

# Critical Comment

## New Zealand

### College of Critical

### Care Nurses



#### Message from the Chair

As we head towards the end of the year I would like to wish everyone a very happy Christmas. This year has been another busy one for the NZCCCN national committee and we anticipate the same in 2017.

Last month we had our 2nd Critical Care Skills Workshop in Waikato. The presentations on a wide range of topics were stimulating, informative and seemed to be valued and enjoyed by those attending. Although the workshop was smaller than originally anticipated, this worked in our favour, as the construction at the simulation centre had not been completed. Thank you to all those who attended. I would also like to acknowledge the wonderful support we received from all the presenters who so willingly shared their time, skills and knowledge with us.

In October I was fortunate to attend the ANZICS ASM in Perth. It was an educational and enjoyable conference and in a great venue - Perth was stunning. A huge congratulations to Alison Pirret (NP, Critical Care Complex, Counties Manukau DHB), who won the Best Nursing Free Paper. Alison presented her research on the effectiveness of nasal high flow oxygen therapy in ward patients.

Next year the NZCCCN committee will be focusing on our updating our Education Standards. This is a huge body of work. If this is a particular area of interest for you, please contact us and see where you can potentially be involved.

I hope you have a very happy and safe Christmas and best wishes for 2017.

Dayle

#### Committee Members December 2016

NZ COLLEGE OF CRITICAL CARE NURSES [NZNO] COMMITTEE MEMBER LIST				
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Committee	Sarah	Walker	2 <sup>nd</sup>	Midlands
Committee	Rodney	Bowen	1 <sup>st</sup>	Southern
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NZCCCN

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New Zealand College of  
Critical Care Nurses

## Letter from the Editor

I don't know about other areas, and it would be interesting to hear from you all, but this last quarter of the year has been very busy indeed. We have had new staff, complex patients and staff leaving. I know this is the same for all of us in the ever-changing area of critical care. We get through it with our teamwork and resilience within each unit. I have often wondered how we could utilise our networks around the country to help in stressful times like this? No, I don't have any answers but think it would do us no harm to start talking about it.

The committee have had a very busy time getting ready for and presenting the workshop in November. It was a success and the feedback has been very good for developing the next one.

Next year we have the ANZICS conference in Wellington in April. Check out the advert at the end of the newsletter. I am really looking forward to it, hope to see some of you there.

Steve

## Hui Naahi O Maori October 26th 2016

Tihe mauri ora.

Ko Marotiri toku maunga, ko Mangahauini toku awa, ko Horouta toku waka,  
Ko Ngati Porou toku iwi, ko Te Aotawarangi toku hapu, ko Te Ariuru toku marae.  
Ko Vivienne Walker ahau.

Earlier this year the professional development day for all Maori Registered Nurses was held at Waitakere Hospital Marae. This day involved presentations and discussions around topics of Maori nurses and health policy, the value of Maori nurses to DHB organisations and how Maori nurses are valuable in improving the health of the Maori population. Amongst the discussions involving government and DHB policy were presentations and discussion about Rongoa Maori (traditional Maori healing) and healing touch.

Carol Dewes' (Maori Nurse Practitioner) presentation on weaving tikanga into practice was inspiring and encouraging. Her discussion was practical and supportive in how we already practice our tikanga and gave ways to further acknowledge and develop. The overriding principle was whakamana tangata – everyone has mana / respect.

During the day, some of the speakers included Dr Kathy Glasgow (Chief Nursing Office), Dr Linda Chalmers (ADHB), Dr Jocelyn Peach (WDHB), Taima Campbell (Nga Manakura o Apopo) and Hemaima Hughes (President National Council of Maori Nurses).

This varied day was rich in the knowledge presented and discussed. The support and encouragement over the day with shared kai was restorative to many others and myself included. I wish to acknowledge Dianna McGregor's support and sharing of her senior nurse portfolio. This portfolio from a Maori perspective was very enlightening and creative.

I wish to also acknowledge that Waitemata DHB, Auckland DHB with Te Kaunihera O Nga Neehi Maori (National Council of Maori Nurses) supported this day.

Recently I presented a verbal report with the resources we had been given, at my workplace Department of Critical Care, Auckland City Manager. My aim of sharing the hui was to encourage other Maori nurses to attend and to share a positive worldview of Maori nursing.



Te Kaunihera O Nga Neehi Maori O Aotearoa  
National Council of Maori Nurses

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Congratulations to Dr Alison Pirret for being awarded the Best Nursing Free Paper Prize at the October 2016 ANZICS/ACCCN Annual Scientific Meeting in Perth, Australia. Alison presented a collaborative research by physiotherapists and the Patient at Risk team on the Effectiveness of Nasal High Flow Oxygen Therapy in the Ward Patient.

