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EMERGENCY NURSE NEW ZEALAND

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Image Credit: Natalie Anderson



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A Word from the Editor

Matt Comeskey
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Letters to the Editor are welcome. Letters should be no more than 500 words, with no more than 5 references and no tables or figures.

The big lesson I learnt last year is that the future isn't what it used to be.

A year ago we could travel without restriction, we could openly sneeze without being socially shamed and we could shake hands to greet strangers - because that was, well... normal. The difficulty in predicting the future is that it's unknown. So, as we stagger away from the year that many would happily forget, we head at pace towards a year that's entirely unknown. It feels like the only certainty is more uncertainty.

I feel that collectively, in our work places we have demonstrated a capacity to absorb change and manage the unknown to a degree that I've not seen before. This gives me some hope that no matter what the coming year throws at us, we will get through. That's not to say it will be easy. It probably won't. There will be family, colleagues and patients who will struggle. But if we remain kind to others (and ourselves), together we will get through another year of challenges.

In this issue please check out the Snippets section. There's new research from Auckland ED, published in the Annals of Emergency Medicine on commonly prescribed analgesia. The findings can be easily incorporated into practice

Finally, it's time for me to move on and let someone else inject new ideas and energy. I believe the journal can be further

expanded and improved by having a 'fresh' editor every few years. I have enjoyed the role and the support I have received from a few regular contributors, the CENNZ National Committee and Sean McGarry - who does a lot to make my shambolic editorial efforts look great.

Matt

Editorial Info

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Subscription to this journal is through a membership levy of the College of Emergency Nurses New Zealand - NZNO (CENNZ). The journal is published 3 times per year and circulated to paid Full and Associated members of CENNZ and other interested subscribers, libraries and institutions.

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Submission of articles for publication in Emergency Nurse New Zealand.

All articles submitted for publication should be presented electronically in Microsoft Word, and e-mailed to mcomeskey@adhb.govt.nz. Guidelines for the submission of articles to Emergency Nurse New Zealand were published in the March 2007 issue of the journal, or are available from the Journal Editor Matt Comeskey at: mcomeskey@adhb.govt.nz Articles are peer reviewed, and we aim to advise authors of the outcome of the peer review process within six weeks of our receipt of the article. **CENNZ NZNO Membership:** Membership is \$25.00 and due annually in April. For membership enquiries please contact: *Kathryn Wadsworth* *Email:* cennzmembership@gmail.com

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Chairperson's Report



Too often we are poorly understood by members of the general public - not intentionally, but as a result of the media representation of nursing, or our own reluctance to talk about what we do, and what really matters in our work. 2020 was The Year of the Nurse. It was also the year of the COVID-19 pandemic, highlighting the role of nurses around the world, in all specialties. For those of us in NZ, the roles of emergency nurses alongside public health and primary care nurses have been highlighted in terms of providing first contact, screening and immediate response to a pandemic. For emergency nurses, ICU and high dependency nurses, we have been looking at the impact and decision making that would follow on from an outbreak and the possible scenarios that might follow. For emergency nurses and those working

2020 has been a year of challenging and at times, distressing events, and one that many of us will be happy to see the end of. However, there have also been some unexpected opportunities, and times when emergency nursing has moved forward in positive and compelling ways.

in aged care and long term or chronic care settings, we have faced the reality of the outbreaks, the management of these and considered the impact on those with co-morbidities.

In short, emergency nurses have assessed, responded to, and problem solved across the breadth of the pandemic possibilities. We have struggled with the ethics and the implications of some of the decision making that has occurred, and we have spoken out about the need to protect ourselves, and the need to have safe working environments. Access to appropriate PPE and clear, consistent information, is not a luxury, it is an essential. And ED nurses, despite the difficulties, have worked incredibly hard, and worked together, to find solutions. We have been a nationwide team, drawing on experiences and learning from the challenges as they have eventuated, and using this knowledge to strengthen other areas in turn.

We cannot forget that two devastating events impacting emergency response also occurred recently - the mass shooting in Christchurch, and the Whakaari White Island eruption. While emergency nurses are capable and competent, both of these events, although very different, triggered similar responses in many ways.

They both involved unexpected, and horrific scenarios. Both resulted in staff witnessing injuries which, while taken in isolation, are not unknown to ED staff. Serious burns and gunshot wounds are never pleasant, but are not unfamiliar. The quantity, nature and circumstances associated with these events were. The overwhelming outpouring of national concern is tribute to the degree of impact associated with both event. While we know that individually and collectively, there was so very much to be proud of in the responses that resulted, we also need to be mindful of the impact such events have. It is increasingly important that as a profession, and as colleagues we are aware of the effect of our work. For too long, it has been an accepted aspect that ED nurses are simply 'tough', and nothing really bothers them. Often we appear that way. But when this is truly the case, we should worry. There are long term consequences to being exposed to trauma, to violence, to grief. As our health system continues to struggle, out patient numbers rise and the acuity also. We need to be responsive, but also responsible, and that includes looking after ourselves.

We have shown how well we can manage in terms of disasters - this is what emergency nurses do. We have shown how well we

Chairperson's Report Cont.

care for each other – again, the outpouring of support from the EDs around the country to those who have experienced difficult times is humbling. We can continue to build on the professionalism and knowledge we hold as a group – there have been significant advancements in emergency nursing in 2020 as well as overcoming the problems.

We have successfully maintained a platform in the media, addressing issues

of violence and aggression against emergency nurses, and highlighting the risks we face. The establishment of the nurse educator's network is offering a new forum for the exchange of ideas and sharing of experiences, and it is hoped this will continue in a similar manner to that of the Nurse Manager network.

