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EMERGENCY NURSE NEW ZEALAND

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A WORD FROM THE EDITOR:

Hello all and trust you are well.

The plan was to get this journal out hot off the press after the CENNZ national conference in Wellingtons but as Robbie Burns once wrote "The best-laid plans of mice and men often go awry".

I have had the opportunity to attend two conferences in October, the aforementioned CENNZ one and the Regional ED Conference in Taupo. Both had their highlights and other

than inspirational speakers at both events it is always a great opportunity to meet up with colleagues and friends from the ED world.

One of the highlights for me from the recent CENNZ conference was listening to some of our 'novice' speakers and how empowering it was to see (dare I say) younger, junior nurses presenting exciting quality initiatives. I was particularly impressed with the work done by Desmond Low (Wellington) on the issue, care of the homeless. His talk was delivered with intelligence, articulated their needs well but more than anything showed a passion that is sometimes lacking in our profession and particularly for such a marginalised group.

The Taupo conference by comparison is a more 'niche meeting' style conference which has been running for seven or so years. The focus has always been more to do with quality rather than clinical initiatives and is well supported by clinical directors, nurse managers and clinicians alike. It is often a 'warts and all' affair giving individual departments the chance to discuss their respective success and failures, to showcase new initiatives and present research findings relevant to our work.

Inside this edition is a request from the Nursing Council of New Zealand for feedback on the scope of practice of,

and further development of the Nurse Practitioner role with submissions closing on 18th December. If you are an NP, heading down that road or have any other opinions on the journey to become an NP then here is your chance to have your say.

Meri Kirihimete koutou maa !

MICHAEL GERAGHTY
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EMERGENCY NURSE NZ

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Chairperson's Report



"I would like to farewell Sharon Scott (Top of the South) and Craig Jenkin (Greater Wellington) from the national committee. Sharon and Craig have contributed significantly over the last 4 years. We welcome Jo King and Kirsteen Haynes onto the committee."

What a great time to be writing this report having just attended our national CENNZ conference in Wellington. This was hosted by the three DHBs: Capital Coast, Hutt Valley and Wairarapa. It was an excellent programme with something for everyone. Well done to the conference organisers who put in so much time and energy to create a great event for the 106 delegates.

As the end of the year is approaching, it is timely to reflect on the national committee's work. It has been another busy year with several changes in regional committee members. Despite this, we have succeeded in keeping on track with our work output.

At the NZNO College and Sections Day in September, I presented CENNZ's 2015 achievements, priorities and issues. I have summarised these for you:

Achievements:

- A growing levied membership which is currently at 430 (the highest for many years)
- An emergency nurses Knowledge and Skills framework which is progressing well with completion in 2016

- Completion of a CENNZ position statement on redirection of patients from emergency departments to primary health care facilities
- Continuation of running the national triage course. This has undergone a review this year with a new workbook and teaching tools being launched in December. Our course continues to be well subscribed
- Representation on national working groups and contributing feedback to many documents.

Priorities:

- Assisting members through awards and grants
- Completion of a CENNZ position statement on violence in emergency departments
- Ongoing representation of emergency nurses at a local, regional and national level.

Issues:

- Technical issues for the committee in accessing our cloud based storage (we were not the lone voice on this one)

- The ability for CENNZ to be able to make payments electronically. This is to speed up college and triage course payments (this sounds like a small issue but is actually quite a challenge for not only CENNZ but other colleges).

We had a successful AGM at conference. The committee was delighted that members endorsed the following:

- **Rule remit 1:** That electronic voting can take place in the event of more than one nomination being received for a National Committee member. This will speed up the election process and be easier for members to vote.
- **Policy remit 1:** Advanced Emergency Nurses Network Award: This new annual award will be in recognition of the contribution to the advanced emergency nursing.
- **Policy remit 2:** Endorsement of the CENNZ position statement "Redirection of patients presenting to an emergency department to primary healthcare facilities".
- **Policy remit 3:** That electronic voting can occur for endorsement of position statements. Previously these had to be endorsed at the AGM. Issues relating to nursing are often time critical, therefore being able expedite this process is seen as a benefit for our members.

Emergency departments (ED) and hospitals have been visible in the press over winter. Headlines such as "Winter surge in illness pushes hospitals to upper limits" (NZ Herald, 19 August 2015) were not uncommon to see. Many EDs hit record number of presentations. We know emergency nurses are innovative and smart thinking in dealing with complex, busy and ever changing situations but many felt really stretched this year.

Chairperson's Report Cont.

You all need to be commended on your dedication and ability to work under significant pressure while providing excellent emergency care. I think most would agree that the introduction of the "6 hour target" 5 years ago has proved beneficial for our patients and departments (corridor patients being very rare these days). Importantly, the target has brought together emergency departments and the wider hospital to work together. CENNZ has two committee members who will continue to represent emergency nurses on the Shorter Stays Advisory Group in 2016. This group is now being lead by Dr Angela Pitchford (National Clinical Director of Emergency Department Services) who we were fortunate to hear speak at conference.

Advanced practise nursing roles was discussed frequently at conference. The Minister of Health, the Honourable Dr Jonathon Coleman and many other speakers spoke positively about these roles and the importance of increasing

investment in the number of Nurse Practitioners (NP) in ED. CENNZ is delighted that Health Workforce NZ has allocated more than \$800000 for a pilot project to train 20 Nurse Practitioners starting in 2016. This includes protected supervised clinical training hours and requires the nurse to have confirmed employment at the end of the training. We know of many highly skilled ED nurses who will be delighted to see this opportunity up for grabs and I hope to see some chosen for this pilot.

Our Advanced Emergency Nurses Network is a growing and active group within the college. Clinical Nurse Specialist (CNS) positions in EDs are increasing (see our ED staffing repository via our webpage). These nurses are provided outstanding, high quality, comprehensive care to a broad scope of patients. I find it disappointing that the number of emergency NPs has not increased at the same rate and would like to see more CNSs being

mentored and supported in to the NP role. CENNZ is committed to supporting and lobbying for these roles at any opportunity.

I would like to farewell Sharon Scott (*Top of the South*) and Craig Jenkin (*Greater Wellington*) from the national committee. Sharon and Craig have contributed significantly over the last 4 years. We welcome Jo King and Kirsteen Haynes onto the committee.

Finally, thanks to each of you for your ongoing commitment to CENNZ. Without you, the college would not be. Hopefully with warmer days and less presentations, you can all enjoy having some extra time with your patients and their families and plan for some holiday time for yourself over the festive period.

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HON DR JONATHAN COLEMAN

MINISTER OF HEALTH



15 OCTOBER 2015 | SPEECH NOTES

SPEECH TO COLLEGE OF EMERGENCY NURSES ANNUAL CONFERENCE, WELLINGTON

INTRODUCTION

Thank you for inviting me here today to open the annual College of Emergency Nurses Conference.

I'd like to acknowledge Libby Haskell, nurse practitioner and College chair, and Professor Michael Buist, Intensive Care Unit Director at Tasmania's North West Regional Hospital who is the guest speaker today.

It's great to be part of your conference. You have chosen a highly relevant and important theme in 'Craft Care' - exploring quality and safety in delivering emergency nursing care.

INTRODUCTION

As the largest and often the most visible workforce, nurses are the cornerstone of our health system.

Emergency nurses have a vital and unique role in delivering acute healthcare. You are on the frontline of our health services, often seeing patients and families at their most vulnerable

Your role in triaging people's acuity is a skilled and crucial aspect to emergency care. In addition, as practitioners meeting many people with preventable illnesses you also have opportunities for promoting health and wellbeing.

