

# Critical Comment

## New Zealand College of Critical Care Nurses



### Message from the Chair

Welcome to the spring edition of Critical Comment for 2019. Now that winter is pretty much leaving us it seems a good time to start looking forward to the coming ANZICS in Napier, March 2020. Check out the adverts in this newsletter for more details and watch out for the scholarships. I appreciate that everyone's unit has been very busy, and we are all feeling a little exhausted but now is a good time to start planning for this event. I am looking forward to catching up with as many of you as possible there.

We have almost got the draft of the updated definition of the critical care nurse ready to send out to the membership for feedback, keep an eye out in your inbox for this and please give us as much feedback as you can. Erin and Tania attended the NZNO AGM and the advertised Special General Meeting. This has been written into a report that is presented later on in this newsletter. I encourage you to attend should you get the opportunity in the future as it gives you a far better understanding of how the NZNO works and how we can influence the direction it takes. The voting on the remits to change the constitution, which happens every year, has changed this year and we had online voting. This process gives the membership the opportunity to understand and change the constitution as required. What it does require is for all of us to be involved and make sure we vote when we have the opportunity.

We would like to become a more member driven college and would encourage you all to become involved in this Newsletter with information and articles of interest. Additionally, we would like our email account to be used more and to that end we have made it major focus to be more responsive to all emails and enquiries. With that in mind, I look forward to hearing from you all.

Steve Kirby  
Chairperson NZCCCN

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## Letter from the Editor

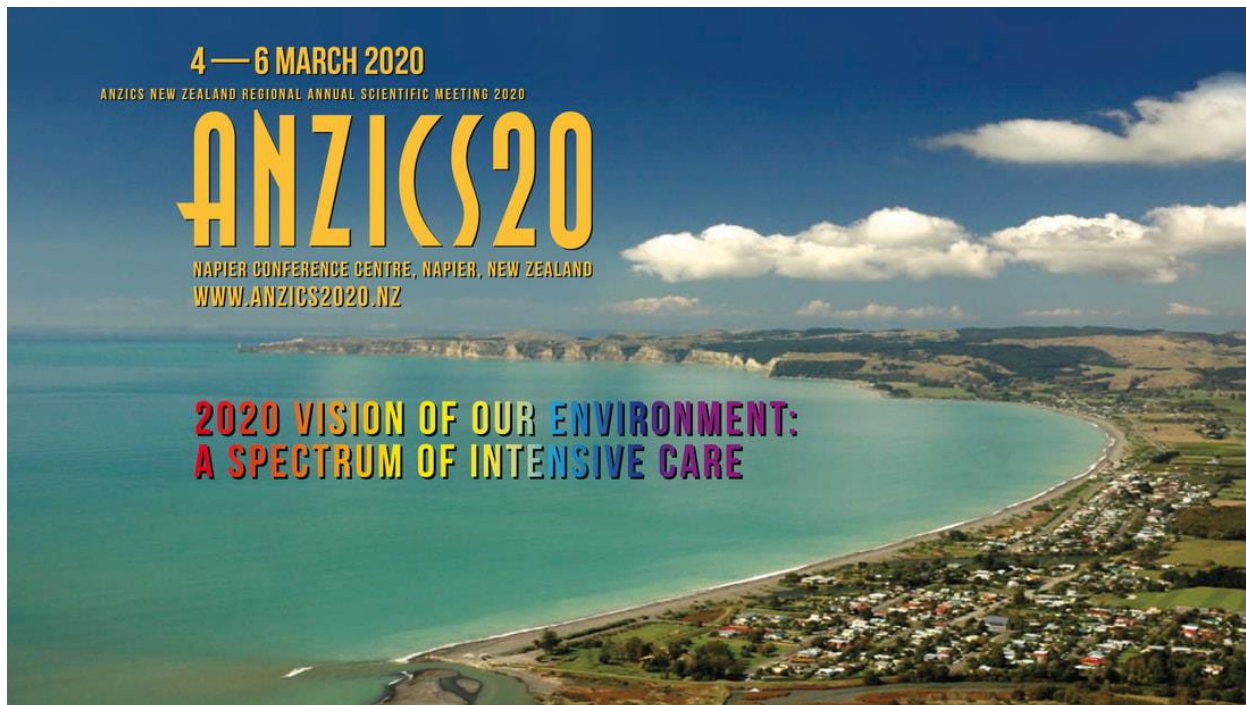
Welcome to my first edition of the Critical Comment Newsletter. I have been nursing for 12 years now with the majority of that in ICU nursing and a year in ICU outreach. I have recently moved back from Whangarei to Auckland and have needed to reacclimatise to the hustle and bustle of the “big smoke”. You’d be surprised how quickly the body acclimates to a change in environment.