I wish to thank you all for your contributions to emergency nursing over 2020.

Dr Sandra Richardson

Chairperson

College of Emergency Nurses New Zealand

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Chairpersons Report 2020 Annual General Meeting NZNO College of Emergency Nurses New Zealand



I am pleased to be able to present the Chairperson's Report to the 2020 Annual General Meeting of the NZNO College of Emergency Nurses New Zealand (CENNZ).

This has been an extraordinary year for all nurses, and has produced a number of specific challenges for emergency nurses and for CENNZ. It has also offered opportunities for us to work together and see significant achievements and developments within our specialty. 2020 is the Year of the Nurse - and nurses have certainly been at the forefront of public attention, with the value and contribution of our profession highlighted in the response to the Covid-19 pandemic. But this is not our only public presence - emergency nurses have also been recognised for their response to natural and man-made disasters, their willingness to advocate for patients, speaking out on the need to address inequalities, and advocating for safer working environments.

CENNZ, through the Committee and its members, has not only accepted the challenges of this past year, but has been in a position to respond in an effective and strategic manner. As the voice of New Zealand emergency nurses, the College has been privileged to showcase the determination and commitment of its membership, with a highly motivated committee who have worked above and beyond,

identifying new ways in which we can meet the needs of patients and colleagues.

We have had to prioritise some activities, and to limit others - the decision to hold an online AGM and to cancel the planned symposium this year being examples. However, we have focussed on responding to the key needs within the sector - speaking out in relation to PPE shortages, mixed messages around expectations during lockdown, the implications of quarantine and have continued to fight for safer EDs and reducing violence and aggression. A major impact arising from the pandemic has been recognition of the need for highly trained triage nurses - a core element of CENNZ business. The triage portfolio has always been a busy one, but in the current circumstances, the workload has increased significantly as we have striven to find ways to offer courses to a greater range of areas.

In order to support staff working in difficult situations, and to facilitate the sharing of knowledge and innovations around responses to Covid-19 an on-line Charge Nurse Managers group was established, to enable regular zoom meetings for support as well as mutual assistance. This has been followed with the introduction of on line ED educator meetings, and the continuation of support for the AENN group. The importance of

collaborations, networks and the ability to offer support has become increasingly apparent in all aspects of our professional and personal lives, and we have developed closer links with the Australasian College of Emergency Medicine (ACEM), as well as exploring areas of mutual interest within NZNO nursing groups, in particular the NZ College of Critical Care Nurses and Mental Health Nurses Section.

It would take too long to review all the items covered by CENNZ in the past year, but before providing a summary of the key achievements I do wish to highlight our work with regard to violence and aggression, which remains a priority for the committee. As you will be aware, CENNZ has continued to make submissions on this topic, and this includes both written and oral (in person) submissions to the justice select committee which considered the Protection for First Responders and Prison Officers Bill. As a direct result of our submission, changes were made to the definition of a scene of emergency, to allow this to include an emergency department, and a new definition of first responder. We are currently awaiting the review of the bill. CENNZ also challenged the NZNO Strategic Plan at the recent AGM, successfully lobbying to have violence and aggression formally included as a specific issue in this document.

Chairpersons Report 2020 Annual General Meeting NZNO College of Emergency Nurses New Zealand Cont.



Summary of Work 2019-2020

- Provision of NZ Triage Course remain a key activity for the College
- 12 National Triage Courses were held (compared to the usual 8)
- CENNZ Journal continues to flourish in the electronic format, but with sadness we acknowledge that the current editor is looking to step down, and we will be seeking nominations for a new Journal Editor
- Support continues for the Advanced Emergency Nurses Network
- Establishment of on-line CNM meetings as part of the National Charge Nurse Managers Network
- Establishment of on-line Nurse Educator meetings
- CENNZ as an invited member of the NZNO Addressing Violence and Aggression in Nursing (AVAN)
- CENNZ as an invited member of the National Sepsis Core Working Group, Sepsis Trust
- The CENNZ social media platforms have of Facebook and Twitter experience increased activity and provide clinically relevant resources and communication.
- Review and update of CENNZ position statements: New Nursing Graduates in Emergency Departments; Emergency Nursing Education
- Development of new Position Statement: Clinical Nurse Specialists in Emergency Departments
- Development of the CENNZ media profile and press releases relating to topical issues, with associated media interviews and publications
- Continuation of the submissions process, highlighting our engagement with political and professional issues of relevance to emergency nursing
- Recognition of the hard work of all emergency nurses, and celebration of emergency nursing with the distribution of the international ED Nurses day CENNZ gift baskets.

I would like to thank all of the CENNZ Triage Instructors for the success of the Triage Course's undertaken over the past year, and take this opportunity to welcome the new instructors and thank those who are leaving. The revenue received from the national triage course enables CENNZ to maintain its significant grant and education programmes. While this has been limited by the impact of Covid-19 and the subsequent travel and group meeting restrictions,

we will continue to support individuals where possible, with regard to educational and leadership development.

I would like to also acknowledge the tremendous work, support, knowledge and skills of Sharyne Gordon at the NZNO Wellington

office and Suzanne Rolls our NZNO Professional Nurse Advisor.

I will shortly step down from the CENNZ committee as my 4-year term comes to a close. It has been a privilege to represent the Canterbury Westland region and to contribute to the emergency nursing in New Zealand. I hope to be able to continue to contribute to the College, and to offer support to future committee members. Being part of CENNZ, and having the opportunity to take an active role is professionally challenging but also very rewarding role. I thank the CENNZ committee for their support and look forward to future ongoing opportunities with the College.