Strong clinical leadership is important. Nurses make a significant contribution to clinical leadership as part of the healthcare team. I want to see more clinical leadership across the system.

We all know that the work of ED teams and their role at the front door of the hospital can lead the culture of the wider hospital. We know that EDs only work well when the rest of the hospital is working well too.

I'd like to take this opportunity to thank you for your contribution to improving health outcomes for New Zealanders. I know it has been a very busy and demanding winter season with high presentation rates in ED.

OVERVIEW

I'd like to start with an update on the sector. I believe our health sector is in good shape. The feedback I've been getting on my travels around the country is that although there are still challenges, we're heading in the right direction.

My first year overseeing health has required swift, clear decisions to deal with some long standing issues - such as HBL and Southern DHB.

Delivering better health services is a top priority for this Government. In the tightest of budgets we obtained \$400 million extra to grow health services this year. Health received the largest share of new funding in Budget 2015 - \$15.9 billion.

We're investing around \$1.7 billion over the next four years for new initiatives and to meet cost pressures and population growth. This includes more funding for elective surgery, palliative care, and free doctors' visits for children aged under 13.

PRIORITIES

In terms of key priorities, I want to see a greater focus on prevention and earlier intervention. This includes early access for people who need healthcare.

We extended free GP visits and prescriptions to children under 13, benefiting over 750,000 children and their families. Uptake has exceeded expectations with 98 per cent of general practices across the country now opted into the scheme.

I've made it clear to DHBs that I expect more services to be delivered in the community. We need to continue to change the way healthcare is delivered, with more people getting the care they need away from hospitals.

I want to see continued progress on NCDs. Our largest health burden stems from people suffering from chronic conditions. Tackling obesity, particularly childhood obesity, is another key area I'm focused on.

SPEECH TO COLLEGE OF EMERGENCY NURSES ANNUAL CONFERENCE, WELLINGTON

We need to make the best use of technology. E-health offers better, safer, more efficient healthcare.

We need to make the best use of the skills and knowledge of our workforce. This includes enabling nurses to work to the full breadth of their scope in all three scopes - enrolled nurses, registered nurses and nurse practitioners.

The refresh of the New Zealand Health Strategy is underway. This will set the vision and road map for the next three to five years for the sector. We need a clear, unified direction based on a shared set of values.

HEALTH TARGETS

Health targets continue to be a focus. They are not just about numbers - they are about delivering better, faster access to services.

We have record performance on our targets. Since 2008 we have delivered 50,000 more elective surgeries, and 93 per cent of children are immunised, up from 67 per cent.

ED TARGET

Thank you all for the effort you and your colleagues have put into the shorter stays in ED health target.

When the target was introduced in 2009, 80 per cent of patients were admitted, discharged or transferred from the ED within six hours. Today, 95 per cent of patients are being admitted, discharged or transferred within six hours.

This has been achieved despite increasing numbers of ED presentations. It is a considerable achievement and is due to the commitment and hard work of emergency nurses and doctors.

FAMILY VIOLENCE, ALCOHOL & SMOKING SCREENING

I know that EDs are busy places and you need to balance your responsibilities to manage acute presentations with promoting wellbeing.

Your patients are some of the most vulnerable people in our community. Brief interventions, including alcohol and family violence screening at times when people interact with the health system, can help enable people to get the support they need.

Protecting vulnerable children is a Government priority. ED is a place where vigilance and understanding the signs of abuse could mean improving outcomes for children.

I know that you also take the time to identify smokers and give them support. This is important as smoking prevalence has been shown to be higher among patients accessing the ED than in the general population.

SUICIDE PREVENTION

EDs also play an important role in identifying people at risk of suicide. ED staff see some people who are presenting to health services for the first time with a mental health problem.

Suicide is a serious issue for our communities. Around 500 people take their own lives each year. While there is some evidence that suicide rates have declined over time, rates remain too high, particularly for youth, Maori and Pacific communities.

Reducing suicide requires a coordinated range of actions such as enhancing community resilience, promoting mental health and improving the care for those most at risk.

The Ministry is about to publish updated guidance for EDs on preventing suicide. I know that emergency nurses have been involved in developing this guidance and that it will provide up to date information on caring for people at risk.

QUALITY FRAMEWORK

Quality and safety are fundamentals in our health system.

Nurses have a responsibility to advocate for patients and report safety and quality concerns. You are also well placed to take a leadership role in activities to assure safety and improve quality.

I know that tomorrow you will be discussing Quality Framework and Suite of Quality Measures for the ED Phase of Acute Patient Care. All of you will be involved in implementing this framework. This framework will help you to understand and improve the quality of the care you and your colleagues provide.

NURSING WORKFORCE

It was great to see the MECA settlement ratified. I think it's a responsible and constructive outcome - it is affordable, and it is at a time of low inflation. The deal will benefit around 30,000 nurses, midwives and health care assistants across 20 DHBs.

I want to acknowledge how it's been a positive agreement which reflects the constructive approach to bargaining from both sides.

SPEECH TO COLLEGE OF EMERGENCY NURSES ANNUAL CONFERENCE, WELLINGTON

GROWING THE WORKFORCE

We are continuing to grow the nursing workforce.

There were 52,729 nurses with annual practising certificates registered with the Nursing Council of New Zealand as of 31 March 2015. This represents an increase of 6,764 since 2009

Approximately 1,800 registered nurses are graduating each year, that's around 600 more than prior to 2010.

New graduate nurses are helping to replace our ageing nursing workforce, keep up with the demand of our growing and ageing population, and reduce our dependence on internationally qualified nurses.

The Ministry is working with Directors of Nursing and nurse leaders in aged care, community and primary care to support the employment of new graduate nurses in these priority settings.

The Advanced Choice of Employment (ACE) system has made it easier for employers to recruit new graduates and provides us with valuable data about employment patterns.

WORKING TO THE FULL EXTENT OF SCOPE OF PRACTICE

Part of providing care closer to home includes harnessing the full potential of our workforce. We are committed to making the best use of nurses' skills and experience across all three scopes of practice.

I know there are highly skilled and experienced nurses working in our EDs. It is important to ensure there are no barriers to these practitioners working to the full extent of their knowledge and skills.

I have agreed to officials progressing an application to allow appropriately skilled and educated nurses in primary care and specialty teams to practice as designated prescribers.

It is also important to support nurse practitioners and to grow this workforce. Models of care where nurse practitioners provide very advanced nursing care have been shown to have many advantages.

Next year Health Workforce New Zealand will be funding an initial cohort of 20 nurse practitioner candidates in a trial of a revised education programme run by the University of Auckland and Massey University.

CLOSING REMARKS

I want to assure you that the Government is committed to providing high quality health services for New Zealanders.

I am confident that together we can meet the challenges we face by working as a team and making the most of the skills and knowledge of the workforce.

Enjoy your conference. I hope you will return to your work places with new knowledge to enhance your practice.

CENNZ-NZNO POSITION STATEMENT: REDIRECTION OF PATIENTS PRESENTING TO AN EMERGENCY DEPARTMENT TO PRIMARY HEALTHCARE FACILITIES



CENNZ-NZNO POSITION STATEMENT: REDIRECTION OF PATIENTS FROM EMERGENCY DEPARTMENTS TO PRIMARY HEALTHCARE FACILITIES (2014)

PURPOSE: The College of Emergency Nurses New Zealand (CENNZ) is committed to providing emergency care to the New Zealand population. CENNZ's position statement outlines the requirements of District Health Boards (DHBs) and emergency nurses who undertake the redirection process.