Change is definitely in our midst. Roles and responsibilities have been reshuffled within and between committee members as some have come and gone. We welcome a new committee member from the West Coast - Randy Gopalla. He has been seconded onto the committee representing Mid-South region. Randy is Charge Nurse Manager from Grey Base Hospital.

In keeping with the theme “change” this edition has shown different perspective of change. Change to maintain environmental sustainability; change in sustaining a skilled nursing workforce; change from old units to new units. It shows the resilience and adaptability of the nursing workforce to flourish in the midst of change. Thank you to all the contributors towards this edition.

As we spring towards the end of the year, there are a few related critical care conferences and events happening around New Zealand. Adverts are throughout our newsletter. This will give us an opportunity to plan ahead, apply for scholarships and/or mark the date on your calendars to attend the NZ Resus conference and/or ANZICS conference, Napier 2020. Look forward to seeing some of you there.

Rachel Yong  
Critical Comment Editor NZCCCN



# Environmental Care in the Health System

Helen Polley

In my previous article I wrote about various things that could be done in the critical care environment to aid sustainability, in this article I am focussing more on what you can do to be part of the larger picture. Recycling and repurposing at work and home is well and good but we need to look at the bigger picture to really embrace the true meaning of kaitiakitanga.

There are avenues open to staff who want to be involved on a larger scale. If you want to be specifically involved in health-related sustainability groups there is the Sustainable Health Sector National Network (SHSNN) and its umbrella organisation Orataiao (NZ Health & Climate Council).

The SHSNN meets over a teleconference and is a great method of sharing what different DHB's in NZ are doing and what projects are being worked on at present. The meetings are usually held around midday so if you are a clinical staff member you may be able to attend at least some of the meeting during your lunch break. I am clinical myself and I am the first to admit that getting to a computer, signing into the meeting, eating your lunch and getting something useful from the meeting is very challenging in a 30-minute period! This is another benefit of having a sustainability officer in your organisation as they are usually already logged in and participating, clinical staff can then pop along and participate as they are able. A practical solution may be to sign up as a member, the minutes will then be sent to you and you can then read them at your leisure.

To obtain an insight into Health and Climate Change in NZ look up the Orataiao website (<https://www.orataiao.org.nz/>) and see how health professionals are lobbying and making submissions to central government on climate change topics that affect NZ and the health of its population, you don't have to be a member to enter the website. Orataiao gets involved in petitioning local and central governments about health and environmental matters. For example, at the time of writing this article; submissions are being prepared on the topic of waste product stewardship - making manufacturers responsible for their product and the waste affiliated with it. Have a look...

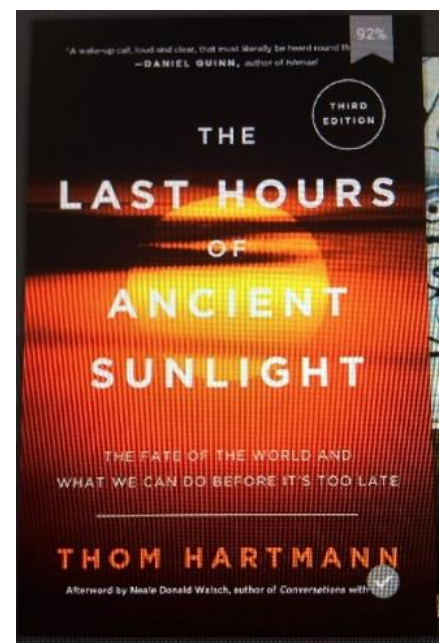
[https://www.mfe.govt.nz/consultations/priorityproducts?fbclid=IwAR3\\_daYn2-ZMjHA91ZbOTBLXq2Tyh86i\\_eU6hSwtXVm2id-5RO5BYCgGN\\_Y](https://www.mfe.govt.nz/consultations/priorityproducts?fbclid=IwAR3_daYn2-ZMjHA91ZbOTBLXq2Tyh86i_eU6hSwtXVm2id-5RO5BYCgGN_Y)

Individuals can make submissions on any policies or bills that central government are reviewing so you don't need to be part of an organisation to do so. Environmental problems can sometimes seem so large it makes one wonder what they can do – this is it! Get involved at a central government level and state what you would like to see happening. Log into the government website and then go into the Ministry of Environment.

