NURSES FOR CHILDREN AND YOUNG PEOPLE OF AOTEAROA

CYPress

VOLUME 3, ISSUE II

INSIDE THIS ISSUE:

Editorial

Tēnā Koutou Katoa!

The focus of this issue is Medico-legal issues. As health professionals caring for children and young people we are often challenged with legal situations and no quick solutions. I felt it was important to invite our multidisciplinary colleagues to contribute to this issue as it is often these people we go to seek information and clarification. We have a social worker, play specialised and NZNO professional advisor perspective on these issues.
Once again a literature search has been done and included in this newsletter and I strongly encourage each of you to read at least one of the articles. It would also be a timely opportunity to look at your local policy /guidelines around restraint minimisation, consent and have an understanding of how the legal department works in your area's.

On a final note the NCYPA committee have been busy as we fast approach our conference which is almost three weeks away, it will be great to see and met many of our members there. If you have not registered and would like to be apart of this fantastic professional development and networking opportunity it is not to late to register via NCYPA section on the NZNO website.

The last word please do not forget to follow us on Facebook- Nurses for Children and Young People Aotearoa.

Nāku noa, nā,
Leaha North

Leaha. North@ccdhb.org.nz

Writing for Publication

Are you thinking about publishing your project, research or conference presentation?
What about writing for Neonatal Paediatric and Child Health Nursing journal (NPCHN)?

As an organisation NCYPA are now official partners of this journal and it is important that our New
Zealand voice is heard through the journal.

Perhaps you are involved in some kind of project or evaluation, or you are undertaking some higher
education, or perhaps you have just made a conference presentation and would like to expand your work into a publishable format?

Ruth Crawford , RN, M.Phil. (Nursing) , PhD candidate, represents NCYPA as Associate Editor in NPCHN.
She is happy to help nurse writers who have work they want to publish. She has kindly offered to read draft manuscripts and make suggestions.

You can contact Ruth by email: ruth.crawford@paradise.net.nz

Message from our Chair

Chairwoman — Becky Conway

Tēna Koutou,

I always feel hopeful as spring begins to show its presence. As I write, I am hopeful that our application to become a College will be successful, I am also hopeful that our November conference will be attended by a large number of delegates, and I hope that medico-legal focused newsletter is of interest to our over 700 members.

Someone recently asked me what the significance of becoming the **College of Child and Youth Nurses** really was. In essence, the College is a formal professional network of nurses with specialty knowledge and skills in child and youth nursing. The group which began as *Nurses for Children and Young People of Aotearoa* grew from a special interest group following an international paediatric nursing conference which was held in Auckland in 1995 (*Kai Tiaki*, 1996). The aims of the group at that time included:

- Raising the profile of nurses who work with children
- Networking
- Supporting the development of regional sections

Nearly 20 years hence and poised to become a College, the group now uses social media, electronic surveys, a website, Google documents, videoconferencing, teleconference and email to communicate with our large network. We are frequently consulted for submissions by NZNO policy analysts, and we have developed formal professional relationships with other Child Health organisations.

The College represents child and youth health nurses as a professional group with specialty knowledge and skills. It is more than a gathering of nurses with a common interest: the section soon-to-be College will be the largest network of Child Health nurses in New Zealand. The group has formal links with: the Neonatal Nurses College of Aotearoa (NNCA), the Australian College of Children and Young People's Nurses (ACCYPN) and the Australian College of Neonatal Nurses (ACNN) through a shared partnership the *Neonatal, Paediatric and Child Health Nursing* (NPCHN) journal; the Paediatric Society of New Zealand; and the Plunket Society of New Zealand. The College also plans to develop links with the Asia Pacific Paediatric Nurses Association.

Message from our Chair continues:

The College supports continuing education for child and youth nurses. The Knowledge and Skills Framework document has defined the areas of specialty skills that are required to nurse children and young people, and can inform the development of education, PDRP and orientation programmes. The college also supports knowledge development with the NPCHN journal, the CYPress newsletter, a commitment to support research, conferences, and the scholarship fund.