INTRODUCTION:

New Zealand emergency departments (EDs) are increasingly working with demand and capacity issues. DHBs have attempted to address these issues through implementation of the Ministry of Health ED and primary health care interface guidelines inclusive of redirection.

BACKGROUND:

EDs provide episodic crisis care for people who perceive the need for acute or urgent care, including hospital admission. Following the provision of care or assessment, patients may be referred back to primary health for ongoing health management. Primary health care facilities provide both routine and urgent care to the New Zealand population, and provide continuity and co-ordination of health care for individuals (Ministry of Health, 2011). There is no clear boundary between the services each provides and this can vary between healthcare providers.

The Australasian Triage Scale (used in emergency departments) rates the urgency of the patients presenting symptoms for provision of healthcare. "The Australasian Triage Scale is not a validated tool for triage to alternative care providers outside of the emergency department", (ACEM, 2014). Vertesi (2004) investigated whether the triage tool could be used to safely identify non urgent patients that could

be triaged away from EDs and concurred that it was not a safe process and would result in inappropriate refusal of care for patients.

DEFINITION OF REDIRECTION:

Redirection is a process of safely referring a patient from an ED to a primary health care facility who can manage the presenting complaint. The process of redirection of patients to primary health providers has been proposed to not only relieve overcrowded EDs but to re-engage patients with their primary health care providers.

Redirection is not "triaging away". Triaging away is defined as either a refusal to provide further care in the ED or giving advice to the patient that they do not need care in the ED. This is solely based on the triage interview (CENNZ-NZNO, 2009).

Redirection of patients is above and beyond triage; further advanced assessment skills and critical thinking are required of the assessment nurse or clinician to complete redirection. In addition, knowledge of local primary health facilities and their capabilities are required.

The decision to redirect from ED is a complex clinical decision with clinical and professional accountabilities for the health practitioner. It is therefore believed that referral to primary health care in this context must:

- Be facilitatory and not against the patient's wishes (patients cannot be denied ED care)
- Be based on a high level of comfort from the assessing clinician that the referral is best for the patient (with added consideration for persons from vulnerable groups)



CENNZ-NZNO POSITION STATEMENT: REDIRECTION OF PATIENTS PRESENTING TO AN EMERGENCY DEPARTMENT TO PRIMARY HEALTHCARE FACILITIES

- Occur in the context of there being an available and responsive primary health care service (the patients must be able to receive an appointment in an appropriate timeframe for their condition)
- Occur under the support of a documented departmental referral process that ensures seamless continuity of care. Ministry of Health (2011)

CENNZ believes the extent of the assessment and care that should be provided prior to redirection must be sufficient for a health professional to be satisfied that:

- The patient is safe (the need for urgent care does not appear to be needed)
- That a full set of vital signs is completed
- The patient is comfortable (does not need pain relief and distressing symptoms are addressed)
- Appropriate and sufficient assessment and diagnostics have been completed so that there is reasonable certainty that primary healthcare is best suited for the patients management
- Documentation is completed
Ministry of Health (2011)

The medical and nursing team in the ED should address appropriate follow up with patients: where and in what

time frame this is appropriate. Where possible any barriers to gaining primary health care should be identified and addressed (Morton, 2013).

Prior to considering the introduction of redirecting patients from ED's to primary health facilities, CENNZ highlights that EDs and DHBs are required to have a robust process in place. Further education including redirection skills for nursing staff, advanced assessment skills, competency levels, documentation requirements and guidelines need to be undertaken. Individual DHBs and EDs must ensure that nurses are supported if they feel uncomfortable completing redirection. It is recommended that DHBs undertake regular review and audit of the 'redirected' population to verify safety and seamless continuity of care.

It must also be acknowledged that the MOH guidelines state that the New Zealand public will not be declined care in EDs. The Emergency Department Service Specifications (MoH, 2013) suggest that access to emergency services must be universal irrespective of an individual's ability to pay and that access to the service may be initiated by an individual. The Australasian College for Emergency Medicine (ACEM, 2011) policy states that any individual with symptoms that lead them to believe that they have an injury or illness that could place their health in jeopardy, or lead to an impairment of their quality of life has the right to attend an emergency department.

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NCNZ: DECISION ON NURSE PRACTITIONER SCOPE OF PRACTICE AND FURTHER CONSULTATION 2015

Following extensive consultation the Nursing Council has confirmed it will make changes to the nurse practitioner scope of practice and education programmes that prepare nurse practitioners to meet future health needs of New Zealanders. These changes will not come into effect until the Council has completed a further consultation on new education programme standards and competencies for nurse practitioners. The scope of practice has been broadened and the requirement to restrict nurse practitioners to a specific area of practice has been removed. This model has been safely implemented in Australia. Nurse practitioners as advanced clinicians will be expected to self-regulate and practice within their area of competence and experience. Nurse practitioners in New Zealand have demonstrated safe advanced practice since they were first regulated in 2001. The Council believes that these changes will allow greater flexibility and utility for nurse practitioners to meet future health needs of New Zealanders, including rural and other underserved and diverse and aging populations. The revised scope of practice also makes the role and contribution of nurse practitioners clearer to employers and the public, and differentiates the nurse practitioner from advanced registered nurse roles. The Council has also decided to refocus the education programmes to prepare nurse practitioners. These programmes will have more specific programme outcomes and include 300 hours of protected clinical learning time. These changes will lead to greater consistency and breadth in nurse practitioner preparation and improve readiness for registration on completion of the programme.

SECOND CONSULTATION AND INVITATION FOR SUBMISSIONS

The Council is now consulting on:

- Draft education programme standards that would allow greater consistency between programmes preparing nurse practitioners and give the Council confidence to register nurse practitioner candidates based on assessments of clinical competence within the programmes.
- Ways of ensuring a consistent standard of candidate assessment between programmes e.g. external moderation, involvement of clinical experts.
- Whether nurse practitioner candidates should continue to submit a portfolio to Council to demonstrate clinical competence when applying for registration.
- New competencies for nurse practitioners that are more integrated and concise and reflect the new scope statement. The draft competencies have been refocused on advanced clinical skills and leadership and prescribing has been integrated within the competencies.
- Requiring a year of supervision to support the development of newly registered nurse practitioners.

The closing date for submissions is 18 December 2015

Submissions via the Survey Monkey link here: <https://www.surveymonkey.com/r/8QGBCG>

Nursing Council of New Zealand - 04 November 2015

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The NZ Triage course dates for 2016 are now up on our website

NZ TRIAGE COURSES

Each course has a good 4-6 weeks of pre-course work before attendance. You need to make the commitment to be available to do this work when applying to attend any particular course. **Course material is not sent out to attendees until payment is received.**

The number of participants per course is a maximum of 24.

Courses can be booked out months ahead.

Registrations are on a first come first served basis, we will not hold places for anyone on these courses

APPLICATION PROCESS:

Applications are accepted online only and must be received before the close off dates. We now have a credit card payment option along with an invoice option where you can pay by direct credit or cheque. Invoices and receipts are sent directly by email when booking is complete. Please ensure you have the correct email address and invoicing details for whom this is to go to. We cannot change the invoice once it has been sent. We also cannot resend the invoice if you have put in the incorrect email. This is all done via the website on application.

Cost: \$550 for CENNZ levied members, \$650 for non-members. (You must be a member of NZNO to join CENNZ)

If you are not a member of CENNZ and your DHB only pays the member cost of \$550.00, you will be expected to cover the extra cost of \$100.00.