Dr Sandra Richardson

Chairperson

College of Emergency Nurses New Zealand

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Irritable Hip in Kids

Transient synovitis, commonly called irritable hip, is the most common cause of limping in children. **Irritable hip is most often seen in children aged between three and 10 years of age.**

History

In most cases of irritable hip, the child will have recently recovered from a viral infection. Sometimes, the condition occurs after a minor fall or injury.

Some children may just be refusing to walk, without explanation. The pain is often worse in the morning on waking and improves over the day

Usually only one side is affected.

The child is usually well.

Red Flags

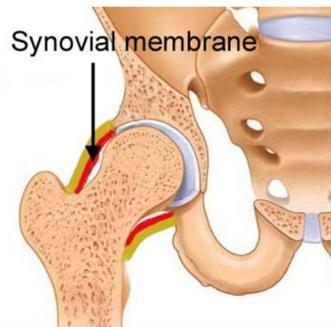
- Fever
- Night pain
- Constant, worsening pain
- Complete refusal to weight bear post analgesia
- >8yrs of age
- Greater than 3 days of symptoms
- Unexplained bruising.



Assessment:

The majority of your exam will be focused on the MSK system.

- Joint examination using "Look, Feel, and Move" including joints above and below area of pain.
- Usually able to elicit reduced internal and external rotation of the affected hip joint on exam
- Assess gait if possible – walking +/- running.



The pain is caused by inflammation (swelling) of the lining of the hip joint

[\(Click on image for hyperlink\)](#)

Investigations:

Repeat examination is essential. Make this your first priority after analgesia has been given.

Use both paracetamol (15mg/kg/dose) and ibuprofen (10mg/kg/dose)

No investigations are generally warranted.

X-rays are usually unhelpful except in older, adolescent children (SUFE) or specific situations such as suspected fracture.

Blood tests are only indicated if red flags are present (see above). Obtain FBC, CRP and ESR, and consider blood culture if infection is suspected.

Cont. overleaf...

Irritable Hip in Kids Cont.

What is the treatment?

- Pain relief such as ibuprofen and paracetamol should be prescribed and parents should be advised to use this medication on a regular basis for the first 2-3 days.
- Irritable hip usually gets better with rest and simple analgesia within one week. Pain that has persisted longer than this should always be reviewed.
- Parents should be advised to bring their child back for review if:
 - the pain is getting worse despite regular analgesia
 - the pain is waking them at night
 - they develop a fever with no other obvious source of infection.

<https://www.starship.org.nz/guidelines/limp-assessment-of-paediatric-limp-in-the-emergency-department>

Kathryn Johnson NP
Starship Children's Emergency Department

Regional Reports

Northland/Te Taitokerau | Auckland
Midland | Hawkes Bay/Tarawhiti
Mid Central | Wellington | Top of the South
Canterbury/Westland | Southern

Vacancy

The position representing **Hawkes Bay/Tarawhiti** on the CENNZ National Committee is currently vacant.

Please see application information on page 18

Northland/Te Taitokerau Region



Sue Stebbeings
Nurse Practitioner

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Looking back over 2020 has been an opportunity to recognise our resilience and teamwork, and to appreciate the knowledge that we have gained in meeting the challenges of this year. We all had important roles to play in responding to Covid as well as continuing business as usual. It still amazes me how we adapted so quickly (and still continue to adapt) to new processes and environments.

Active recruitment is underway to fill several current ED nursing vacancies. There are many shifts that are not fully staffed, which increased the demands on staff. Looking at recent articles on facilitating resilience, I was reminded of what we all know - the importance of social connection, self-care, and looking for positives in situations. So heading into 2021, let's encourage ourselves to prioritise self-care, and connect with our whanau & our colleagues so that we can take care of our communities.

Recent positives: We now have more distraction tools through the efforts of a paediatric focused ED group. There are two tablets that have preloaded games and apps, as well as toys and activity kits. A buzzy bee to reduce pain during procedures involving needles has also been introduced.

An ED Ball was held in November to connect and relax outside of work. Many thanks to our event organising committee for all their inspiration and efforts. There is also Scott's summer party in early February to look forward to.

CALM - "Workplace violence - It's not OK" training courses are being rolled out across the organisation.

The interactive workshop focus is on de-escalation and staff safety. ED nurses are being rostered to attend these courses.

The challenge of improving equity and culturally appropriate care is underway with an ED working group established. One of the first steps has been focused on the use of Te Reo. The ED Grand Round presentation this month was "Decolonising the ED: An answer to Healthy outcomes for All?"

The ED 'Peep of the Month' nominations continues to be an excellent way of acknowledging our colleagues for the ways they make a difference - their commitment, input and skills.

In development: An Assessment Unit for Whangarei campus was announced in mid-November to relieve congestion in ED - this is planned to have 12 beds and is part of the hospital plan to manage acute demand. The unit is being located in a renovated medical outpatient clinic, and involves several teams moving to re-purposed areas -the medical outpatient team move to the physiotherapy department ...who are moving to a renovated administration area... who have been moved. The unit will open once staffing has been established. Hopefully, sufficient staff can be recruited to allow the unit to function at its planned capacity.

Challenges: Whangarei ED has experienced sustained high demand and acuity with noticeably high number of trauma presentations. The last fortnight, in particular, has seen daily presentation numbers similar to last summer's surge numbers. Our resources have not

Northland/Te Taitokerau Region cont.

been adequate to manage the surges of people arriving - and despite everyone's best efforts, our 6-hour length of stay was 85% in November.

