August 2023 | criticalcarenurses@gmail.com

Critical Comment

New Zealand College of Critical Care Nurses

Contents

Message from the Chair

Tania Mitchell

Welcome to this edition of the Critical Comment newsletter for 2023.

Firstly, I would like to acknowledge the pressure everyone is under professionally, and I hope that the winter illnesses are nearing a peak. Thank you for your dedicated work and professionalism. We are facing yet again a time of uncertainty and undervaluing regarding our contract, both our MECA and the protracted pay equity review and negotiations. This is a time to be involved, be informed, and vote to ensure your opinion counts. We have one chance with pay equity, so let's do not only what is right for us personally, but more importantly, think of our future nurses, as what we do now has such an impact on the future of nursing in Aotearoa.

In March, Dunedin hosted the NZCCCN "When things go South" symposium. This was an excellent opportunity for nurses to come together again and enhance their knowledge. We received some excellent feedback from the day. Huge thanks to our committee member Alicia Osland and her team in Dunedin for organising this. We were pleased to be able to award several scholarships to nurses from around the country to attend.

In terms of committee work, there are a few larger pieces of work underway at the moment. Recently we emailed for feedback on the Position Statement on the definition of critical care outreach nursing and Critical Care Outreach Forum: Quality and Operational Standards for the Provision of Critical Care Outreach Services. The Aotearoa/New Zealand Critical Care Outreach Forum (NZCCOF) has developed the operational standards to provide a standardised framework that will guide the implementation and delivery of Critical Care Outreach (CCOS) or equivalent services across Aotearoa/New Zealand. NZCCOF is a special interest group within NZCCCN and therefore we are seeking all NZCCCN members to review and have input into this new document before it is published. Thanks to the outreach forum and their team who have put this important document together.

Secondly, the work of the critical care sector advisory group to Te Whatu Ora is ongoing. This group will be merging towards a clinical network as part of Te Whatu Ora clinical network plan recently announced. The major work stream of relevance is building the nursing workforce. Advocating for, and supporting, streamlining of international recruitment pathways has been ongoing. Te Whatu Ora 2022-2023 investments include:

- additional nurse educator FTE
- clinical coach – the new role (for most) to help provide point of care teaching and support for both novices and experienced ICU nurses
- additional, ring-fenced for ICU, funding for post-graduate and vocational training

These investments have been rolled over for the 2023-2024 financial year. This is to both support successful recruitment of nurses, in addition to assisting with retention. The separate funding (additional to HWNZ funding) for post-graduate and vocational study has been doubled this financial year. Every unit across the country has this funding. I encourage you to ask your manager about accessing this if you wish to study, and contact me at criticalcarenurses@gmail.com if you are having difficulty accessing this. This is a unique opportunity where additional funding is available and the directive from Te Whatu Ora critical care advisory group on how this is to be used is clear.

Our committee welcomes Nayda Heays from Hawkes Bay ICU as a member of the Māori intensive care community. Nayda is a staff nurse and has extensive involvement within NZNO, representing both Te Rūnanga and Te Poari, in addition to Māori leadership roles at both the local and national level. We welcome Nayda and the perspective she will bring to our committee and the work that we are doing. She is seconded onto the committee until our next AGM.

We usually hold our AGM at the New Zealand ANZICS conference. Due to the uncertainty of this again in 2023, we are likely to hold this AGM again online. This will be discussed at our committee meeting in August and we will be in touch with plans surrounding this.

We are still looking for some help as a social media champion. We are searching for a member who is confident with social media to help us communicate in more modern ways to our membership. The content would be formed in collaboration, we simply need someone who is up with the technology to help us. Please email me at criticalcarenurses@gmail.com if you are keen or would like to know more.

Noho ora mai
Stay well, look after yourself, goodbye.

Tania Mitchell
Chairperson NZCCCN

Message from the Vice Chair and Editor

David Aveyard

Hi and welcome to another addition of Critical Comment. This is a publication aimed at critical care nurses, produced by the NZCCCN team with contributions from critical care nurses throughout New Zealand.

This edition of Critical Comment has two contributions from critical care nurses on a variety of topics. Michael Sutton who writes about wellbeing, is an ACNM at Te Puna Wai Ora/ Southern Critical Care at Dunedin hospital, he holds the Wellbeing, Communication and Culture portfolio. Alexis Maxwell is a donation link nurse at Wellington Hospital and writes about tissue donation in New Zealand.