BOOK EARLY TO AVOID DISAPPOINTMENT

2016 COURSE DATES:

The "Book Now" links will take you to the online booking for that course. There you will see if the bookings are still available. It will either have a 'book now' link or it will say 'booked out'.

There is an option to book more than one attendee at a time and an option to invoice to one place i.e. your manager or finance department.

PLEASE DO NOT SEND IN ANY APPLICATIONS ON THE OLD FORM AS THEY WILL NOT BE ACCEPTED.

NZ TRIAGE COURSE DATES

REGION	DATES	VENUE	CLOSING DATE FOR APPLICATIONS	CLOSING DATE FOR PAYMENT
Christchurch	19/20 March 2016	Professional Development Unit, 5th Floor, Christchurch Hospital, Riccarton Avenue, Christchurch.	23 January 2016	6 February 2016
Tauranga	2/3 April 2016	Tauranga Hospital Education centre, 889 Cameron Road, Tauranga.	5 February 2016	19 February 2016
Lower Hutt	28/29 May 2016	Clinical Training Unit, Hutt Hospital, High Street, Lower Hutt	2 April 2016	16 April 2016
Waikato	18/19 June 2016	Bryant Education Centre, Hilda Ross House Building, Waikato Hospital Campus, Corner Selwyn and Pembroke Street, Hamilton West.	23 April 2016	7 May 2016
Waikato	3/4 September 2016	Bryant Education Centre, Hilda Ross House Building, Waikato Hospital Campus, Corner Selwyn and Pembroke Street, Hamilton West.	9 July 2016	23 July 2016
Christchurch	15/16 October 2016	Professional Development Unit, 5th Floor, Christchurch Hospital, Riccarton Avenue, Christchurch.	20 August 2016	3 September 2016
Wellington	26/27 November 2016	Horne Theatre, Level 11, Ward Support Block, Wellington Hospital, Riddiford Street, Newtown TBC	1 October 2016	15 October 2016

ARTICLE SUBMISSIONS FOR THE FEBRUARY ISSUE OF THE JOURNAL ARE NOW OPEN. PLEASE CONTACT THE EDITOR MICHAEL GERAGHTY FOR MORE INFORMATION!

email Michael at: cennzjournal@gmail.com



24TH ANNUAL CENNZNZ CONFERENCE REPORT



Report by Matt Comeskey CENNZNZ National Committee

The 24th CENNZNZ conference, hosted by the three lower north island DHBs, was held in Wellington in November. The theme of 'craft care' focusing on the quality of what emergency nurses deliver. There were 105 registrations, which in the context of having a college membership of 417 (the highest number of members in the history of the college) has to be considered a strong turn-out.

The opening address was delivered by the Minister of Health, Honourable Dr Jonathan Coleman. He spoke of his interest in "Team Health Care New Zealand" and the benefits of greater cohesion between health services nationally, at a clinical and management level. He spoke of his focus on the primary health sector and of enhancing its ability to deliver better health outcomes through prevention and promotion rather than cure. Of particular interest was the forthcoming release of strategies to address childhood obesity and suicide prevention.

A significant part of the Minister's speech was spent addressing the part that advanced nursing roles, particularly that of nurse practitioners, will play in the delivery of quality care in the ED setting. To achieve this, he highlighted the Health Work Force New Zealand funded pilot project, designed to assist 20 nurses achieve the Nursing Council's academic and clinical

requirements for nurse practitioner registration. In response to a question, the Minister stated that he envisaged that this pilot would lead to an ongoing programme of support to get NPs into ED placements. An additional question was asked about how the Minister would address the issue of DHBs not supporting nurses who were ready to transition into NP roles or who were currently NPs without a position offered by their employer. An answer was offered that was sympathetic but suggested that this was an issue that should be first addressed to the leadership of the DHBs.

This largely encouraging opening address was followed by the key note speaker Micheal Buist, a New Zealand born anaesthetic consultant and head of department, working in Tasmania. His address opened with a warning, (- but no apology), for judicious use of strong language and nudity in the address that was to follow. Needless to say my interest was captured immediately. Micheal Buist's message centred on the simple question, "Why didn't someone call for help sooner?". He spoke passionately from his own experience as a clinician, patient and parent, involved in clinical situations that deteriorated past a number of points at which timely intervention could have saved lives and prevented his own



24TH ANNUAL CENNZ CONFERENCE REPORT

near-death experience in the hospital in which he was a clinical director. He addressed the culture in which doctors and nurses operate, that can lead to a failure to call for help with a deteriorating patient, despite procedures and early warning score systems and checks. He spoke of how a perceived sense of failure or fear is a barrier in asking for help from our seniors and how this can lead our patients into danger. His message was as simple as it was compelling. His plea that we listen closely to our patients, change the culture in which in we work and act without fear in the interests of our patients, resonated with the audience.

The keynote address effectively laid the ground for the remainder of the conference presentations. Continuing on the theme of quality of care, presentations included homelessness and the ED, concussion guidelines, violence in the ED, rural nursing in the ED and the development of knowledge and skills framework for ED nursing among others. Nurses made every opportunity to network with colleagues from around the country both during the breaks, as well as at a fun conference dinner on the stunning Wellington waterfront.

The second day of conference included the College's AGM, the highlight of which was the announcement of a life membership awarded to Liz Walsh of Dunedin. Liz came to New Zealand from Ireland in 1975 after completing her hospital based training in the South East Essex in 1974 and a neurology and neurosurgery certificate in 1978 from the London Hospital. She began working as a registered nurse at Dunedin Hospital, holding several positions including the charge nurse position on the neurology ward. She has worked the past 29 years in the Dunedin Emergency Department at

Dunedin Hospital. Memorably it was noted in the college chair's remarks that during this time Liz decided to embark on some further study towards a nursing degree. In order to meet the commitment of day time lectures Liz commenced night shifts. She would work at night and went to lectures during the day. This was a full time course. Liz made this commitment over 3 years, a testament to her tenacity, stamina and drive to complete an Applied Science Course for Registered nurses and later a Bachelor of Nursing. Liz has been a member of the Emergency Nurses Section NZNO and now the College of Emergency Nurses for many years.

The lower north Island DHBs should be thanked and congratulated for hosting an informative, challenging and fun conference. They have set a high standard for the Auckland region combined DHBs to follow in 2016 - for the 25th college conference with the theme "Finding Balance". Book your leave and register early - it will be the highlight of the college's activities for the year and a great opportunity to celebrate a quarter century milestone in the life of CENNZ.



Liz Walsh with Libby Haskell after receiving her CENNZ lifetime membership award



Taking care of ourselves and each other really does matter.

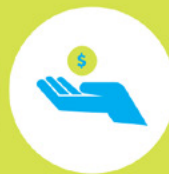
Geoff Annals
Accuro CEO

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The Advanced Emergency Nurses Network – Regional Training Days 2016.

The Advanced Emergency Nurses Network is a sub section within CENNZ that supports ED nurses working in advance roles such as CNS, NP. Three regional study days are held every year giving these nurses the opportunity to network with their colleagues across the motu, to share clinical information and support the development of the role throughout NZ. Given the fact that over 80% of nurses working in these roles are in the Auckland region the study days are mainly based there. It is hoped, however that other regions will take up this challenge and run their own days in their regions - Wellington certainly did a great job of hosting such a day after the national conference in October.

Kathryn Johnson (NP, CED Starship) has now taken over the role of coordinator of these days and the groups link with the national committee.