The college uses its networks of expert clinical nurses, educators and leaders to comment publicly on policy that affects the health of children, young people and their families. Over the past few years we have commented on a variety of issues including child poverty, immunisation, infant formula labelling, car seat regulations, intravenous fluid purchasing, nurse prescribing and raw milk sales. Within our networks we share policies, educational materials and documents. We bounce ideas off each other and solicit expert opinion from our membership to assist with executive committee activities such as the journal management board, the development of the Knowledge and Skills framework, and commentary for submissions.

Many nurses care for children: some nurses care for children as their core work, some nurses work in super-specialised units or tertiary institutions; a few nurses have honed expert nursing skills to the level of nurse practitioner, doctorate or executive manager; still more nurses care for children only occasionally, as part of the broader work of practice nurse, rural health nurse, or district nurse. Whichever kind of nurse you are, you can belong to the soon-to-be *College of Child and Youth Nurses* and make a difference to the health of children of Aotearoa, New Zealand.

Enjoy the spring

Nga mihi nui

Becky Conway

Then and now: the executive committees of 1996 and 2014

Members of the new national committee are, back row left to right: Annie O'Connor, Tricia Dore (chairperson), Mary Gibbs (NZNO section organiser), Janine Randle and Cath Mott; front row from left: Helen Pocknall (vice chairperson), Anne Feld and Annette Dickinson.

C

Medico-legal –A literature Search

Coyne, I. and P. Scott (2014). "**Alternatives to restraining children for clinical procedures**." Nursing Children and Young People **26**(2): 22-27.

Brenner, M. (2013). "**Development of a factorial survey to explore restricting a child's movement for a clinical procedure**." Nurse Researcher **21**(2): 40-48.

Brenner, M. (2013). "**A need to protect: parents' experiences of the practice of restricting a child for a clinical procedure in hospital**." Issues in Comprehensive Pediatric Nursing **36**(1-2): 5-16.

Taylor, H. (2013). "**What does consent mean in clinical practice?**" Nursing Times **109**(44): 30-32.

(2012). "**Protecting children's right to health and reducing barriers**." British Journal of School Nursing **7**(10): 477-480.

Cornock, M. (2011). "**Confidentiality: the legal issues**." Nursing Children & Young People **23**(7): 18-19.

Darby, C. and P. Cardwell (2011). "**Restraint in the care of children**." Emergency Nurse **19**(7): 14-17.

Gormley-Fleming, L. and A. Campbell (2011). "**Factors involved in young people's decisions about their health care**." Nursing Children & Young People **23**(9): 19-22.

Tillett, J. (2011). "**Legal issues in adolescent care**." Nurse Practitioner **36**(9): 8-9.
Woolley, S. L. (2011). "**The limits of parental responsibility regarding medical treatment decisions**." Archives of Disease in Childhood **96**(11): 1060-1065.

Bowers, M. and B. Dubicka (2010). "**Legal dilemmas for clinicians involved in the care and treatment of children and young people with mental disorder**." Child: Care, Health & Development **36**(4): 592-596.
Hull, K. and D. Clarke (2010). "**Restraining children for clinical procedures: a review of the issues issues that continue to challenge children's nursing**." British Journal of Nursing **19**(6): 346-350.

Baston, J. (2008). "**Healthcare decisions: a review of children's involvement**." Paediatric Nursing **20**(3): 24-26.

Next committee meeting:

14th October 2014

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Regional Round-up: Medico-legal

"Rights and Wrongs" A Social Workers Perspective by:

Rachel Harvey Social Worker at Te Puaruruhau the Child Protection team at Starship.

I have been asked to discuss children's rights as patients, legal and ethical issues in regards to medical neglect of children, and how the role of the social worker interfaces with nurses in such cases.

That's a very big topic , so I will leave the "Rights" up to the experts.