The SHSNN & Orataiao hold conferences together, at this stage every 2 years. This is a great way of networking with likeminded people and gaining insight into what various DHBs and individuals are achieving. The next one will likely be in 2020, they are stimulating and inspiring and if you are at all interested in this topic I would recommend attending.

I would also encourage anyone interested in sustainability to read around the topic. A book I have found particularly helpful is called: "The Last Hours of Ancient Sunlight" by Thom Hartmann.

Any questions can be directed to me at [hpolley25@gmail.com](mailto:hpolley25@gmail.com)



## NZNO AGM and conference 2019

Tania Mitchell and Erin Williams

Committee members attended – Tania Mitchell (Capital and Coast) and Erin Williams (Lakes)

Monday 16 September – Special General Meeting

Both committee members attended the SGM to vote on the motion to remove the current NZNO President from office. This was not passed and a notice has been sent from NZNO informing members of this.

Tuesday 17 September – Annual General Meeting

President, Grant Brookes' address focused on internal reconciliation of the NZNO Board, the Kaiwhakahaere and the President to work through differences and to move forward to continue building a strong and cohesive NZNO.

Kaiwhakahaere, Kerri Nuku's address focused on ensuring patients are at the centre of NZNO, that we are responsible for the mana and esteem of nursing and that united, nurses can be the biggest vehicle for change in our health system. This relates to up and coming reviews such as the Health and Disability standards and Maori Health delivery.

Chief Executive, Memo Musa's address thanked NZNO members, representatives, outgoing and incoming Board members for the work they have undertaken. He discussed the importance of NZNO to support nurses to work towards a sustainable and skilled work force, engagement with employers and in providing a voice in country wide health decisions and policies.

The three constitutional pre-AGM remits that members voted on were passed. It is important to note that only 8.1% of NZNO members took the time to vote. A proposal was made to increase the NZNO fees above the level of the Consumer Price Index. This was not endorsed.

Colleges and Sections Session (Half day)

There were two interesting presentations (College of Stoma Therapy and Infection Prevention and Control Nurses College) describing the process of exercising influence in policy decision making to improve outcomes and experiences for patients. Jennifer Roberts (Nursing Council) presented on the review of undergraduate nursing education and programmes. This is in response to the changing environment of education, population diversity and future health needs. To date this has involved information gathering discussions across the country. It is expected the project will be completed in 2020 with a subsequent staged roll out. Margareth Broodkoorn (Chief Nursing Officer) presented the structure of the office and the role of the Chief Nurse within the Ministry of Health.

Open forum discussion key points included:

- Colleges and Sections plan to write to the Board expressing disappointment that the day has been halved, seen as a continued eroding of the professional voice for NZNO
- International 'Nursing Now' campaign – Where are we on the global stage? NZNO is the only Western country not signed up.
- Digitalisation of Kai Tiaki
- Need more clarity for members in Kai Tiaki differentiating between the industrial and professional articles

Wednesday 18 September – NZNO Conference

### Leaving No One Behind – Health For All

This day reminded us of the gaps in our health system and the challenges for sectors of society to have equal access to the health services that they require. Several inspiring speakers showcased the work they do to reduce the inequalities and disparities for minority groups with whom they work.

**Q & A session with the Minister of Health, Dr David Clark:** A couple of questions relevant to critical care.

**Q:** Is the current 21DHB model in New Zealand sustainable?

**A:** This is currently being looked at with the aim of improving equity, quality of care and a sustainable health system. He stated that compared to other countries that are similar to New Zealand that we do well with the outcomes that we achieve for the amount of money spent. There are current disparities between DHB's and there is room to be looking at what areas are performing better and using this to make improvements in other areas. There is a need to continue to be able to have innovative ideas and solutions that are developed locally, but to share these learnings to other DHB's.

**Q:** What can/is the government doing to help with staff shortages?

**A:** The labour government is supporting the use of CCDM as a performance requirement for DHB's. He stated there are 1300 more nurses currently compared to when Labour took office.