The proposed dates for 2016:

- Tuesday 8th March - venue TBA.
- Tuesday 7th June - venue TBA.
- Saturday 5th November - This will be organised by ADHB and as part of the CENNZ 25th National Conference and is open to all CENNZ members irrespective if they are CNS, NP's. Places are limited and a small charge incurred for this day.

FOR MORE INFORMATION ABOUT THESE DAYS, AENN GENERALLY OR IF YOU WOULD LIKE TO BE ADDED TO THE GROUP EMAIL PLEASE EMAIL CENNZAE@GMAIL.COM.

CHARGE NURSE MANAGER Acute Services

We have an exciting opportunity for an experienced registered nurse to take on the challenge of a senior nursing leadership role at the Wairarapa DHB. You will join a professional and dedicated team, and be supported with an orientation programme into this role, as well as support for on-going professional development.

Acute Services comprises of the Emergency Department which sees an average of 20,000 presentations per year, a 6 Bed High Dependency Unit. The service has an enthusiastic nursing leadership team, including a new nurse practitioner role.

The Charge Nurse Manager (CNM) is responsible for effectively managing people, systems, processes and resources to enable the provision of a high standard of patient care and the efficient and effective running of the service. This position includes financial accountability and support for the Medical Directorate with business planning and financial reporting of the Acute Service.

The Charge Nurse Manager will provide clinical leadership for the multi-disciplinary team and professional leadership of the nursing team including monitoring quality, practice and service standards, taking a lead role in developing nursing services and will play a key role in the development and achievement of the strategic direction for the department.

The position is permanent full time, working 80 hours per fortnight, Monday to Friday.

FOR FURTHER INFORMATION PLEASE CONTACT MICHELE HALFORD, NURSING DIRECTOR ON (06) 946-9800 EXT 5406 OR (027) 478-2644.

VACANCY REF # 2444684

CLOSING DATE: 4PM, MONDAY 23RD NOVEMBER 2015

TO APPLY FOR THIS ROLE, PLEASE VISIT WWW.WAIRARAPADHBJOBS.CO.NZ WHERE YOU CAN ALSO OBTAIN A COPY OF THE JOB DESCRIPTION FOR THIS ROLE.



CONFERENCE REPORT: AUSTRALIAN COLLEGE OF NURSE PRACTITIONER'S CONFERENCE AND EMERGENCY NURSE PRACTITIONER'S SYMPOSIUM IN MELBOURNE - 6-10TH SEPTEMBER 2015.

By: Jackie Clapperton – Emergency Nurse Practitioner

Jackie Clapperton is an Intensive Care Paramedic and Emergency Nurse Practitioner, she works in Gisborne and is employed by St John. She successfully applied for CENNZ funding to attend the above conference and was awarded the full registration fees of \$1090.00 towards the costs.

I would like to thank the College for their support allowing me to attend this conference convened by the ACNP Program Committee made up of Nurse Practitioners from the state of Victoria.

The theme for the conference was 'Celebrating the past. Embracing the future'. It was impressive to see the interest in both conferences. This was from both Nurse Practitioners who were the pioneers of this role since their inception 15 years ago right through to a whole new generation of Nurse Practitioner candidates from all areas of nursing. The biggest population however is Emergency Nursing who apparently makes up approximately 30% of the 1200 Nurse Practitioners in Australia.

The first two days were structured towards generic concerns and the issues raised were surrounding the big picture in health looking towards 2050. Many of these concerns regarding population growth, the aged population and chronic diseases being the leading cause of death are applicable to our own NZ population. The focus moved to how Nurse Practitioners could make a difference to improve and change the models of care given the direction of health and making sure that care was patient focused, seamless and coordinated in a tightening fiscal environment. There were also presentations from Nurse Practitioners all over Australia showing how they made a difference to the patients in their care within their varied specialties.

The two days of the Emergency Nurse Practitioner symposium

were fantastic. There were so many concurrent sessions that I would have loved to have attended. I think I chose wisely thinking about where I work. The orthopaedic session on missed injuries and what to look for was very informative along with the Radiopaedia workshop with access to six hours of training videos. There were two practical suturing sessions: basic and advanced. They purchased 40kg of pork belly to run this session. Other concurrent sessions included an USS practical, synthetic casting, vaccination hesitations and dental blocks.

There were two international speakers. Dr. Robert Couch who is a Consultant Nurse and Professor of Emergency Care from the UK. He spoke about leadership principles and defining your own style as a NP. He also spoke about the drivers for change in the UK. They are looking at introducing a multi-professional workforce with advanced clinical practitioners who come from both nursing and paramedic backgrounds. Sue Hoyt is an American Emergency Nurse Practitioner who established the first Advanced Emergency Nursing Journal in America and was the co-editor of TNCC. It was interesting to hear that the American NPs have been in existence for 50 years now and there is around 205,000 Nurse Practitioners. One of her presentations was about medical decision making for ENPs focusing on different types of errors and how to recognise them and avoid them.

The next conference will be held in the Northern Territory in Alice Springs for the 30th August to 2nd September 2016.

REGIONAL REPORTS



NORTHLAND/TE TOKERAU REGION

CHRIS THOMAS

Registered Nurse

Emergency Department
Whangarei Hospital

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Greetings from the north.

We have weathered another busy winter in northland EDs with presentations for June, July, and Aug well above 2014 total numbers. Respiratory and flu like illnesses have been particularly prevalent, especially amongst the children and elderly in our communities. ED and hospital capacity has continued to be an issue at NDHB, and although hospital wide renovations and rebuilding are ongoing at Whangarei Hospital, we still appear to be playing catch up in terms of increasing population and presentations.

At Whangarei hospital the temporary trial of extra ED staffing including an RN working an 1100-1930 shift and an HCA working 1200-2030 have proved invaluable to the department, providing flexibility and support over what is often our busiest time period. We are hoping that these will become permanent positions. Increased staff sick leave over winter was an issue at times with the demand on bureau staff at times exceeding supply. Otherwise, staffing has been reasonably stable, the two new graduates in our team are doing extremely well and on the whole feel well supported. One of our CNS nurses is completing her masters this year and will carry on with the process towards nurse practitioner.

Staff have been working hard on development and refining of practice pathways to be used in ED, and we now have new chest pain, sepsis, adult asthma and stroke thrombolysis pathways up and running.

These provide guidance and consistency for staff decision making and patient care. Ongoing monthly teaching sessions provide opportunity for nursing staff to both learn and present and are well attended. These sessions are followed by a department meetings each month so there is a great forum for communication within ED.

Front of house (reception and triage) renovations begin at end of October which provide for two triage areas, secondary assessment room and potentially better overall patient flow. We will however, be reducing the waiting room area so this will create more urgency for getting people into the department to be seen, an ongoing daily management issue.

With summer just around the corner and the annual influx of visitors to Northland through the summer school holidays bearing down on us we are preparing for a busy period once again. Usually the types of presentations are different over this period with increases in trauma (both major and minor), gastro bugs, alcohol related events and seasonal flu type and respiratory illnesses. Service demand is difficult to predict but we will try to roster extra nursing staff for the traditionally big days like New Year's Eve and New Year's Day.

On that note I would like to wish all our readers and ED teams Merry Christmas and a safe and Happy New Year.

CHRIS

REGIONAL REPORTS



AUCKLAND REGION

MATT COMESKEY

Clinical Nurse Specialist

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Greetings from Tāmaki Makaurau.

It's a relief to see the new buds on the trees, heralding the end of an arduous winter.

Despite the busy winter workload, which saw unprecedented demand on ED and the hospital generally, a number of initiatives to improve quality of service and patient flow have kicked off in ED.