The usual summer seasonal rise in population has been predicted to be higher with more people holidaying in New Zealand rather than overseas. This increase is noticed by the smaller services as well as in Whangarei. The background increase in population has already increased overall demand for health care in the community.

Hokianga Hospital: - This small rural hospital facility is run by the community trust and strongly reflects the identity and strengths of the community. There are 2 acute treatment rooms and a 1 - 2 bed resus room. The local Rawene GP clinic is co-located. After hours emergency care is provided from the 10 bed inpatient ward. The nurses are supported to develop their skills and become PRIME trained. A 12 month trial has commenced using an advanced care paramedic in the

emergency care clinic alongside the doctors and nurses. The paramedic also works in the community making home visits including follow up assessments. The establishment of red and green zones during early Covid preparations was facilitated by 2 negative pressure rooms installed during renovation in 2019.

Sue

Contributions for Publication

We are always open to receiving submissions for publication. Submissions in the form of case studies, research posters and practice guidelines are welcome. There is a modest contribution for featured articles.

You can find guidelines for publication here: https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/journal

Alternatively, email and enquire: mcomeskey@adhb.govt.nz

Auckland Region



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Starship Children's ED

After the COVID impacted winter with reduced numbers and the viruses going into hibernation, November turned out to be our busiest on record!

The viruses came back and with a sharp increase so did the kids! Croup was the main culprit along with some good old D and V likely Noro.

We are also seeing an increase in young people who are struggling with the challenges of this year.

What a year it has been it does feel like it's been three years in one and our team are all looking forward to some summer holidays!

Whilst its been a challenging year it has also brought about so much poistive- a better way of communicating with our teams both ways, a strong morale, our team really did just kept going and carried on!

We have had staff celebrate weddings, a 65th birthday and passing NP panel.

We hope everyone has a Merry Christmas

From the regional meeting this week it sounds like Counties have also been seeing increased numbers and the kids' side has shot up similar to CED.

They are also seeing a lot of croup and youth mental health challenges.

Anna Marie Grace

Auckland Adult ED

In keeping with all regions, Auckland ED has seen an increase in presentations and acuity as 2020 draws to a close. We're proud of all we've achieved to get through this year, with major changes to our department staffing, processes and infra-structure. Although 2020 was the Year of The Nurse it possibly should have also been The Year of The Cleaner. We're grateful for the incredibly hard-working team of cleaners who have kept staff and patients safe with fastidious room cleaning under time pressure.

Thanks to all of my colleagues at Auckland ED, we have not worked tirelessly - I see how tired many are - but we have worked safely, competently and compassionately though an unforgettable year of uncertainty and change.

Natalie

Auckland Region cont.

Middlemore Hospital ED

Titiro whakamuri kookiri whakamua

Look back and reflect so that you can move forward

In 2020, Middlemore Emergency Department (ED) mourned the loss of Emergency Medicine (EM) Specialist, Dr Chip Gresham. Chips significant contributions went well beyond EM, to toxicology, humanitarianism and disaster medicine just to name a few.

No reira e te Rangatira, moe mai, moe mai, moe mai ra. Hoki atu ki te Ukaipo o Papatuanuku. Ka hoki inaianei ki te hunga ora, tena hoki tatou katoa.

Along with every other New Zealand ED, Middlemore rose to the many challenges of Covid-19, reviewing infection control processes, adjusting models of care, and adapting to constant changes in practice in order to keep pace with the current risk posed by the virus. Situated only 10km from Auckland's International Airport, and with six of New Zealand's 31 Managed Isolation Facilities within its catchment, including Auckland's only Quarantine Facility, Middlemore ED worked tirelessly to make sure that additional risks posed by any necessary movement between these facilities and the hospital were kept to a minimum. This process, and Middlemore's Covid-19 response was

smoothed out with the late Dr Chip Gresham, stepping into the role of Medical Director/Clinical Advisor of the National Crisis Management Centre, as part of New Zealand's All of Government Response to Covid-19; and the introduction of a Counties Covid-19 Response Manager, ex-ED Nurse, Stacey Wilson. Further, Counties Manukau Health (CMH) is the DHB lead for the Northern Managed Facilities on behalf of the region, and our very own Chief Nurse, Jenny Parr was seconded with Rebekah Irwin, Clinical Nurse Director, to the Regional Isolation and Quarantine Command Centre, to develop an effective DHB employed nursing structure and workforce. While we still, and will continue to, be subject to further challenges as a result of this deadly virus, Middlemore and it's ED, have demonstrated that through living our values of Manaakitanga, Rangatiratanga, Whakawhanaungatanga and Kotahitanga, we can get through this.

In 2020, Middlemore ED bid farewell to many members of the Senior Nursing team; not least, the Nurse Unit Manager (NUM) and Clinical Nurse Director (CND). While change comes with many challenges, it also generates opportunity. So far, a new nursing structure has seen

the addition of two Charge Nurse Managers (CNM), a new role to Counties ED, and 12 new Associate CNMs; many of whom have been promoted from Staff Nurse Positions. 2020 has also seen significant growth within the Clinical Nurse Specialist and Nurse Practitioner (NP) team; congratulations to Beccy Fenn who has recently achieved the NP scope of practice. While the department is still on the hunt for a Nurse Manager to rise to the challenge of leading Australasia's busiest dual ED in providing optimal emergency care to the population of South Auckland; with increased senior nursing leadership, and the Staff Nurse roster now running at near full capacity, 2021 is already looking prosperous.