Children's rights as patients in a health setting are clearly and thoroughly set out in a combined charter document put out by the NZ *Paediatric Society and the Children's Hospitals of Australasia it can be found at this link :http://www.kidshealth.org.nz/childrens-rights-health*

Starship also has a "Code of Rights for Children" pamphlet that is available for download at strarship.org.nz .

Children also have rights set down in the Children, Young Persons and the Families Act 1989. This acts opening principal states "that children and young persons must be protected from harm ,their rights upheld, and their welfare promoted" . This Act also has the duty to assist families in "their responsibilities to prevent their children and young people suffering harm, ill treatment, abuse, neglect or deprivation" (23).

It is this Act that Social Workers working for Child, Youth and Family work with when carrying out their duties to both investigate child abuse and intervene as appropriate.

It is also this act that can be used when working with the serious cases of child medical neglect.

Medical neglect is one of the more complex and often less clear cut, types of child abuse. It is something often initially dealt with by the multi -disciplinary team in the health setting. Often only the more serious, potentially life limiting or life threatening cases are referred to statutory child protection services (in NZ this is CYFS).

This is because medical neglect exists on wide spectrum. For examples although it is not ideal that a child misses several General Paediatric Outpatient appointments for mild asthma it may not have a huge consequence on their future health and wellbeing. However the child who spent a week at home with a fractured femur before being brought to the Emergency Department will not only have suffered considerable pain but could have their future recovery/mobility jeopardized. Both could be considered neglect but they would warrant different levels of concern and intervention.

Health Social Workers and Paediatric Nurses often work together to *assess* and solve the problems leading to medical neglect. Key to this is making all effort to try and work out what is the underlying problem that has led to the neglect ? and can those problems be resolved in a timely way ?

For example is it simply a practical issue of the family not having enough money to pay for transport and parking at the Hospital ?

Or is it because the family have not received adequate and understandable information from the medical team on their child's condition and the treatment plan? Is English their first language ? Are they literate ?

Or is it that the parents have serious drug and alcohol issues and are not able to prioritize their child's

"Rights and Wrongs" A Social Workers Perspective continued

A nurses medical knowledge and their expertise in understanding the child's treatment plan, combined with the Social Workers ability to assess for risk factors and access community supports/services can be an effective interdisciplinary intervention.

Then there also those cases where the risk to the child is concerning enough to involved Child, Youth and Family and /or the Policy. This could be when a child is in imminent risk i.e. (a child has been removed from the Hospital by caregivers and requires immediate surgical intervention) or it could be a accumulation of ongoing concerns that interventions have not been able to resolve and now the child's long term health and/ or survival is at risk.

There have been cases in New Zealand in which the issue of medical neglect has become serious enough for the Court to grant Child Youth and Family Custody and/or Guardianship of a child. This allows CYFS to take over day to day care of a child. In the cases I have been involved this has allowed these children to have the vitally important surgery or treatment that they required for survival.

It is worth remembering that to get to the point of removing a child from their family and taking legal orders all other avenues need to have been explored and considered. CYFS will also try and place children with extended family if possible.

The legal issues around consent and children rights are complex and I do not claim to be an expert. However Health Boards have Legal Advisors, CYFS/DHB Liaison Social Workers and Child Protection Co-coordinators that are useful resources to discuss these issues with.

For anyone who is interested in reading more about medical neglect and if you are looking for practical ideas on how to work better with this issue then I highly recommend this article *:*

"Recognizing and Responding to Medical Neglect" Carole Jenny "Pediatrics" 2007;120;1385

Rachel Harvey Social Worker at Te Puaruruhau the Child Protection team at Starship. I also spent many years working on the Wards at Starship and out of that time arose my interest in the issue of medical neglect and challenges in trying to improve how we, as health professionals respond to this.

Documentation by:

Kate Weston –Professional Advisor NZNO

The importance of accurate documentation cannot be overstated. Clinical records whether they are hard copy or electronic are an essential communication tool. Primarily, the clinical notes are providing essential information from one health professional to another – whether it is a shift to shift handover, or between different services who might be involved with the child/ young person and their family.