We are keen to meet your training and education needs as members of NZCCCN, therefore the NZCCCN committee are reviewing how we provide education to our members. To enable us to do this we are asking all NZCCCN members to complete a short survey monkey which will be sent out to all our members within the next few weeks. The information received from this survey will help guide how and where we provide education to our members in the future.

We are always looking for contributions from NZCCCN members for the Critical Comment. If you are involved in a research project, change of practice, or anything of interest which you think other NZCCCN members would like to read about, please contact us on our email at criticalcarenurses@gmail.com. I would also like to welcome Nayda Heays to the NZCCCN committee.
Thanks, and enjoy the read.

David Aveyard
Vice Chairperson and Editor NZCCCN

Welcome new committee member: Nayda Heays

He uri āhau no Ngāi Tuhoe me Ngāti Awa. Kei Ahuriri āhau e noho ana. He Neehi Māori āhau. Ko Nayda Heays tōku ingoa.

My name is Nayda Heays, I am a Registered Nurse at Te Whatu Ora Te Matau a Māui Hawke's Bay in the Intensive Care Unit and Clinical Specialty Nurse on the Patient At Risk Service.

I have been a member of Te Rūnanga o Aotearoa since undergraduate and a delegate ever since. I am the Chairperson of Te Matau a Māui for Te Poari.

I feel privileged to be a part of a kaupapa that ensures the voices of Māori in health are heard and to collectively actualise Te Tiriti o Waitangi in the health sector. My focus is to improve the livelihood of our members, our hapu, and our Iwi.

Mauri Ora.

Wellbeing, Communication and Culture
Michael Sutton

I'm Michael Sutton, an Associate Charge Nurse Manager in Te Puna Wai Ora / Southern Critical Care at Dunedin Hospital. I recently presented on 'Meeting the Challenges of On-Boarding Multiple Team Members from Multiple Cultural Backgrounds' in Dunedin for Australia and New Zealand Intensive Care Society 2022 Conference. It was a pleasure to present to this group, as it is to present this for the NZCCCN Critical Comment newsletter.

As part of my role as an ACNM I hold the portfolio for Wellbeing, Communication and Culture. I have always enjoyed what I've been a part of as a Registered Nurse, particularly for the people I've worked with, both colleagues and of course the patients and their families that I've cared for. Over time I naturally gravitated towards a leadership role as an ACNM, and I also gravitated to this portfolio because of my passion for looking out for and looking after my colleagues and I have seen time and time again the value in doing what we can to help look after each other.

My father has done a lot of work as a manager and I have always remembered him telling me that one of the most important parts of an organisation is the employees doing the frontline work, and the significance in valuing and showing value and respect to those people. That always stuck with me, and in healthcare this is no different. It was really no surprise that I put my hand up to work on this ACNM portfolio so that I could contribute to taking care of our team.

I began my work on Cultural Safety after being delegated some objectives from our Second in Charge Nurse Manager at the time in 2019, and culture was subsequently added to my ACNM portfolio formally in 2022. Her view was to explore our team's cultural differences so that our team is resilient and everyone is respected, and with this in mind giving us a solid foundation to work from when caring for our patients. From here I started our Cultural Safety Working Group and we formed three objectives:

- To understand the different cultures within our team and what this means on a day to day basis (*in achieving this our goal was to ensure a team of individuals who are aware, understand and respects one another's cultural differences*)
- To understand how our cultural differences affect the way in which we safely deliver care to our patients
- To review the Te Puna Wai Ora / Southern Critical Care environment and evaluate the need for changes and additions to things such as signage, visiting waiting areas (*with the view to ensure that our physical space is culturally safe for patients and their families*)

When our Cultural Safety Working Group was starting up I called for expressions of interest from our team, and our group was then comprised of ten RNs with experience levels ranging from junior to senior and the group was culturally diverse. Since then the group has undergone change and was formalised to a Special Interest Group (SIG) and is now made up of four Registered Nurses, an Administration Officer and a Senior Medical Officer (Intensivist), with myself as ACNM lead. It took some time for the group to gain momentum but our work has developed over time and we have produced some really exciting and positive work. We now have a Terms of Reference document, hold monthly meetings with agenda items and a quorum, and we delegate our various work to ensure all members are active and producing end results.

We began our work by producing a survey and the group submitted questions that they thought should be included, then I compiled these into an easy to access, anonymous, online survey. Anyone that knows me at work knows that I love to put together a good survey, and the more time I spent on the survey and coming up with questions, the more I wanted to ask and find out about. By the time I completed the survey I had compiled a survey of 40 questions and I still felt I could ask more!