To the Middlemore ED whaanau, thank you for all the hard mahi in 2020, your work ethic and perseverance have not gone unnoticed.

Kia hora te marino, kia whakapapa pounamu te moana, kia tere te kaarohirorohi I mua I to huarahi.

May peace be widespread, may the sea glisten like greenstone, and may the shimmer of light guide you on your way.

Wendy Sundgren

Midland Region



Kaidee Hesford

Nurse Manager

**Lakes District Health Board
Emergency Department
Rotorua Hospital**

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Rotorua ED:

Heading into summer we have yet to see the usual lull pre-Christmas we would “normally” see. We have been inundated with large volumes and high acuity. We are currently working on a few large projects to enhance the care between the community and the hospital, with a focus on developing plans for high ED attenders and building strong links with our Maori health colleagues to support these patients both in and out of the hospital.

We are working on developing a strong nursing workforce who can work to top of scope. With currently 95% of our ED team efficiently trained and working in both resus and triage we are now looking at carrying out regular study days for ED staff to encourage further growth - mental health training, second-tier resus training and practical stations, suturing, USS guided cannulation, radiology limb assessment and xray ordering and second-tier plastering training.

Wellness and wellbeing in ED is becoming our big focus leading into 2021. We did plan some work around wellbeing in 2020, but it was derailed by the need to simply survive COVID planning and the impact on our daily work. So, rather than wellbeing feeling like a tick box exercise or a one-off big impact event we want to make wellbeing our normal focus. We are looking at opportunities to improve our wellbeing that are large or small. Wellbeing means different things to each of us, so we are all part of the conversation about how we can improve it in our department. We have put up a suggestion box for staff to put their suggestions in with no limits on what can be suggested but trying to stay away from things like “we need more staff” or “we need more beds” - yes we do need these - but that is not within the focus of this project. Suggestions can be as crazy as they wish -Kaidee Hesford.

Kaidee

Cont. overleaf

Midland Region cont.



Taupo ED:

Introduction of new ED CNM of Taupo ED.

Hello my name is Michelle Knight and I am the new Clinical Nurse Manager for Taupo ED. It has been a long term goal of mine to move to Taupo and continue with a leadership role.

My entire nursing career has been spent at Counties Manukau Health. I registered in 1996 and my first job was working in AT&R, following this I did a small amount of General Medicine Nursing, followed by a number of years working on a General Surgical ward.

Having young children during this time made me decide to leave my permanent job in General Surgery and join the Nursing Bureau at Middlemore Hospital, it was during this time that I was first introduced to Emergency Nursing, this is when I developed a passion for it.

I have spent the last 14 years working at Middlemore Hospitals Emergency Department, 10 of these years as an Associate Clinical Nurse Manager. I have gained invaluable experience over these years which has made me the nurse and leader I am today. I am also currently studying through Auckland University my Master in Health Leadership, which I hope to complete by the end of 2021.

Moving from such a large Emergency Department to a considerably smaller Rural Emergency Department has been a big learning curve for me; unlike Middlemore ED I no longer have access and resources at my finger tips. It has shown me that no matter what size department you are working in staffing levels are relevant and all places have their own set of challenges.

I am looking forward to the challenge of working in and leading the team at Taupo Emergency, and providing excellent care to the Taupo community.

Michelle Knight

Waikato ED:

2020 has brought its share of challenges and we look forward to 2021 and we hope that we will see things settle back to 'normal'

In the interim we continue to screen all patients who come to our ED and run two separate areas in our ED, one for those who are of suspicion as per the MOH questions around COVID 19 and one for all others. During these times of change our staff continue to band together and provide great team work to keep this functioning.

We send all our colleagues New Zealand wide all the best for 2021.

Naomi Knight

Hawkes Bay/Tarawhiti Representative

The position representing Hawkes Bay/Tarawhiti on the CENNZ National Committee is currently vacant.

If you have an interest in representing the CENNZ membership of this region and a passion for the professional development of emergency nurses nationally – **please contact the board chair Sandy Richardson.**

cennzchair@gmail.com

Article submissions for the mid year issue of the journal are now open. Please contact the Editor Matt Comeskey for more information!

email Matt at: mcomeskey@adhb.govt.nz

Mid Central Region



Katie Smith

Nurse Practitioner, ED
(Knowledge & Skills Framework
& Website/Social Media)

NZDF

**Palmerston North Hospital
Midcentral DHB**

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**No report
this edition
as regional
representative
is on maternity
leave.**

Wellington Region



Kathryn Wadsworth

Clinical Nurse Manager

Acute Services

Wairarapa District Health Board

Contact: Kathryn.wadsworth@wairarapa.dhb.org.nz

As 2020 rolls to an end looking back seems a little unproductive although the lessons learnt by us all will without doubt follow us into the future. The Wellington region is no different to all the other ED's around the country with the need to rapidly respond to the changing care needs within our community this year. The toll of that is now being felt amongst those team members that were directly faced with the uncertainty, risk and management of constant change. Some staff have moved out of the Emergency Department setting because of this prompting a focus on wellbeing, leave management and team resilience. This, coupled with multiple pregnancies within the departments, has opened up FTE availability and a huge recruitment drive. The result of this has been an influx of new staff members excited to be part of our teams with a broad range of experience from novice to expert. The challenge of maintaining a safe skill mix is ongoing for us all.