**Dr Jamie Kamaiani Boyd from The University of Hawaii** spoke regarding the importance of holistic health care: honouring the body-mind-spirit wholeness of each person. This was an important reminder of the importance of holistic health care and the difference this makes to health outcomes. We need to ask our patients what is their ideal, their ideal aim for their health and wellbeing, and what they would like to achieve, acknowledging that this may require assistance for them to re-decide their highest health level. She discussed how nursing often focuses on a medical model of care rather than holistic care and this is where nursing has its opportunity for strength.

**Andrew Becroft, the Children's Commissioner** had a captivating session on the challenges facing our children. He outlined the need for early intervention and assistance to reach the 30% of our children who are disadvantaged or severely disadvantaged through childhood poverty, health and wellbeing, and the importance of ending the legacy of colonisation and modern-day systemic bias that contributes towards this.

**Sione Vaka from AUT** spoke about an integrated ethnic model of pacific mental health. He discussed the necessity for the right framework to work with this population and the importance of knowing their world view and making sure the health services are fit for those who need them and access them.

**Seletute (Vaiongo) Vave-Patterson, Starship community nurse** spoke regarding her community clinic and presented several case studies from her work with the pacific population and adapting the service provided to enable her patients to gain access to health services they require with some inspirational results.

**Garrick Martin – ADHB community outreach service.** He described initiatives and strategies to improve access and equity for people experiencing homelessness including mobile shower and laundry facilities in Auckland. Hopefully, we will see these around other NZ centres in the near future. He explained how housing is healthcare, however healthcare should not be dependent on housing.

A powerful quote to sum up the conference "When a flower doesn't bloom, you fix the environment which it grows, not the flower". Alexander Den Heijer.

NZCCCN

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Find us on the Web:

[http://www.nzno.org.nz/groups/colleges\\_sections/colleges/new\\_zealand\\_college\\_of\\_critical\\_care\\_nurses](http://www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses)



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## Dunedin ICU expansion

Melissa Law

Almost five years ago I was asked if I could read a set of plans, I replied yes. This started a journey full of highs and lows that has resulted in the delivery of the first stage of a new critical care unit that has exceeded our expectations. For the past 5 years I have worked variable FTE between my clinical role as an ACNM in ICU and as a Clinical Advisor/Project Manager on the redevelopment of the new ICU/HDU at Dunedin Hospital. The new unit is an amalgamation of the old ICU and two surgical HDUs, and has been renamed Te puna wai ora, Southern Critical Care. It has been a privilege to be involved with the project and a steep learning curve.

At the start of the journey I asked our staff what they wanted to see in a new unit. This feedback was used to create design principles. It has been one of the most useful piece of work and we have come back to them time and time again throughout the design process. All units have their own culture and values and it's important when designing a new unit to have these at the centre of the process. For our staff having a safe, respectful and practical place for friends and whanau was essential. With an overnight stay room, reception, kitchenette, family meeting room and proper waiting space featuring heavily on the wish list. The next principle was to provide staff areas that valued what our staff did and allowed them to have the spaces they needed to deal with realities of working in ICU including; bed spaces appropriately sized to work without hindrance, a staff room with a window and private spaces to have time out. The final key principle was a space that supported patients' mental and physical wellbeing, dignity and reduced ICU psychosis. Staff wanted the patients to have access to windows, natural light to encourage a day night cycle, minimise noise and light pollution and to try and keep as much of the equipment out of their line of vision as possible. At hard times throughout the project, when we have had to make compromises and value manage, we came back to these core principles and would weigh up decisions against them. Having a shared vision of how we wanted to provide care to our patients, whanau and staff allowed us to draw the line in the sand on what we would compromise on and what things were not negotiable.

To make sure we were on the right path I spent many hours talking to not only the core staff but all the staff who interacted with the unit. From the cleaners, CSSD, orderlies, security, allied health, radiology and many more. I wanted to make sure the unit worked for everyone who used it and wasn't just doctor or nurse focused. We spent a considerable amount of time working with our nurse aids and stores to implement a storage solution for consumables that worked for all parties.

I had the pleasure of working with a Consumers Group who gave us invaluable feedback that has added so much quality to our design. This group consisted of a patient, family member and representatives from the community. They provided a great sense check to all of ideas on how we wanted to deliver care. Getting consumers involved in any project you have, big or small will add value in ways you wouldn't expect and is something I would highly recommend.