These initiatives include a newly formed MDT, rapid response team, under Older Persons Health service

whose aim is to safely expedite discharge home. The hospital Trauma Team has initiated the 'Code Crimson'. This is a new trauma code called by ED staff at the time that an R40 is received when set criteria are met. The goal being to expedite and co-ordinate urgent imaging, rapid transfusion, surgical, ICU and anaesthetic services in the event of significant trauma. The services called upon in a code crimson include a wider MDT group than under the previous and co-existing trauma call.

The 'Releasing Time to Care' Project has commenced. The project has been running at 46 ADHB sites. It is envisaged that it will take 2 years to complete in ED. 'Ob-tober' fest was initiated; the focus for the month of October being used for activities and education (by the ED educators) to push for timely and regular vital signs being taken in the department.

The installation of digital radiology within the department is on-going. Resus bays are being worked on currently. It's anticipated there will be a significant time saving, improved fracture reductions and increased numbers able to be put through ED radiology.

Monitors are going to be installed in the ED waiting room with waiting time displayed for the public. Waiting room signage has been replaced and re-designed in the ADHB design lab, run by Auckland University of Technology students.

Out of the lessons learnt from the unprecedented winter workload, has come a business case that has been put forward to the District Health Board for funding to improve winter flow for 2016. This includes funding for 5 CNSs and 2 NP positions amongst other initiatives to meet the growing demand on the department throughout the year but especially during winter.

The ED building redevelopment project is ongoing - progress has been slow. There has been a re-think around the balance of structural change and the proposed model of care and flow through the department.

Finally, senior nurses in ED/APU have been consulted on a proposed change to the structure of nursing leadership across ED/APU. The outcome of the consultation has yet to be announced.

The social life of the department is in a healthy state with numerous ski trips, baby showers, dinners, parties and over-night tramping trips being well supported. It is reassuring to note that despite the considerable stress of work, we can still muster the energy to care for each other in our own moments of crisis as well as those of our patients. Whatever else happens, the fact that we can do this and have a laugh along the way bodes well for the coming year.

Have a great summer.

MATTHEW

REGIONAL REPORTS



AUCKLAND REGION

LIBBY HASKELL (Chairperson)

Nurse Practitioner

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Starship Children's Health

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CHILDREN'S EMERGENCY DEPARTMENT, STARSHIP CHILDREN'S HEALTH

In keeping with the rest of the country, CED had a very busy winter. We managed to set a CED record with more than 150 presentations during a 24 hour period. The challenges associated with such high volumes was taken by the team in the great spirit that we have. We worked well to just meet the 95% 6 hour target for the last quarter. This was through a cohesive CED team and hospital wide approach. We began Health Care Assistant ward transfers for a select group of stable patients as well as fast-tracking select General Paediatric admissions to the ward. These strategies have helped us get children and families to the right place for ongoing care in a timely way. Presentations are beginning to drop, however acuity remains high. We celebrated the arrival of summer with a lovely afternoon tea last week!

We have welcomed 8 new nursing staff recently. Some of these are familiar to paediatrics, paediatric emergency as well as two new graduates. Our temporary clinical coach and educators have tailored a great orientation package based on individual knowledge and abilities. This included an in-house paediatric life support day with skill stations and multi-disciplinary scenarios. Our roster is looking great from November.

We are very excited that the Starship Simulation Programme is being highlighted on a documentary series 'In Our Back Yard' on the Sunday programme. This features our multi-

disciplinary simulation within our resuscitation rooms. So keep an eye out for that on your TVs soon.

We have been busy recruiting patients to the PARIS study (heated high flow humidification versus standard oxygen therapy in children with bronchiolitis). Numbers for the WASP study (Wheeze and Steroids in Pre School children) are still good. This study is randomizing children to prednisolone versus placebo. The chocolate received for recruiting patients have been highly sort after on busy winter shifts!

Nine of our nurses attended the CENNZ conference in Wellington in October. For some this was their first conference. Feedback on how motivating it was, the learning, as well as networking with others from around the country, was great to hear. We look forward to supporting the CENNZ conference in Auckland in 2016.

The days are longer and finally a little warmer. With summer will come a change in number of presentations (hopefully!) and reason for presentations as children are outside more having fun. Thanks to all our nurses who have worked so hard over winter. Many have picked up extra hours to cover gaps, struggled with their own and their family's winter illnesses and still given 110% at work to ensure high excellent care for our patients.

Hope everyone has some leave to look forward to over the coming summer months.

LIBBY

REGIONAL REPORTS



MIDLAND REGION

RICK FORSTER

Registered Nurse

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Department. Bay of Plenty District
Health Board

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Greetings from Tauranga.

It certainly has been another doozy of a winter with a trend of increasing patient presentations with high acuity continuing. Feedback from around the Midland region is that our EDs have had some struggles coping with the winter workload. In Tauranga it feels as if the ED has had to reset a new normal for it's daily presentation numbers also with some very large presentation spikes. During this winter staff have dug deep and put in great effort to cover the floor when demand has been exceptionally high or covering unplanned leave.

Locally, various community based projects are underway which look to improve service delivery and in turn reduce some pressure on ED.

A community care provider's acute demand project is ongoing with various groups looking at how they can meet demand. An increasing local population is making it hard for people to register with GPs.

A DHB funded NP role focusing on care of rest home residents has commenced looking to support good care and link between private facilities and DHB. A Community Nursing Service has been developed that links with GPs. They take referrals from GPs for patients with more complex needs. Nurses can visit people in their homes and are also looking to be first point of call for residents of the Tauranga homeless shelter.

Rotorua ED within the Lakes DHB has also been growing; it is a level 4 department with approximately 34,000 presentations per year. A new department was completed 3 years ago with plans for redevelopment of the resus bays to be completed. Like many EDs nationally presentation increases of approximately 5% per annum are creating strain.

Quality initiatives to support good care include the recent introduction of a second front of house nurse to complete further assessment after triage. Professional development is supported by a 0.5 FTE Nurse Educator, locally developed learning packages and scenario training. RNs also complete external ED specialty adult and paediatric trauma courses, as with the national Triage course.

Rotorua has recently joined the growing ranks of EDs with advanced clinical practice roles with the commencement a Clinical Nurse Specialist service. The department has also gained accreditation for ACEM Registrar

training. Certainly in Tauranga once both of these roles became established they have gone on to make great impacts in improving care and efficiency.

Well done to the Wairarapa, Hutt and Capital Coast DHBs on hosting an excellent conference. It was fantastic to meet and listen to ED Specialty Nurses from over the country. It was disappointing to not see many faces from the Midland Region. I understand DHBs are facing tight financial times; I would like to strongly encourage the membership to consider applying for a CENNZ conference grant for the 2016 CENNZ conference in Auckland.

So summer is almost here and Christmas rosters are out. Some of us will be sharing time with our families over the holiday period. Whilst some of us will be holding up the fort, spending time with our respective work place families.

I wish you and your family's a happy and safe holiday.

RICK

REGIONAL REPORTS



HAWKES BAY / TARAWHITI REGION

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(Triage Instructor)

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Hawkes Bay ED is ticking along with a large number of presentations daily, a number of which are reasonably unwell or high acuity. Unfortunately, we have made the news due to some events in the last month which are a constant reminder to ensure the safety of our women and children and the importance of family violence and child abuse screening.

Our pregnancy virus seems to have come to an end. In fact, many of our mums are returning to work and we welcome them back with their new found paediatric skills.