Advancing roles within nursing are slowly becoming a norm within our areas with interest in postgraduate education now very high. Many staff have been successful in securing health workforce development funding and with this comes wide-reaching opportunity to not only develop advancing skills but open the scope for multiple staff driven quality initiatives and service development driven by those within it. The Wairarapa has been successful in supporting another Nurse Practitioner in training for next year taking the total to three by 2022. Hutt and Wellington ED is focusing on implementing pathways for senior roles and are also committed to developing the advancing nursing workforce.

Trendcare within the Wellington region is either being discussed, implemented or underway. This piece of work alone is considerable for those departments involved and with the significant increase in presentations being felt particularly in the last two months, the results will be of interest to many. As we all know, ED is not always a numbers game with high acuity a factor impacting on flow and workload. Wellington Emergency Department have nearly doubled their ATS₁ and ICU admissions from this time last year. Hutt ED have increased their average volume of presentations by approximately 30 to 40 patients per day. All three hospitals have experienced bed block with areas designed for lower acuity patient management being utilised for inpatient units. It's fair to say that despite the considerable effort put into achieving the shorter stays in ED health target, it is not being achieved by any of us.

On a positive note, there is some great work happening out there. Hutt ED is working closely and teaching collaboratively with all front line officers in the Police and from next year working with staff from Rimutuka Prison. They have also celebrated receiving the HVDHB Quality award in Clinical Excellence - The Chief Executives' Award for the Whakaari/White Island collaboration and care Hutt ED contributed to this disaster.

The current focus in the Wairarapa is to identify and facilitate those patients not enrolled in a GP practice and assist them in doing so at the point they present to the ED. This has been a far larger cohort than expected with wider concerning community issues identified and addressed. Running alongside this piece of work is the redirection project which required significant collaboration with our Primary Care colleagues and has saved many patients hours of wasted waiting time in our department. Audited results suggest that care is being achieved effectively and efficiently in this group.

It feels like it's nearly safe to breathe out as the year draws to a close but in the back of all our minds is the increasing demand we are all experiencing. Summer holidays with closed borders brings another unanticipated wave of challenge to our doors but gratitude that this is what we are managing and not the alternative like many countries and colleagues in the world.

Kathryn

Top of the South Region



Louise Holland

Registered Nurse

**Emergency Department,
Nelson Hospital**

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Hello from NMDHB. We continue to have increased presentations, high acuity and staffing issues. In addition, some of our patients are experiencing double breaching due to a lack of isolation beds on the wards and overworked medical teams. Most days we are in VRM (Variance Response Management) red or orange. We also expect an influx of visitors into the region over the Christmas period which will put additional pressure on our

ED's. There are plans, however, in Nelson, to create a negative pressure room and more monitored bed spaces to help mitigate these issues. A proposal has also been made for additional staffing and a flow nurse for our PM shifts. Despite this, we have a great team of ED nurses and I want to take this opportunity to thank them all for their hard work in these challenging times.

Louise

If you would like to submit an advertisement or article for the next issue of the journal please contact the Editor Matt Comeskey for more information!

email Matt at: mcomeskey@adhb.govt.nz

Canterbury/Westland Region



Dr Sandra Richardson
Nurse Researcher

**Emergency Department,
Christchurch Hospital**

**Canterbury District
Health Board**

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Christchurch ED

There has been a lot happening in the Christchurch ED since the last update, with the move into the new build (Waipapa) finally occurring, and the transfer into the new ED complete. While this has not been without its challenges, there is no doubt that the venue is larger and well laid out, with a light and modern feel, and has provided the opportunity to

refurbish and update equipment and resources. The staff are now walking a much greater distance each day, so the average fitness level is increasing! The opportunity for collaboration and meaningful interaction between what were previously separate areas, for example the integration of acute orthopaedics and paediatric nursing staff into the main ED - has been well received. Inevitably there are also issues that have arisen that are both frustrating and limiting in the initial 'settling in' phase, but these are being addressed as quickly as possible.

What has proven especially challenging is the increase in patient presentations that has occurred, despite widespread publicity asking the general public to be mindful of the shift, and to limit attendances where possible. It had been hoped that with this publicity, numbers might be reduced so that staff could adapt to the new systems and layout more easily, instead we have seen patient numbers reach highest ever levels, with 365 presenting patients in one 24 hr period recorded in the first week, over 80 patients still in the department at 4 in the morning. Pre-November, there was an average of 286 patients per day, this has now increased to 312. Much of this is acute care, rather than urgent or emergency, and mirrors similar

patterns across the country.

This, in addition to the stresses expected with such a major re-location, inevitably impact on staff at this time with acuity and any staff shortages is likely to be an added concern. Considerable effort is being made to try and support staff and to ensure best possible care can be provided for patients. It was recognised prior to opening the new ED that not all the physical bed spaces would be able to be opened, unless additional staff were authorised, and efforts to achieve this are continuing. The ED is also trialling the Trendcare program, and while this had only just been introduced prior to moving, it is hoped it will prove a useful tool to capture some of the staffing issues as they arise. However, this is still not fully embedded, and is not a priority at this time. The importance currently is to let staff become familiar and comfortable in the new environment, and to develop workable and effective models of care.

It was great to see some of our staff on the cover of the recent Kai Tiaki, celebrating international emergency nurse's day, and the gift boxes provided by CENNZ were well received in the department.

Sandy

The New Christchurch ED - (Images by Natalie Anderson)



Southern Region



Tanya Meldrum

Associate Charge Nurse
Manager

Southland District Health Board

**Dunedin Hospital Emergency
Department**

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What a year 2020 has been! A more settled 2021, should definitely be on the cards. I have only been on the CENNZ committee since February 2020 and I have to say they are a wonderful group to work with and the committee members have a wealth of knowledge that they are willing to share with everyone. The work going on behind the scenes is amazing.