Despite the survey being quite large we got a really good response and it gave us a really good snapshot of our team from a cultural point of view. This was data that we had never had access to before, during a time when

our team was the most culturally diverse it had ever been in the history of our Intensive Care Unit. Since this time we have produced a number of pieces of work that showcase our team's cultural diversity and provided resources for our team to reference to and learn from. This includes a map of the world board which shows where our staff members are from, from around the world. We have produced a Cultural Safety Resource Folder which we continue to build up with cultural safety related exemplars, learning resources such as relevant published articles, guidelines and resources about Māori Health and Cultural Competence etc. We have used our teams Education Board for monthly rolling education displays and are in the process of planning for our next display. We are including a Cultural Awareness Staff Profile each week in our staff newsletter so our staff can read about each other, where we are from and what is culturally important to us, and these profiles are printed and kept in a folder for our staff to look at in our staff room. We have also produced an online Microsoft SharePoint (organisational intranet) page for Cultural Safety resources that staff can access online both at work and from home on computers or mobile devices.

Our current work includes developing a feedback form for our patients and their families so we can learn more about their experience with us from a cultural perspective and we are looking at our physical work environment and visitor waiting areas and are making plans for changing our signage to include Te Reo Māori. We are also in the process of commencing a Cultural Safety SIG monthly newsletter. Our Cultural Safety SIG is really proud of the work we have done so far and is excited about what we will achieve in the future. We are very open to ideas from around the country so would love to hear from anyone throughout New Zealand doing similar work in cultural safety that they think we could use to benefit our patients, their families and our team and equally we are happy to share our work and ideas with anyone who is interested.

During my presentation to ANZICS, I talked about how in preparing for the presentation I interviewed a number of colleagues from our team from different parts of the world to gain a better understanding of their experience of moving here from somewhere else. This gave me some really interesting perspectives and understanding of what it's like to join a new team in a new place and I would encourage all teams to consider doing the same in order to better understand their staff members' experiences and gain a better understanding of where they have come from.

It was incredible to hear from my colleagues about their experiences of how different the ways in which they had worked in previous workplaces, and how these contrasted to how we work here in Dunedin. This included how different interpersonal relationships and interactions were for them, particularly with other members of the health care team. Another interesting subject that came up was how different their level of practice autonomy had been and again how different this can be to how we are used to working here. In regards to the subject of 'Meeting the Challenges of On-Boarding Multiple Team Members from Multiple Cultural Backgrounds' - I believe one of the biggest challenges for any team undergoing any amount of new recruitment from different backgrounds, is how to accommodate those new cultures, how to embrace them and how to respect and understand them.

Another challenge is how you support staff from other cultures to integrate into an existing team, how to make them feel welcome, how to support them so they feel empowered to speak up and be open and transparent with us, how to not impose our own culture upon them and also how to learn from the experience and knowledge they come to our team with. Our ways of doing things and our ways of providing healthcare to our patients and their whanau can be significantly different to the way new members of our team might be accustomed to providing healthcare to their patients previously. This experience in itself is an opportunity to learn about different ways of working, because the way we do things isn't necessarily the only way to do things, and this provides us with a huge opportunity to better our own work and embrace the knowledge and skills of others. I believe that the biggest challenge in this area is to understand the cultures of those we are welcoming into our team. This understanding can then equip us with the knowledge we need to support the needs of those cultures, and in doing so also valuing their wellbeing because as we know culture and wellbeing go hand in hand.

The way in which we can understand our colleagues' cultures is to start conversations and actively find out more about each other. We need to talk to our staff, starting at our recruitment and interviewing processes, hearing from staff once they start working with us and engaging in conversations during times such as orientation programs. One thing our Charge Nurse Manager team does is to put newly recruited staff in touch with someone already in our team, often of the same or similar cultural background, that they can network with as they prepare to join our team. We believe showing and providing this kind of support has the power to provide the staff member with valuable reassurance and support and this also illustrates that we care for and value our people from the get-go.

We can learn so much from our staff through the establishment of things like our Cultural Safety SIGs, creating resources and raising our awareness of our cultural differences. We need to be mindful that our new colleagues who have relocated to join our team can experience significant stress during a time of huge change and adapting to a new home and working environment, some of whom are joining our community with their family. It is important that we value the wealth of knowledge and experience that they come to us with and the opportunity we have to learn from this and understand our colleagues better. It is vitally important that we not underestimate the significance of the cultural challenges that our new colleagues will face when joining our team and we need to make every effort to better understand this so we can care for and accommodate all cultures into our team and value and respect them.