Going and visiting other units around New Zealand was also incredibly helpful to our team. Not only did we learn a lot about what worked and didn't work, we also learnt a lot about staffing structures, education plans, quality initiatives and models of care. These visits really helped us shape our staffing model and we took little bits from each unit to improve the physical design and processes. I want to say thank you again to all of the units we visited for giving up their time and sharing with us.

Bringing the whole team on the journey to a new unit was a difficult task. We tried lots of different way of communicating with, and involving, the staff but the nature of a busy hospital always made this a challenge. Some staff can read plans but to most the lines on the paper meant nothing. We made mock up rooms with cardboard pendants but the most successful way we could show staff how the unit would look was via the use of VR goggles.



Staff were able to walk around the unit and visit every room. We were able to make videos of these walk throughs to show staff and also share them in the foyer with visitors.

Putting in the effort at the beginning of the process to really understand how we wanted the unit to flow for the patients, whanau and staff helped us throughout the design process. All the time we spent talking with all the different groups and seeing the other units meant we had a clear vision of what we wanted to create. We were able to achieve a lot working within the existing foot print of an old building and within our budgetary constraints. Endless hours, attention to detail, team work and gathering feedback was required to make it happen. Strong relationships with the project managers, architects and builders has been vital to ensuring that our vision has been maintained throughout the construction. Without dedicated FTE for my role there would be no way to complete the volume of work required for a project like ours within business as usual. At times the project has required more than a full FTE of clinical time and the unit's Clinical Director and Charge Nurse Manager have also put in many hours of work.

The unit is being built in two stages. The first stage has been open for the past six months and the second stage is nearing completion. We have made some minor changes but on the whole it flows as we had anticipated. The unit is light, soft and calm and has an energy vastly different to the old small, bright and loud unit. We are getting great feedback from patients and whanau, especially those who had been in the old unit. They describe it as quiet and appreciate how much more space and privacy they have. My favourite piece of feedback was from one of the nurses. She told me about having a really busy day caring for a critically unwell patient. When she got home she noticed how much better she felt from how she would normally if she had the same day in the old unit. Previously she would have gone home feeling on edge and frazzled. She puts this down to the significantly reduced light and sound pollution and described how the new unit's atmosphere and design was having a positive impact on the way she felt about work.

For so long we had talked about how the new unit would make a difference to how we worked and what experience our patients and whanau would have, but to hear it coming true makes me so proud of the team's effort in the design and planning of this unit. We are looking forward to the opening of stage two and are excited to see how it adds to the positive changes that stage one has provided. I have learnt a lot through this journey, more than I could put in one article. I welcome anyone taking on a redevelopment or new build to contact me.

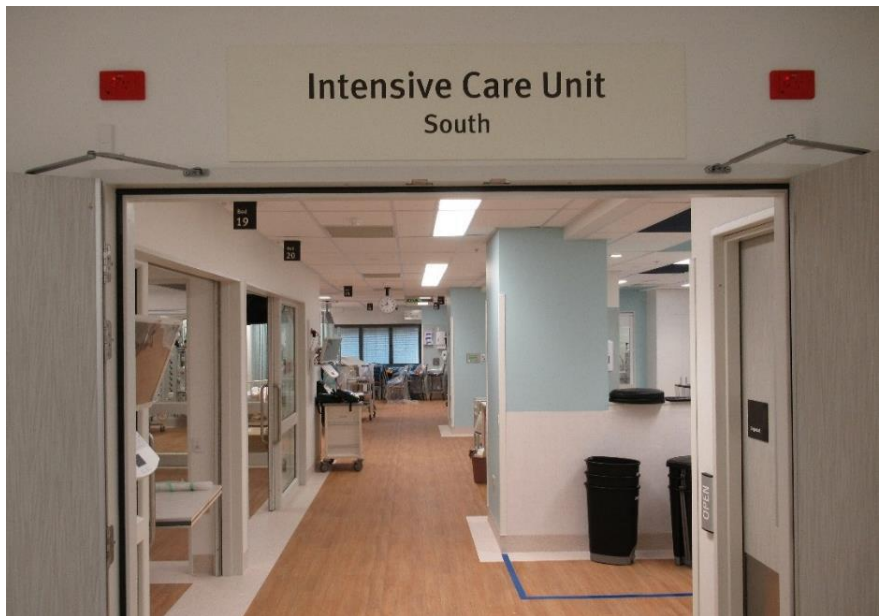


Melissa Law  
Clinical Project Manager (melissa.law@southernhnb.govt.nz)

## Wellington ICU expansion

Penny Keogh ACNM Wellington ICU

In 2009 the new Wellington Regional Hospital was opened and the ICU was moved into a purpose built 18 bedded Unit. By 2016 it became obvious that the 18 bed unit could not meet the demand for admissions and that extra beds were required. This posed a challenge as the unit would have to be expanded within the existing foot print of the building and continue to function during the rebuild. An ICU expansion working group which included nursing representation was formed to look at options and work with the architects and project managers to come up with a suitable design.