## National Deteriorating Patient Programme

### *Alison Pirret*

Nurse Practitioner Intensive and High Dependency Care  
 NZCCCN representative, HQSC Deteriorating Patient Programme Expert Advisory Group

Early in 2016 the NZCCCN responded to the Health Quality & Safety Commission (HQSC) document *The deteriorating adult patients: current practice and emerging themes*. In response to this document the NZCCCN supported a national approach to identifying and responding to deteriorating patients, a national early warning scoring system and advanced nursing practice roles, with nurses

having key roles in response teams, including nurse-led teams. Since that time the HQSC have gained funding for a national Deteriorating Patient Programme.

The HQSC Deteriorating Patient Programme aims to improve the recognition of, and timely responses to, clinical deterioration for adult inpatients. The Deteriorating Patient Programme is a five year programme that consists of a number of work streams that include:

- A national vital signs chart
- Appropriate rapid response systems
- Patient and family/whānau escalation
- Goals of treatment

The first phase of the project is the national vital signs chart, which will be trialled in five DHBs in early 2017. The DHBs include: Auckland, Hauora Tairāwhiti, Whanganui, Nelson Marlborough and Canterbury.

The Clinical Lead for the Deteriorating Patient Programme is Alex Psirides who is an Intensive Care Medical Specialist in Wellington ICU. To aid successful implementation of these work streams, the HQSC have formed an expert advisory group which includes consumers and representatives of professional groups, such as the NZCCCN, College of Emergency Nurses, Royal Australasian College of Physicians, Australasian College of Emergency Medicine, College of Intensive Care Medicine and Royal Australasian College of Surgeons and The NZ Private Surgical Hospitals Association. Currently regional and local groups are forming to look at successfully implementing the above work streams in regions and hospitals. This is a great opportunity for critical care nurses and outreach nurses to be involved in this project, either at implementation level, being part of a hospital rapid response system or leading a rapid response team.

More information on the Deteriorating Patient Programme is available on:

<https://www.hqsc.govt.nz/our-programmes/other-topics/new-projects/the-deteriorating-patient/>

# Abstract of Interest

## ANTIMICROBIAL STEWARDSHIP: WHAT IS IT AND WHAT NURSES CAN DO?

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Staff Nurse Department of Critical Care Medicine Auckland City Hospital

Antimicrobial resistance (AMR) is now a growing problem globally. We are now on the verge of post-antibiotic era – some of our current antibiotics are no longer working to some infections. In the New Zealand context, there is a smaller incidence of AMR compared to other countries; however, the rate is rising (Thompson, 2013; Thomas *et al.*, 2014; Ministry of Health, 2016). The risk of AMR – directly linked to the use of antibiotics, is always present and with antibiotic overuse, the risk even gets higher.

Antimicrobial stewardship (AMS) or appropriate antimicrobial management refers to a multidisciplinary approach to combat the growing problem of AMR associated with antibiotic overprescribing (Infectious Diseases Society of America, 2015; World Health Organization, 2015). The roles of physicians and pharmacists are very well established in AMS. Other than being infection control practitioners, our role as nurses in AMS is not very well understood.

This was the focus of my research for my Master of Health Sciences at The University of Auckland. A total of 298 registered nurses of diverse backgrounds across Auckland completed the online survey, with 22% (66/298) particularly worked in intensive care and high-dependency units. The majority felt they had “average” knowledge of antibiotics, antimicrobial resistance and antimicrobial stewardship, and a small minority (<5%) felt they had excellent knowledge in any of these areas. Knowledge was lowest regarding AMS – 146/298 (49%) reported “below average” or “poor” knowledge.

In this study, I have identified potential nursing roles where nurses can make a difference in the appropriate use of antibiotics. As nurses, we have the potential to influence appropriate antimicrobial use by getting into discussion with the medical team if antibiotics prescribed are warranted or if duration is appropriate as recommended, facilitating antibiotic time-out and identifying if actual infection is addressed rather than colonisation. These roles focus on active nursing involvement in antimicrobial management, being the main administrators of prescribed antibiotics and for having the most constant presence with patients compared to other health care providers.

Despite the presence of AMS programmes in the three DHBs in Auckland, 84% (251/298) had not heard of AMS being implemented in their workplaces – suggesting the need for further information and educational drive. All respondents ( $N=298$ ) suggested that education and training of AMS should be implemented in the clinical setting so that the framework can be effectively embedded in clinical practice, and 99% (294/298) proposed learning strategies to be facilitated in the workplace.

The study recommends education on AMS in all levels and support from all stakeholders is necessary. As a profession, nursing is ever-changing for positive clinical outcomes from the early to the contemporary times. Just like the evolution of bacteria, our role as nurses should remain as dynamic and should evolve responsive to the call of times. Educational needs on these key roles of nurses should be addressed immediately in response to the imminent threat of AMR.