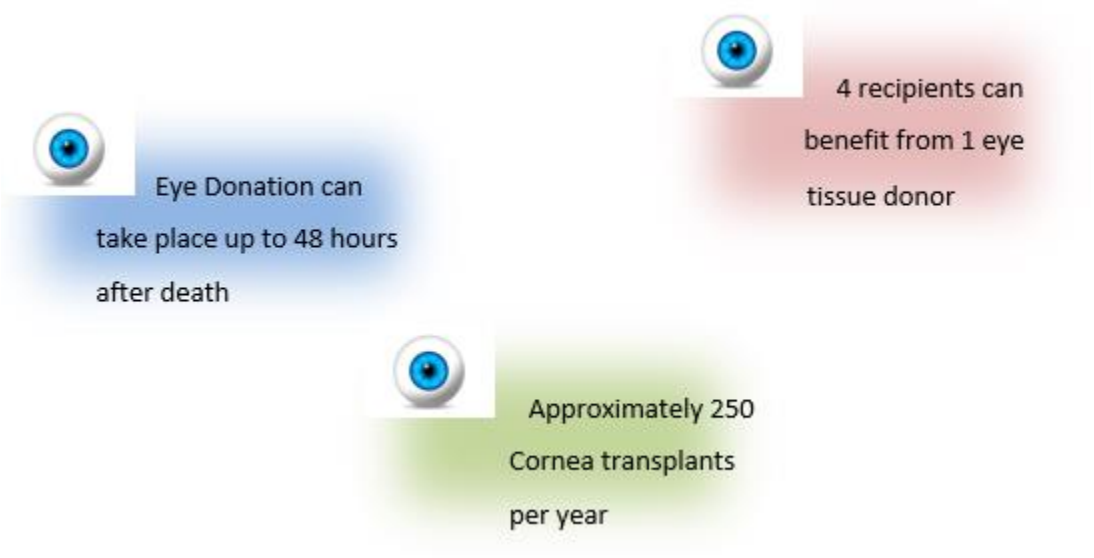
Michael Sutton
Associate Charge Nurse Manager
Te Puna Wai Ora / Southern Critical Care
Dunedin Hospital
Te Whatu Ora Southern.

This forum is free to attend. To access the registration form and program for the day please go to the NZCCCN web page, under Outreach nurses.

Tissue Donation

Alexis Maxwell

Tissue donation in Aotearoa New Zealand (NZ) refers to the donation of eye tissue, skin tissue and heart valves. Tissue donation is mostly discussed in conjunction with organ donation conversations for patients in an ICU setting. However, it deserves explanation and discussion as a stand-alone donation opportunity that should be offered to the whānau of dying patients throughout the hospital and in the community. Despite having been around for many years, tissue donation is not well understood by both medical professionals and the public. Tissue donation can restore function and enhance the lives of many recipients however, recent statistics report less than 1% of the deceased population donate tissues (Ministry of Health, 2017).



When a person dies, deceased tissue donation may be possible in most circumstances. Donated tissues can be retrieved up to 48 hours following death as the tissue does not depend on an intact blood supply to maintain integrity and is transplanted in an avascular state (ODNZ, n.d.). Eye donation restores sight and eye function for up to four recipients; the corneas can restore sight for people with corneal disease and sclera is used for reconstruction after trauma or removal of tumours (Organ Donation New Zealand, 2020). Donated skin is used for dressings when treating severe burns and can be stored for up to one year following donation (ODNZ, n.d.). Heart valve tissues benefit babies in their first year of life as well as young adults who require valves or patches due to congenital heart diseases. Heart valves can be retrieved from the explanted hearts of heart transplant recipients or from donation following death. Heart valve donation may be possible for patients under 60 years old, and skin and eye donation may be possible for patients between the ages of 10 and 85 years old.

The Australian and New Zealand Intensive Care Society (ANZICS) statement on death and organ donation (ANZICS, 2019) would like tissue donation to be considered for all dying patients in hospital. Both internationally and in Aotearoa NZ, there is an increasing need for donated tissues that exceeds supply and it is sometimes necessary to import tissue for transplantation when tissue bank numbers are low (Kim et al., 2017). For health professionals the main barriers to tissue donation discussions include a lack of knowledge of the process and uncertainty about patient eligibility for donation. Limited understanding of the process is also a barrier for whānau consent, alongside fear of disfigurement and cultural or religious reasons (Potter et al., 2017). This is evidenced by low tissue donation numbers, which are a result of lack of requesting by health professionals rather than a lack of potential donors (Sque & Payne, 2007, Kent, 2007).