Accurate documentation is integral to meeting Nursing Council competencies for Registered and Enrolled Nurses www.nursgincouncil.org

Documentation of your care is the only way of knowing what care had been given to a patient. – and recording what care was not able to be delivered. Do the notes show that care has been delivered to the current professional standards and to the level that patients and their families expect? This becomes particularly important if there is an adverse event, or the care is challenged for any reason – such as a complaint made about care to the employer, Nursing Council, HDC, ACC or possibly even a case that is referred to the Coroner.

NZNO has an online resource that has helpful information about documentation, you might also like to check out the NZNO advice re incident reporting www.nzno.org.nz

In NZNO, we provide support to members who have been involved in complaints or incidents that are subsequently referred to the Nursing Council for competence review. There are some common themes:

- A nursing assessment was not done. It is useful to have some kind of assessment framework –it can be very simple e.g. systems based or top to toe. If there are tools specifically designed for the client group e.g. HEADSS, use these
- Care plan currency – the care plan is out of date. This is particularly problematic with long term patients where changes can occur insidiously – e.g. gradual loss of mobility and function, or in very acute areas where changes occur rapidly and care plans don't keep up.
- Records are illegible, or don't make sense – this can be because they have been written about the wrong patient, because they are not in a chronological order or pages have been lost

The response to treatment was not noted, there was no intervention when it was evident that the patient's condition was deteriorating

Consider when writing the notes who else might request access to them. When working with children, having a child or family centered approach to care may well include shared goal setting, care planning and possibly documentation. It is important to acknowledge the key role that the child's parent/ caregiver has in this process. However it is also important to be mindful about who "owns" this information. If a parent is requesting a copy of their child's notes, ensure that you have checked the policy for requests for third party information.

If you are working in a community setting where contact with the child or young person is intermittent, it is important to ensure that each entry shows a plan for when you will see them again, that what to do if there is a problem has been agreed and discussed with the parent or caregiver. Remember to close episodes of care when the period of intervention is over - even when the child or young person is a "frequent flier" and they are likely to be returning to your care again. You may not need to discharge them completely (check what your system will allow – especially if it is an electronic record) but you should not leave dormant cases on your books – you will still have a duty of care – this is why it is important to show a plan and not to keep hundreds of cases on your booked indefinitely – you are still responsible for their care as a named clinician, even if you haven't seen them in months!

Documentation continued:

Electronic and shared records will increasingly be a part of your nursing practice. It generally fosters a multi-disciplinary approach to care, who is positive in terms of meeting the needs of the child or young person and their family. This way of working should minimize the risk of children "slipping through the cracks" with multiple involvement from many agencies and health practitioners who have no idea who else is involved.

Tips for documentation that is electronic

1. NEVER share a log on – not even with students or other health professionals who "just want to quickly access a file". This is your electronic signature - so anything entered under your log on or any activity such as searching records/ results etc appears to have been entered by you - and it is very hard to prove that this was not the case
2. All of the same rules about documentation that apply to hard copy records still apply to an electronic record – it is the legal record of care provided

If patient privacy or confidentiality is breached, electronic systems have audited features which clearly show who has accessed the file. If you are not directly involved with the care of a the child or young person or have another valid reason to be accessing them such as audit or research, then you have no reason to be accessing the file – no matter how interesting or " high profile" the case or the paitent might be! This is increasingly an issue with complaints against nurses becoming more common – leading to employer disciplinary proceedings, HDC or Privacy commission complaints or Nursing Council investigation as it breaches Principle 5 of the *Code of Conduct*. www.nursingcouncil.org.nz

If you have any professional concerns regarding documentation, I can be contacted on
0800 283848 - NZNO Member Support Centre or via email katew@nzno.org.nz

Kate Weston

Professional Nursing Adviser NZNO

Paediatric Restraint, Minimisation and Safe Holding By:

Diane Havler NZ. Hospital Play Specialist. Reg.