We have been doing a lot of work around our 'Front of House'. The plans are soon to be completed for some construction work that we hope will improve our patient flow and ability to manage our patients in a timely manner. The construction work is planned to begin after Christmas, - maybe time to take some leave perhaps. Some work has been going on around our triage process and screens to hopefully improve our processes. In the background there is ongoing work around urgent care provision and the Aim 24/7 is still continuing looking at how the hospital manages patients over the 24 hour period.

A Trauma Nurse position has been advertised as a 0.5 contract and interviews are under way for this. This person will network nationally with the trauma service.

The nurses at Gisborne Hospital's emergency department have had a busy year with many nurses being able to attend both ENPC and TNCC courses due to them being held locally. We are very grateful to CENNZ for supporting these courses, as this allowed a much larger group of nurses to attend than we would normally be able to send out of town. There were also a number of nurses and DNM's who completed the TNCC course. Their feedback was how good the course was and how much they learnt. We are grateful to the nursing education committee for their financial support for this as they provided a significant amount of money to allow nurses from across the DHB the opportunity to take part. This is in addition to a large number of nurses who have completed post graduate study this year. We have several staff that have completed their

PG Certificates and are continuing on to Diploma's and Master's levels in the next couple of years.

The DHB has had a name change and is now known as Hauora Tairāwhiti. In association with this a new set of values and behaviours were also released. The ED team is also working on a large quality project in conjunction with the SSHW initiative of Releasing Time to Care [RTC]. An enthusiastic group of ED nurses have begun the knowing 'How We Are Doing' module and have come up with some innovative approaches that encompass the new values including the development of an ED logo that symbolises the ED vision which is "Whakawhenuatanga - Wellness in Partnership".

Gisborne ED has had a busy winter, with late August and September having many high acuity patients and a lot of respiratory illnesses. Despite this, we have managed to maintain the ED LOS above 95% for most of the winter.

We are now heading into our summer with the annual exodus to Gisborne for Rhythm & Vines Festival occurring at New Year. We have to increase our staffing levels considerably to manage the influx of additional presentations that we see over this time. This year we will be joined by some ward staff that will help us out during this period.

We would like to wish everyone a peaceful and happy Xmas and a happy New Year.

SHARON

REGIONAL REPORTS



MID CENTRAL REGION

AMANDA BIGGS-HUME
(Membership Secretary)

Clinical Nurse Specialist

Emergency Department Palmerston
North Hospital

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It would appear that Palmerston North Emergency Department was not immune to the winter experienced elsewhere in the country with a massive increase in presentations and admissions. New records for presentations were broken, reset, and then broken again. There was also the same pattern as seen elsewhere in the country with large numbers of children presenting for respiratory illnesses.

Staff and nursing management correctly identified that there is elevated risk with increased number of patients in the waiting room so a second triage nurse was introduced over the winter months, which was greatly appreciated by staff.

Bed blockage was reduced this winter compared to last, due to work undertaken by internal medicine to decrease the length of stay of inpatients which meant that MAPU also dealt with increased number of patients compared to last year.

We welcomed two new consultants from the United States which now means there is cover until midnight every day of the week and better weekend cover. There are also three doctors rostered on to work at night.

There are plans to renovate the triage and minor works area of the department to make it work better for patients and staff. This is seen as an interim step to see the department through the next few years before our planned new department comes to fruition.

Our nurse educator has worked hard to get three nursing staff to Auckland to attend Anne Evans-Murray's two-day Clinical Assessment Skills seminar. This was greatly enjoyed by the staff who attended. The course content provides a great alternative to those staff who do not wish to undertake postgraduate study but still wish to further their clinical knowledge. It will be great to see more staff attend this course next year. I have my fingers crossed!

Expressions of interest were posted to all ED staff for secondment to the CNS service for 2016 to cover maternity leave. This is great news for our service and a great opportunity for another interested nurse to further their Advanced Nursing Practice and experience. I look forward to working with the successful candidate.

It was with great shock and sadness that staff at Palmerston North said goodbye to a long-standing emergency nurse



and advocate of emergency nursing, Averil Sheehan. Averil started working in Palmerston North ED in 1991. Unknown to most of her colleagues Averil had completed a degree in psychology. I remember her spreading the word about how to recognize compassion fatigue and burn-out, stating that she had recently been on a course. Averil was a walking example of understatement! Averil kept her achievements quiet until she made the paper with them. Averil enjoyed the challenges provided by marathon walking and cycling. I would regularly pass her early in the morning when I was out walking my dogs while she was on a short 30 km bike ride before going to work! Averil lost her very short battle with cancer on September 1st, after returning home from a dream trip to the United Kingdom with family. While in Scotland Averil completed her 108th marathon in Scotland. As a speaker at her funeral pointed out, more people in the world have successfully climbed Mt Everest than completed over 100 marathons. Averil is a great loss to us all.

Our thoughts and prayers continue to be with her family at this difficult time.

MANDY

REGIONAL REPORTS



GREATER WELLINGTON REGION

KIRSTEEN HAYNES

Associate Charge Nurse Manager

Hutt Hospital Emergency Department.

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Greetings from the south of the North Island.

As a new member of the CENNZ team I have taken over as the representative of the south of the north from Craig Jenkins and recognise how hard he has worked over the past 4 years representing this region. I'm very aware that he leaves very big boots to fill and I will do my very best.

As the weather warms up, thankfully the attendance numbers across the region are finally decreasing after an extremely busy winter with not only the most attendances on record but also a sense of increase in patient acuity and a measurable increase in admissions.

In light of this, Wairarapa and Wellington EDs have performed extremely well to achieve the Shorter Stays target for quarter four. Hutt Valley lags just slightly behind with a slight decrease in performance to 93% but this is still a considerable achievement in view of the increased attendance numbers.

It's been all change at the top in Hutt Valley with the DHB welcoming a new CEO - Ashley Bloomfield and the ED appointing both a new CHOD in Tanya Wilton and CNM in Michael Johnson. All three come with considerable amounts of experience, knowledge and enthusiasm and we wish them all the best in their new roles.

The challenging winter has resulted in staffing challenges with both a higher than normal level of staff sickness and turnover in all three DHBs. There has also been an increase in abusive and violent episodes particularly at triage. The region continues to take this issue very seriously and has invested time and resources into considering how to make the workplace environment safer.

At Hutt ED we've struggled to recruit quickly enough to cover staff leaving the department but have welcomed several new staff members who have benefited from the excellent orientation programme which has been rewritten and launched by the education nurses.

We're also taking a well-deserved rest after the 3 DHB's of the region hosted the extremely successful annual College of Emergency Nurses Conference on the 15th and 16th of October this year. The conference was not only fun and entertaining but

also raised several thought provoking issues related to ED including the safety aspects of triaging away and aggression and violence in ED. Triaging away is certainly a hot topic as Hutt Valley PHO, as well as Wairarapa PHO, in line with many others across the country, have requested that our triage nurses facilitate signposting suitable patients back to their GP from triage. We look forward to working with the PHOs to ensure that this can be achieved in a safe manner.

In November at Hutt ED we plan to launch a paediatric early warning score system (PEWS). This is to be used in the ED and has been designed to improve paediatric patient safety within the department by early identification and prompt intervention in sick and critically injured children. This excellent project has been championed by one of our ACNM's Karena Fellowes who is not only a paediatric nurse but also an advanced neonatal nurse specialist.

Jo Wailing the CNM at Wairarapa ED sadly has resigned and will be leaving the department at the end of November. They have, however, appointed two new ACNM's Diane Sigvertsen and Corrina Rooderkirk.