Throughout Intensive Care units in Aotearoa NZ there are donation link teams consisting of nursing and medical professionals who receive education and training to help recognise and improve donation opportunities. These teams work closely with Organ Donation New Zealand (ODNZ), a specialist organisation

that coordinates a national 24-hour organ and tissue donation service. The primary responsibility of ODNZ is to coordinate the donation of organs and tissues from deceased donors in Aotearoa NZ for transplant units and tissue banks in Aotearoa NZ and sometimes Australia. In Wellington, the donation link team has five nurses and a senior medical officer (SMO) who work closely together to facilitate donations and to maintain and improve organ donation procedures and standards.

In response to low tissue donation numbers and as part of a nursing Masters Clinical Project, Wellington ICU has introduced nurse led tissue donation discussions and a Tissue Donation Support Nurse role. This initiative aims to increase tissue donation from dying patients in our ICU by making these discussions part of all end of life conversations. Previously all donation conversations have been led by appropriately trained medical staff in Wellington ICU, acknowledging the sensitivity of donation conversations with whānau. This project realises the potential of nurse-led tissue donation conversations and that nurses with specific training and experience represent an untapped resource that could have a significant impact on the tissue donation process. Caring for families who have a loved one die unexpectedly or whānau who face decisions about withdrawal of treatment is a common phenomenon for critical care nurses (Mills & Koulouglioti, 2015). Nurse-led tissue donation conversations acknowledges the rapport and therapeutic relationship that nurses build with whānau and utilises the expert communication and relationship skills of nurses to initiate these sensitive conversations (Dorflinger, Auerbach & Siminoff, 2012).

To facilitate this change in practice a study day was developed that provided training in recognition and referral of potential tissue donors. There were education sessions on communication and importantly, simulation training of the donation conversation with a lay volunteer. This study day received excellent feedback and was an effective way to develop skills in a safe environment. Support and buy in from the leadership team in the unit was important in helping the change process. In addition, collaboration between the Intensive care team, ODNZ and other departments in the hospital such as Ophthalmology and Mortuary was key.

Since starting the project, there is early evidence of increased tissue donation conversations occurring in Wellington ICU and a substantial increase in eye tissue donations from our unit. The initiative has helped raise general awareness among staff and has cemented the change in practice and culture in our unit as nurses regularly identify and engage in tissue donation conversations.

Alexis Maxwell
Donation Link Nurse
Wellington ICU

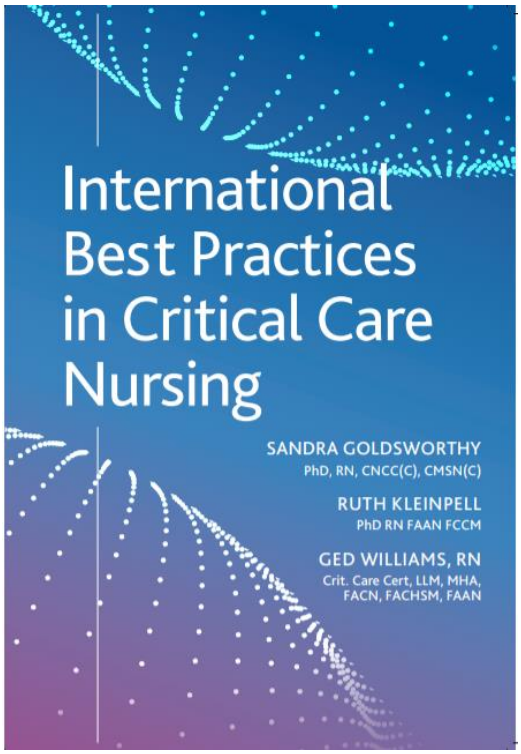
Message from the WFCCN for WFCCN Members

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

Access the E-book here.

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

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



New Zealand College of Critical Care Nurses [NZNO]
2023 national committee members

Member	Role	Region
Tania Mitchell	Chairperson	Central
David Aveyard	Vice-chairperson/Critical Comment	Midlands
Rachel Atkin	Treasurer	Midlands
Rachel Yong	Secretary	Northern
Richard Ferreira	Consultation Documents	Northern
Alicia Osland	Membership	Southern
Diane Pollard	Committee	Mid-Southern
Nayda Heays	Committee	Midlands
Angela Clark	Professional Nursing Advisor	NZNO

Update your NZNO or NZCCCN Membership

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

Thank you to Dr. Rebecca Jarden for Critical Comment editorial support [2016 - current]