As a Registered Hospital Play Specialist I was asked at short notice to comment on this provocative topic. I hope my view evokes discussion!

I believe there are several ways to prepare and distract a child and gain compliance for a procedure. It requires time and planning. Hospital Play Specialists have a range of skills that encapsulate the child's developmental and emotional level and appropriate resources available to support children. Part of our role is to model and transfer these skills to other professionals.

Paediatric Restraint has long been a concern. Enforced holding is a coercive technique that may serve the intended purpose to medical staff however demonstrates to the child that he/she has no control over the situation. The child is unable to initiate or elicit comfort or affection from their attachment figure.

Subsequently children who have been traumatised or abused are likely to be re traumatised. Parents who have an authoritarian/ coercive style of parenting could likely use this strategy modelled in the hospital setting at home out of context.

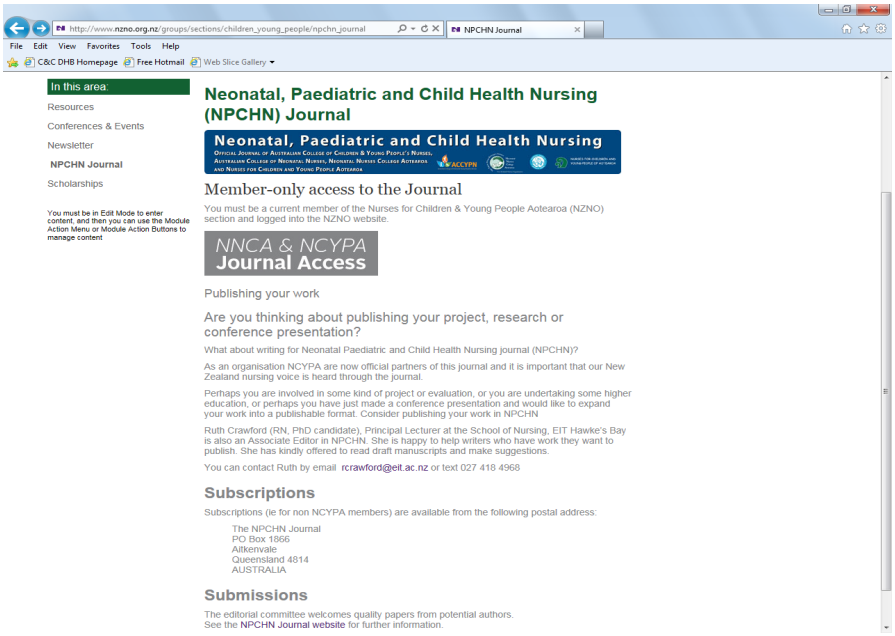
I do not participate in interventions when children are wrapped. I would like to see some evidence based research on controlled trials of wrapping and the relevant benefits before I have any part of it!

In my practice I have found that preparation and communication between all involved provide great outcomes for children.

Your Journal - the NPCHN Journal!

The latest NPCHN Journal (July 2014: Vol.17, No. 1) is now available for viewing/ downloading. To access the journal online:

Start at the NZNO homepage, at the top click on groups and then sections and on the left of the screen click on children and young people and finally on the left click on NPCHN Journal to get to the screen shot below. You will need to know your NZNO login and password to access the journal. If you have forgotten these, you can call the membership support line on 080028 38 48 to reset them.



Reminder– Journal Levy for Membership

As we are heading into a new area of becoming a college, this year we are introducing a journal levy for all NCYPA members of $20 per annum. Members may have already received an email or letter on the different ways they can pay this.

The levy will help set-off the cost of the Neonatal, Paediatric and Child Health Nursing Journal (NPCHN) in which we are partners with three other Australasian Paediatric and neonatal nursing organisations. You can navigate to the journal via the NZNO/NCYPA website. You need to know your NZNO login and password to access the journal. If you have forgotten these, you can call the membership support line on **0800283848** to reset them.