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### References:

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



### Update your NZNO or NZCCCN Membership

If you move address, change your name; change your job/position etc., or no longer want to be a member of a college or section, you need to actively update your details with NZNO. If you do not do this your membership details for NZCCCN will be incorrect. In our experience NZNO members are not aware of this process. The NZCCCN are working on solutions, but would like to request that if you no longer wish to be a member of NZCCCN, or you need to update your details that you contact NZNO directly. You can do this by emailing Sharyne Gordon: [SharyneG@nzno.org.nz](mailto:SharyneG@nzno.org.nz) with NZNO number and a simple request to alter your details or remove you from the membership database.



### Nurse Unit Manager, Department of Critical Care Medicine (DCCM)

We are looking for an experienced senior nurse to join our dynamic and progressive team as a Nurse Unit Manager.

You will be a senior nurse, with extensive general ICU experience and a keen interest in nursing leadership. You will have a proven track record demonstrating innovative thinking, patient focused care, change management, and support the Auckland DHBs values. Your key accountabilities will focus on:

- Clinical leadership across the Intensive Care and High Dependency Unit settings
- Management of the day to day care delivery across the department
- Supporting the wider hospital to ensure care delivery across services.
- People management which consists of nursing, clerical and support staff
- Financial performance
- Quality and patient safety
- Innovation and improvement
- Your own professional development.

As a clinical leader you will possess:

- Strong leadership skills and work well as part of the multidisciplinary team
- Excellent management and organisational ability
- The ability to manage and lead service change
- A positive attitude towards innovation
- Excellent interpersonal and communication skills and be dynamic and enthusiastic
- Knowledge of resource management
- Extensive senior nursing intensive care experience
- A current APC

For more information, please contact Brenda Clune, Nurse Director at [BClune@adhb.govt.nz](mailto:BClune@adhb.govt.nz) Apply now at [www.careers.adhb.govt.nz](http://www.careers.adhb.govt.nz) quoting job title and reference number CEN00931. Please attach a Cover Letter and your latest CV. Click here for a position description [Auckland DHB is committed to the application of the Vulnerable Children Act 2014 and its intent to improve the safety of all children.](#) This position is a Children's Worker role as defined by the Act. For assistance with the online application process contact Pieter Erasmus, Recruitment Consultant at [perasmus@adhb.govt.nz](mailto:perasmus@adhb.govt.nz) or call 0938-0401.

Applications close: 24 February 2017

### 2016 ANZICS / ACCCN ASM Conference

This year the ANZICS / ACCCN ASM conference was held in Perth, Australia. I was one of the delegates with some my colleagues from the Department of Critical Care, Auckland City Hospital.

Prior to the conference start, some of us visited the ICU at Charlie's Hospital (known formally as Sir Charles Gairdner Hospital). Charlie's ICU was very welcoming and open. Thanks to Marlene Maxwell (CNC), Jacinda Smit (Nurse Manager) and Mary Lynch (CNC Organ & Tissue donation) for the time they spent with us.



Over the three days of Conference, a number of themes emerged. Some included ICU delirium, ICU patient anxiety/depression, organ donation, teamwork, education and taskforce issues.

One presentation discussed Access nurse ratios in the ICU. An Access nurse defined by the ACCCN's workforce standards is 'an RN who provides 'on-the-floor' assistance, coordination, contingency, supervision and support for RN's providing direct patient care. A clinical nurse specialist with a critical care speciality post graduate qualification'. Reminiscent of our Level 4 RN's. The speakers discussed how the number of access nurses were linked to provision of excellence in patient care with a sustained caring workforce.

Jakimowicz in her presentation discussed a mixed methods study looking at nursing compassion in Australian ICU's. Compassion fatigue influences nurses leaving and high workforce turnover. Burnout scores decreased with increasing age and experience. Mid-career nurses with no post-grad studies were at higher risk of compassion fatigue. Jakimowicz discussed the term 'compassion satisfaction'. Ways to improve 'compassion satisfaction' included understanding, time, education, collaboration and the nurse's ability to fulfil their role as an ICU nurse. The later was influenced by communication around treatment plans, management support, pressured patient flow and ethical dilemmas. Improvement occurred with increased management support, different rosters, education.

There were a number of presentations on Organ donation. One surprising finding from a presentation centred on the positive consent to organ donation depending on who asked the family. There was 45% positive consent when a doctor asked, 75% when a doctor with training in having the conversation asked and 75% when a doctor with training from an outside facility had the conversation.

A presentation on the AnchorFast oral endotracheal tube fastener had some interesting information. The single centre study discussed showed 67.7% of fasteners had a range of complications over 6.5 years using the device. In looking into the company product information, the two abstracts used to promote the device had come from a conference. The abstracts had not been published in full. To improve the use of the device and decrease the complications, the centre elected to adjust the timing of replacing the device from one week (company recommended) to 72 hours. There was no follow up information available at the timing of the presentation.

One highlight of the conference was seeing Alison Pirret (Nurse Practitioner at Middlemore Hospital) from being the only New Zealander to win a prize for her presentation 'the effectiveness of nasal high flow oxygen in ward patients: a perspective observational study'.

Vivienne Walker