ICU staff were surveyed to gain their feedback about the current configuration of beds and how they worked in order to take a brief to the architects. After considering several options a 6 bedded extension was proposed as this option enabled the staff area, medical and senior nursing offices to stay in the vicinity. The existing staff area and administration offices were to be moved into the adjacent RMO offices and the staff area reconfigured for the new beds. The build began in December 2017, the first stage being the reconfiguration of the staff and admin areas. Once this area was completed the work on the new beds began. We had hoped that a wall could be knocked down so that the new beds could be part of the existing unit but this was not possible, so the new area has its own entrance and is named "Southend".



Four of the six beds are fully enclosed so they can be used as isolation beds. One of the bedspaces has the technology built in to be used for simulation training. In addition to the design and build, a lot of work went into organising new equipment for the new area and working out where the additional equipment could be stored. The new build also gave us the opportunity to introduce the PYXIS system for drug storage.



The builders from Naylor Love and project managers from Kensway worked tirelessly to complete the extension within the given timeframe and with minimal disruption to the existing Unit. ICU staff also worked on under trying conditions and remained positive about the new extension. In addition to the new layout, changes to the Model of Care and the way the unit was managed on a day to day basis were made with the addition of a South End Nursing Coordinator and SMO to manage the new area.

On the 1 August 2018 the extension was officially opened. This year Naylor Love won two awards from the New Zealand Commercial Project Awards for the extension in recognition of their “excellence in workmanship, construction practices and innovation”.

ICU staff enjoy working in the new area despite having to adapt to not having a basin in each bedspace and using the unisex toilets! The physical layout of the bed spaces is great however and has encouraged a sense of teamwork and congeniality despite the fact that the beds are nearly always full! The images below are of the ICU extension.



*Wellington ICU clinical director at the time of the opening of the ICU extension, the late Dr Peter Hicks and Charge Nurse Manager, Stephen James beside one of the bedspaces. Dr Hicks was instrumental in instigating the 6 bedded ICU extension.*

# **FLY SOUTH FLIGHT NURSE SYMPOSIUM DUNEDIN**

14 November 2019

**CRM Workshop**

15 November 2019

**COASTN Symposium**

[www.nzflightnurses.co.nz](http://www.nzflightnurses.co.nz)

**FOR ENROLMENT ENQUIRIES CONTACT**

**Toni Johnston at [antonia.johnston@southerndhb.govt.nz](mailto:antonia.johnston@southerndhb.govt.nz)**





Earlybird Registration open until 14 February



Professor  
Ian Maconachie



Professor  
Laurie Morrison



Professor  
Robert Neumar



Dr Tony Smith



Dr Tony Walker

Energy Events Centre

Go to [www.NZResus2020.nz](http://www.NZResus2020.nz) to register

#NZResus2020





## NZ College of Critical Care Nurses [NZNO]

### 2019 national committee members

Position	Name	Term	Region
Chair	Steve Kirby	4 <sup>th</sup>	Northern
Vice Chair	Tania Mitchell	2 <sup>nd</sup>	Central
Secretary	Sarah Rogers	3 <sup>rd</sup>	Midlands
Treasurer	Erin Williams	3 <sup>rd</sup>	Midlands
Membership	Renee Holland	1 <sup>st</sup>	Southern
Website/Newsletter	Rachel Yong	2 <sup>nd</sup>	Northern
Consultation Documents	Lara Millar	2 <sup>nd</sup>	Central
Committee	Randy Gopalla	1 <sup>st</sup>	Mid- south
NZNO Liaison	Angela Clark	N/A	NZNO





# NZCCCN

New Zealand College of Critical Care 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](http://www.nzno.org.nz/groups/colleges_sections/colleges/new_zealand_college_of_critical_care_nurses)

or



New Zealand College of Critical Care Nurses



### 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](mailto:SharyneG@nzno.org.nz) with your NZNO membership number and a simple request to alter your details or remove you from the membership database.