Professional Development Opportunities : Conferences, Meetings, Education

Be the Change

NCYPA Conference

NURSES FOR CHILDREN AND YOUNG PEOPLE OF AOTEAROA

7 November 2014

Celebrating and Leading Change

Nurse's contribution to improving the wellbeing of vulnerable children and young people

Any enquiries please email to: Webmasterncypa@gmail.com

Venue: Ko Awatea,
Middlemore Hospital
Auckland, New Zealand

NEW ZEALAND NURSES ORGANISATION

"Be the Change" NCYPA Conference 2014

Ko Awatea, Middlemore Hospital

PROGRAMME for 7th November

- Registration/ Meet and Greet
- Mihi / Whatkatau
- Chair Address
- **Keynote Speaker : Sarah Little. DON Starship Children's Hospital, ADHB**
- Sarah Little in her role as professional lead for child health at Starship is our Keynote speaker. We have asked Sarah to speak about future directions for child/youth health nursing in New Zealand, the importance of branding and what college status will mean for our organisation.
- **Panel Discussion: Chaired by Annette Dickinson** Auckland University of Technology Centre of Child Health Research
- A Directors of Nursing Panel will consider and provide prospective on the below topics via a series of questions:
- **'Planning for future child health care' 'Child Focussed, Family Centred and Confidential'**
- NCYPA founding members – Moving forward to become a college
- **AGM –** your opportunity to vote on NCYPA remits and celebrate with us our new Collage status**.**
- Annette Dickinson – Book launch
- Ruth Crawford, Jane Stein-Parbury, Denise Dignam. University of Technology, Sydney. "we're not fine" : Parents' and nurse' of a child in hospital perspectives of emotional communication
- Tracey Bruce, Becky Conway, Alison Duggan & Kate Mullord, Olivia Sanders CDHB. From pharmacy to the child: medication safety is everyone's responsibility & Medication safety starring the paediatric nurse.
- Julie Carroll, Diane Murray. CMDHB. Child abuse and neglect – the clinical nurse specialist "an agent for change"
- Gemma Pickering, Annette Dickinson. AUT. Communicating with children using "art based" methods: the potential for nursing practice
- Karyn Sanson. Starship Childrens Hosptial, ADHB. Can we meet the expectations of informed medical consent in the child in protective guardianship?
- Janice Crone. CMDHB. "Korero Ngatahi" (talking together) - Working in Partnership with Whanau of Transgender Young People to Develop Services
- Jacqui Finnigan. Family Options Respite Programme, ADHB. *Navigating funding to ensure caring for children with complex health needs is sustainable for families at home*
- Plus poster presentations!

Rheumatic Fever Guidelines Update 2014:

The Group A Streptococcal Sore Throat Management Guideline: Update 2014 is an update of the 2008 Guideline. This is accompanied by the updated Sore Throat Management Algorithm. The update of the Diagnosis, Management and Secondary Prevention Guideline will be published shortly.This page on the Heart Foundation Website outlines the new guidelines and patient resources available:
http://www.heartfoundation.org.nz/programmes-resources/health-professionals/

Guidelines: Professional Boundaries

The booklet Guidelines: Professional Boundaries discusses the sometimes challenging but critical issue of professional boundaries in more detail. It is designed to be read alongside the Code.

The key message of both documents is that nurses must make the care of patients their first concern. To do this effectively, they must maintain professional boundaries. Nurses are expected to familiarise themselves with the Code and the Guidelines and incorporate these standards in their practice. Over the next three years, as part of the continuing competence requirements, all nurses will be required to complete professional development on the Code of Conduct and professional boundaries. Nurses are also able to access an e-learning package on the Code developed by the Canterbury and West Coast District Health Boards. To access the course users will need to select the 'login as guest' option.

A series of interactive presentations is currently being planned around the country to support nurses in meeting this requirement and to foster examination and discussion of the new principles and guidance. Online learning is also being explored as a way of making education available to all nurses, whatever their place or time of work.