We wish all three nurse the best in their new roles.

KIRSTEEN

REGIONAL REPORTS



TOP OF THE SOUTH REGION

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Greetings to you all from the top of the south.

It is a privilege to take over from Sharon Scott (CNL) representing this region on the CENNZ committee.

I would like to take this opportunity to thank Sharon for her major contribution to CENNZ and to emergency nursing. She will be a hard act to follow.

It is business as usual at the top of the south. During August we had the busiest month we have ever experienced in the Nelson Emergency Department and this resulted in a reduction in meeting ED targets and an increased management focus on breaches. We continue to promote hospital-wide ownership of the '6 hour target' and an understanding that it is not just an ED problem. Compounding our increased workloads has been staffing pressures with unfilled FTE and unplanned staff leave. We are looking forward to the return of one of our team from West Africa.

Work continues towards achieving support for advanced nursing roles in ED. So far this has been unsuccessful.

However, it is of note that our department recently lost accreditation for emergency registrar training. One of the reasons cited was the lack of a full time nurse educator. It was positive to hear that the contribution nursing makes to the department is valued in this capacity. We hope this may provide some leverage to our business cases.

Nurses in our area continue to lead quality improvements with work currently being done on mental health observation and a neutropenic sepsis pathway. Both these projects have entailed collaboration across services which I'm sure will add to their successful implementation.

Two staff members are shortly off to the TNCC course in Otago and 2 nurses have completed a successful year of postgraduate study. A group of nurses from our region were fortunate to attend the recent CENNZ conference. Thank you to our Wellington colleagues for hosting a spectacular event. It was inspiring to experience such a shared energy and commitment to advancing emergency nursing and patient care.

JO

REGIONAL REPORTS



CANTERBURY / WESTLAND REGION

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ASHBURTON AAU NEWS

2015 continues to be a year of changes and challenges for the AAU.

We have been involved with the Change of Medical Model of Care, involved in the integration of AAU and Operating Theatre (an ongoing project as new building has not been started yet), had increasing numbers of presentations, especially self-presenters who have no GP or no money to visit a GP. This puts a lot of pressure on an already stretched and stressed system within AAU.

AAU has successfully changed to Electronic ISBAR Handovers, and now EMED. Lots of technological challenges for everyone.

Staff have successfully passed Triage courses, TNCC, CDHB courses and CPIT courses, and for the first time we have preceptored a NETP RN. This has been a great time for all staff to be involved in NETP for the second half of her placement.

The weather is finally warming up for us all after the harshest winter we have known and staff are enthusiastically talking of plans for Christmas holidays.

We wish everyone a very merry Christmas and have a safe and happy New Year.

MARG ANDERSON

CHRISTCHURCH HOSPITAL

Staff are enjoying some settled days following a very busy winter with staffing challenges. Although we met the MOH shorter stay in ED target for the first quarter for the first time since it's inception, the winter was very hard for the staff. The staff expressed concerns regarding the demands placed upon them and their inability to provide the standard of care they believed their patients required. Patient volumes averaged 256 /day -this represented a 1% drop from the same quarter last year.

We saw a repeat of staff movements similar to the previous year with a number of nurses leaving to take up positions in primary care before and during the winter months. This created a vacancy over winter which was problematic although this has now been filled.

We held our 3rd Open day and 6th Excellence in Emergency Nursing award in October. Congratulations to Erin Dooley who is the 2016 recipient of the Paul O'Donovan Cup which acknowledges excellence in Emergency Nursing. Erin is a registered nurse in the ED and has been working with us for 5 years. Erin's colleagues spoke highly of her dedication and skills and how much they enjoy working with her. During the open day 51 people from the DHB took the opportunity to visit and find out how the department operates.

(Cont. overleaf...)

REGIONAL REPORTS



Erin Dooley the recipient of the 2015 Paul O'Donovan cup which acknowledges 'Excellence in Emergency Nursing' with Anne Esson Nurse Manager Christchurch ED.

One of the recommendations from our 2014/15 review was to take a dynamic approach to patient flow. Over a 4 month period from June-September we trialled having additional senior nursing leadership on every shift (ACNM). This additional role was very successful and we will be advocating that this becomes a permanent position.

Nursing handovers are now undertaken electronically to most of the IP areas. Developing the electronic document itself was reasonably straightforward but we had some challenges fine-tuning the notification of the wards that a patient will be arriving. This issue has mostly been resolved and the next step in the process would be to have all wards 'pull' the patient.

A rolling roster for people who work >0.625 has been introduced and is working reasonably well. There will be a need for some more fine tuning to ensure the service has good cover and utilises the FTE to its potential.

Nursing education within the ED for 2016 is being reviewed with the aim to move away from the 'study day' to a 'sessional' model. Another group of 5 experienced Emergency Nurses completed the 'Advancing Emergency Nursing Course' last week. This in-house course is designed for experienced nurses who want to advance their knowledge and skills in emergency nursing and has a strong clinical focus. Congratulations to Marlene Batchelor Debs Latimer, Lisa Salt, Faye Stickley and Kiri Thomson.

ANNE ESSON

REGIONAL REPORTS



SOUTHERN REGION

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Hello from the SDHB.

The annual CENNZ conference and AGM dominates this report as I met CENNZ members from all over the country, in particular those from Invercargill & Oamaru. The CENNZ conference was stimulating and inspiring and an endorsement of our professional and speciality development. The opportunity for the development of another twenty nurse practitioner roles, some hopefully in ED was outlined by the Minister of Health, the Right Honourable

Dr Coleman and the potential for nurse prescribing in the CNS role and changing models of care by Hilary Graham-Smith, Associate professional Service manager for NZNO. Olivia Murray, a CNS from Invercargill Hospital was awarded best nursing presentation for her work on management guidelines on torus and clavicle fracture. The team of orthopaedic surgeons, CNS, Educators and ED management had reduced fracture clinic follow-up in these areas with a cost saving of \$9000 to the department, over a three-month period. Many expressed interest in the management protocols at the conference and the proposed further developments of the scheme.

Elizabeth Walsh, from Dunedin was given a life time membership of CENNZ. The total of members receiving that award now numbers six. Liz has spent the last 29 years in nursing in the Dunedin Emergency Department at Dunedin Hospital. It has been a privilege to work with Liz. We wish her well in retirement and hope she has many happy years to pursue other interests. Her colleagues are grateful for her and knowledge and expertise and the influence it has exerted on their practice.

The other main theme from the conference was the development of the knowledge and skills framework for emergency nurses. Maxine Mitchell, educator from Invercargill ED, and myself were involved in the workshops during the conference where we sought input from the members regarding what make ED a specialist nursing service. We then followed up the next day spending time to correlate the vast amount of information provided.

A further workshop is planned at the end of November.

Other news from the south includes the fact that we have moved into spring with the number of daily presentation dropping to an average of 130 in Dunedin. Queenstown presentations remain steady with the emphasis moving from skiing to mountain biking accidents. Dunedin Hospital has been in the news regarding a problem with asbestos in the clinical services block. The main impact for ED has been the transport of patients, especially children, to radiology as the stairwell and immediate lifts to the area are temporarily unavailable while environmental cleaning is in progress. Specialist asbestos removalists are on site working on both environmental cleaning and on longer term management of the issue.

Finally I would like to say hello to all the staff in Oamaru and confirm that I am looking forward to visiting your ED in early December.

I would also like to wish all CENNZ members a Happy Christmas and a healthy New Year.

ERICA

CENNZ CONFERENCE | 2016



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