A huge thanks to the Triage co-ordinator and the triage instructors for running a successful course in the Southern region in late August, to meet the need of the Southern region. We appreciate the time and effect that goes into organising these courses, especially when there was several flight cancellations and changes.

CENNZ recently appointed four new triage instructors, three of which came from the Southern region. This will be a great asset for Southern region, as these nurses have a wealth of knowledge and are keen to share this with other nurses. Two are based in Dunedin and one is based in Invercargill.

Dunedin News:

16th November, saw the opening of Wāhi Taupua (Ambulatory Care Unit) in Dunedin's Emergency Department. This has been in the pipeline for some time and was delayed due to Covid, as our department continues to try to make do with the current physical restraints. In Wāhi Taupua, there are eight reclining chairs that allow patients who are able to walk and have been appropriately assessed, not be confined to a bed, to be more comfortable and to be reviewed or discharged by the emergency department team.

The department has seen a significant increase in violence toward staff, these are being followed up with through the appropriate channels. There is currently a Security review taking place within the Southern DHB. We are looking forward to the outcomes of this.

Recent Awards in the Department:

CENNZ AGM Kristy Morton Award (Achievements in the New Zealand Triage Course): Erica Panelo (RN - Dunedin Emergency Department).

Southland Medical Foundation's Thursa Kennedy Memorial Award for 2020. (The award recipient is nominated by course tutors and takes into consideration academic achievement and contribution to excellence within the class environment); Ben McDowall (Nurse Educator - Dunedin Emergency Department).

Southern Region Cont.

Invercargill News:

There have been some recent changes to the Senior Nursing team in Invercargill, with the appointment of a new Nurse educator. I know they will be making you feel welcome.

There has been significant increases in Mental Health presentations in southern emergency departments and we have been implementing the guidelines from CENNZ Triage around appropriate patient safety and waits. Southern DHB has recently employed into the role of Mental Health & Addictions Crises Support nurse educator in the Emergency Department, which is exciting and we look forward to the evolution of this role. They will be working across the Southern region, starting initially in Dunedin and Invercargill. The departments are looking forward to having this additional support and guidance.

Next year, I am hoping to run a Southern CENNZ Study in September. It would be a great opportunity for members in the Southern area to network and learn from each other.

Tanya



Thanks CENNZ, from the Southern Region (Invercargill, Dunedin, Lakes and Oamaru) for the Goodie Boxes!



Ben McDowall – Dunedin Nurse Educator



College Activities

CENNZ Conference,
Christchurch 2021

Save the Date

The 29th College of
Emergency Nurses New
Zealand Conference
5th & 6th November 2021

Christchurch, NZ
(Venue TBC)



Triage Courses 2021

Please continue to check the **CENNZ** web page for ongoing updates / details:

https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/courses

Region	Dates	Venue	Closing date for booking
Waikato	11/12 April 2021	Clinical Skills Centre (under the library) Waikato Hospital Campus, Corner Selwyn and Pembroke Street, Hamilton West	15th February 2021
Tauranga	15/16 May 2021	Tauranga Hospital Education centre, 889 Cameron Road, Tauranga.	20th March 2021
Wellington	12/13 June 2021	Education Centre, Level 11, Ward Support Block, Wellington Hospital, Riddiford Street, Newtown	17th April 2021
Christchurch	10/11 September 2021	Manawa Building [Registration 3rd Floor] Health Education & Research Facility, 276 Antigua Street, Christchurch	16th July 2021
Wellington	25/26 September 2021	Education Centre, Level 11, Ward Support Block, Wellington Hospital, Riddiford Street, Newtown	31st July 2021
Waikato	9/10 October 2021	Clinical Skills Centre (under the library) Waikato Hospital Campus, Corner Selwyn and Pembroke Street, Hamilton West	14th August 2021

Snippets Summer 2021

Chest ultrasonography versus supine chest radiography for diagnosis of pneumothorax in trauma patients in the emergency department.

Cochrane Systematic Review. July 2020

The diagnostic accuracy of Chest Ultrasonography (CUS) performed by frontline non-radiologist physicians for the diagnosis of pneumothorax in ED trauma patients is superior to supine CXR, independent of the type of trauma, type of CUS operator, or type of CUS probe used.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD013031.pub2/full>

A Pilot Trial of Topical Capsaicin Cream for Treatment of Cannabinoid Hyperemesis Syndrome. Academic Emergency Medicine. 2020

This exploratory study examined the potential effectiveness of topical 0.1% Capsaicin in patients with nausea and vomiting due to a suspected Cannabinoid Hyperemesis Syndrome (CHS) exacerbation.

This double-blind, randomized placebo-controlled trial had a small sample size (30). Adults who presented with vomiting suspected to be from CHS were eligible for enrollment. Following randomization, topical 0.1% capsaicin or placebo cream was applied to the anterior abdomen in a uniform manner.

The study concluded the application of topical capsaicin cream was associated with a significant reduction in nausea at 60 minutes and provided more complete relief of nausea.

<https://onlinelibrary.wiley.com/doi/full/10.1111/acem.14062>

The Safety and Effectiveness of On-Site Paramedic and Allied Health Treatment Interventions Targeting the Reduction of Emergency Department Visits by Long-Term Care Patients: Systematic Review. Prehospital Emergency Care. 2020 Jul 20:1-10.