Code of Conduct:

The Code is framed around four core values – respect, trust, partnership and integrity – and eight primary principles. It is a practical document that clearly describes the conduct expected of nurses. Without the public's trust and confidence in the profession, nurses cannot fulfill their role effectively. This means that what is personal and what is professional will inevitably overlap.

Professional development on the Code of Conduct and the Guidelines: Professional Boundaries needs to be completed by end of July 2015. Nurses are expected to include this information on their professional development record which will be assessed as part of their PDRP or may be requested by the Council if they are selected for the recertification audit.

E-Learning Package (Canterbury and West Coast District Health Board)

All Nurses are also able to access an e-learning package on the Code developed by the Canterbury and West Coast District Health Boards.

ACCYPN
Australian College of Children & Young People's Nurses
CONFERENCE 2014

F&P Education

We're taking education to the next level.

Fisher & Paykel Healthcare has a long history of supporting the educational activities of the clinical community. We are proud to now be taking our education to the next level, by offering you new online cloud-based services, located conveniently on our website at www.fphcare.co.nz/education.

This is the new home of all your seminar registrations and also offers a selection of on-demand training courses, informative webinars and document resources. Access all these features and more:

- On-demand access to online clinical education and product training courses
- Browse local educational events and book yourself to attend
- Your own personal record of course completion and event attendance certificates
- Make group reservations for your colleagues to attend events together

Watch and participate in webinars led by global key opinion leaders

First Children's Teams

Children's Teams are designed to be flexible and unique to the communities in which they are established. They will evolve over time as the team learns what works and what doesn't, and what works best in that area and for the children they support.

Rotorua and Whangarei are the first 'demonstration' sites for Children's Teams. They were chosen because there is strong support for working in this way with vulnerable families. They are also considered 'high-needs' locations.

More sites are planned for 2014, and by 2017 children's teams will be operating in regions throughout New Zealand.

More information can be found at : http://childrensactionplan.govt.nz/

NZNO Conference 2014 Feedback

I recently had to privileged to represent NCYPA at the NZNO Conference in September 2014 here in Wellington.

Day one was College and Section Day which was a great learning curve for me and a chance to network with members of other colleges and sections. I learnt more in-depth about the benefits of belonging to an NZNO national section or college and that sections and colleges are to provide expert knowledge and advice to the government and other national bodies, participate in the development of evidence-based guidelines and specialty competencies, advance practice through policy, professional development opportunities and to keep you informed through newsletters and publications.

Nurses for Children and Young People of Aotearoa are soon to become a College and understanding exactly what this means. Current Membership for NZ is 721. The main professional issues NCYPA face at present, final progress to college status, engaging with membership in a variety of formats, building alliances with other organisations involved with children, levy charge for NPCHN Journal and document management and storage.

Activities NCYPA are active in: Newsletter-CYPress, website-upgraded after 2013 membership survey, Facebook launched after membership survey in 2013, conference 7th November 2014-Auckland –celebrating 20 years since formed, AGM 7th November 2014 at conference, document reviews and submissions, education and becoming known.

Day two covered, what is NZNO and what do they do? AGM, constitution remits, a panel debate "Substitution is good for nursing" and NZNO Awards.

Day three speakers included Lee Thomas Federal Secretary of the Australian Nursing and Midwifery Federation, she delivered a powerful and inspiration talk about the strength within unions with large memberships and presented an excellent light hearted video clip to increase membership which can be found at: http://www.youtube.com/watch?v=x9PU988mVgs.

- A political Panel- for a question and answer session.
- A workshop on addressing disparities of health access for Maori Elders in a culturally coherent model of care- a nurses innovative approach and Professor Philippa Gander- spoke on shift work and fatigue. This is a health and safety risk and should be listed as a hazard in the work place.

Thank you to NZNO/NCYPA and the CCDHB for supporting my attendance.

Leaha North, Paediatric Nurse Educator , CCDHB