during episodes of deterioration which may not always be so obvious, always consider sepsis. Tumour lysis syndrome (TLS) was mentioned as this is an oncologic emergency characterised by hyperkalaemia, hyperphosphataemia, hyperuricaemia and hypocalcaemia due to tumour cell lysis. These abnormalities can lead to cardiac arrhythmias, seizures and death. Allopurinol, IV hydration and rasburicase are the cornerstones of prevention and management.

Andy Barr (Auckland Hospital) a simulation educator presented hot debriefing and how you might go about using it. It happens there and then (by end of shift) facilitated by a team member and focuses on learning and immediate support. It is voluntary and the debrief takes 15-30 minutes maximum. The intention is to have a shared understanding of the event.

Rueben Sutton – PAR Nurse Specialist from Auckland Hospital spoke about the patient at risk service and palliative care. Rueben has been exploring patient experiences by interview during the 'acute' part of their admission within the ED setting. This was an attempt to begin to generate knowledge regarding patients with palliative diagnoses' experiences of care. Six interviews have been completed, even with small numbers there seems to be potential for improved experiences for the patients, for example, supporting self-advocacy, listening to their concerns and values, talking to the patient during codes not over them and reducing the feeling of powerlessness. Patients nearing the end of their lives are still 'at risk' of suffering, loss of dignity and loss of quality time. –

Joanne Shirtcliffe, Nurse Practitioner (NP) from the PAR service at North Shore Hospital described her role and illustrated the impact she has had on her patients with two case studies. As a NP in the PAR service she further enhances the care offered and strengthens the team-based care. She works closely with two clinical nurse specialists each shift covering medicine and surgery. Her focus areas are chronic disease management, preventative care, patient education and empowerment and the management of deteriorating patients. This is achieved by streamlining communication and facilitating co-ordination of care after assessing and developing individualised care plans, all whilst blending acute and chronic care seamlessly. Then we heard from Dr Alison Pirret, Nurse Practitioner at the Critical Care Complex at Middlemore Hospital who shared how their PAR service has developed over time and has morphed to meet changing needs along the way. One of their goals was to grow NPs from within and to ensure the right team fit which has been very successful with several now in their team. The NP role was to fill a service delivery gap with the goal of impacting patient outcomes favourably and influencing the wider population. The aim was to provide the service 24/7 with one NP per shift. The next goal is to have a NP in intensive care which will see a NP start in the high dependency unit.

Dr Paul Gardiner, PAR senior medical officer discussed the importance of good communication within the rapid response team and the positive effects this has on the patient. The focus of the talk was how to prepare ourselves to avoid mistakes. This included promotion of human factors and non-technical skills training. Some strategies mentioned were 12-hourly safety huddles and role assignment of medical emergency team (MET) members, the use of MET checklists (syndromes of

sepsis, hypotension etc), regular inter-professional training (SIMs, MET course) and ensure staff well-being is maintained.

Nina Baker, PAR Nurse Consultant from Te Toka Tumai, then spoke about an audit of ward-based patients who suffered an inpatient cardiac arrest during 2021-2023. It showed that 1/3 of patients who had an inpatient cardiac arrest had signs of deterioration in the preceding 24-hours. This afforded the opportunity to target areas of improvement in the systems related to recognition and response to clinical deterioration and the early incorporation of shared goals of care.

Nina Baker went on to discuss the korero mai data from Te Toka Tumai (Auckland City Hospital) that revealed some useful insights. On average there is one korero mai call /week which aligns with international evidence. Communication issues are present in every call and on average is a one hour consult by the PAR nurse. Twenty-three percent of calls were from Māori whānau, limited Pacific people calls. In the previous 18-months only 3 patients had unidentified objective clinical deterioration. Sixty-five percent of calls were from the surgical directorate.

The day was a great success with a lot of positive feedback. Excellent speakers, awesome networking opportunity and fun, interesting trade stands. Many thanks to our local committee organisers Nina Baker and Amy Fitzpatrick for such a fabulous day. Our next Hui will be in November 2025 in the lower North Island or South Island, venue and date TBC. We look forward to seeing you all again. Any outreach related questions, comments or suggestions can be emailed to [Kate.Smith@waikatodhb.health.nz](mailto:Kate.Smith@waikatodhb.health.nz)

**Kate Smith, NZCCOF Chair**  
**Nurse Practitioner Critical Care Waikato Hospital**

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## Save the date: ANZICS/ACCCN Intensive Care ASM



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## My Health Hub





FREE education platform with CPD certificates available at the completion of all webinars.  
2025 will see 4 webinars presented by Critical Care Nurses on specific topics requested by NZCCCN members! Keep an eye on our communications for dates.

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