Social Science and Medicine. Jan. 2020

This study is a review of pre hospital care with the objective being to decrease ED visits. The study identifies five types of programs/interventions which all demonstrated a decrease in ED visits or hospitalization. However, most studies were observational and few assessed patient safety. Many identified programs focused on increased primary care for patients, and interventions addressing acute care issues, such as community paramedics, deserve more study.

<https://www.tandfonline.com/doi/full/10.1080/10903127.2020.1794084>

Can an Emergency Department-Initiated Intervention Prevent Subsequent Falls and Health Care Use in Older Adults? A Randomized Controlled Trial. Ann Emerg Med. 2020 Aug 24th.

The authors determine whether an emergency department (ED)-initiated fall-prevention intervention can reduce subsequent fall-related and all-cause ED visits and hospitalizations in older adults.

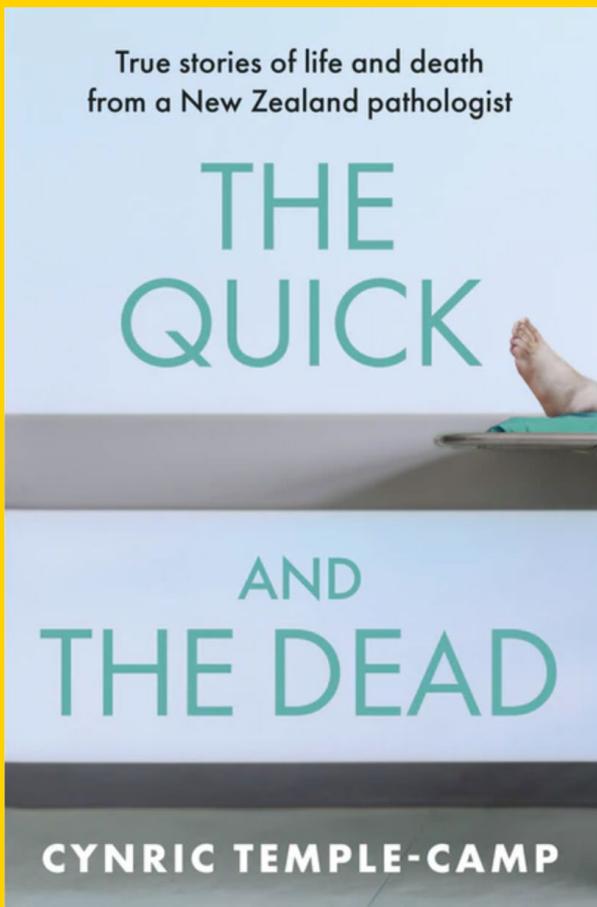
They conclude that a multidisciplinary intervention with pharmacists and physical therapists, reduced 6-month ED encounters in 2 urban EDs. The intervention could provide a model of care to other health care systems aiming to reduce costly and burdensome fall-related events in older adults.

<https://www.evidencealerts.com/Articles/AlertedArticle/94406>

The Quick and the Dead. Cynric Temple-Camp. 2020

Book Review

By Matt Comeskey



I'm usually loathed to read medical or nursing books in my down-time. However this book was given to me as a birthday present and I felt I should take a tentative dive into it out of politeness. It grabbed my attention quite quickly.

I've always marvelled at how some patients can be subjected to the most extreme, violent trauma and survive - and yet another, equally fit person, may be unlucky enough to have a single microorganism lodge in the wrong place, at the wrong time and be dead within hours. I've seen both happen and in recalling those patients I can't help but marvel at how robust and yet incredibly fragile we are. The same conundrum is addressed in this book.

The author, Cynric Temple-Camp is a pathologist, trained in Zimbabwe and practicing for many years in Manawatu. He is an easy story teller - clearly passionate about his job and also taken with the mystery of why some die and others don't. The book is in chapters related to cases he has worked on. These include medical misadventure, high profile crimes, sad misfortune and disease. The cases read in-part like mysteries - the unexpected emerging from the seemingly obvious, to present an unlikely conclusion. There are salient lessons here - listen carefully to your patients, don't swim with crocodiles, be wary of walking through stinging nettle bushes and always thoroughly iron the seams of your shirts. That last, unlikely piece of advice applies to living in East Africa where strange burrowing insects can wreak havoc on those, like me, who seldom iron our collars. The subject of the life cycles of maggots and crawly things is dwelt on a little too extensively for my liking - but it is equally both informative and revolting at the same time.

My only misgiving in this book is that the people involved are named. The details of their deaths are sad reading. Despite the author's respectful tone, there is no attempt to disguise identity and yet there's no explicit statement in the text of permission having been given to disclose quite intimate detail. Presumably this must have been done - but it's not mentioned. This significant point aside, this book is a reminder of how lucky we are to simply wake up and greet each day. If I'm ever lucky enough to get back to the remote, but equally stunningly beautiful East African wilderness, - I will definitely take an iron for my shirts.

ACEM Conference Taupo 2021



In 2021, we will look back to the future and reminisce on the past twelve years, whilst breaking through the barrier caused by COVID-19 and looking to the future. Unfortunately, a Delorean time machine doing 88mph is not a deliverable for us at this time, however we hope this will not put you off.

This will be the last iteration of this meeting organised by the incumbent faculty and the conference will formally be handed over to the ACEM Faculty to reinvent for many years to come.

Taupo
March 2021
ACEM Conference:
10-12 March 2021

Check out the link for more details:

<https://mailchi.mp/b0a6147aae82/new-zealand-emergency-department-conference-2020-save-the-date-2516010?e=c053a6191b>

EMERGENCY NURSE NEW ZEALAND

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