Volume 21 | Issue 03

# EMERGENCY NURSE NEW ZEALAND

*The Journal of the College of Emergency Nurses New Zealand* (NZNO)
**ISSN 1176-2691**

# In this issue

# Editorial Info

**Subscription:**

The journal is available on the CENNZ NZNO College website: www.cennz.co.nz/journal



**Editorial Committee:**

Emergency Nurse NZ is the official journal of the College of Emergency Nurses of New Zealand (CENNZ) / New Zealand Nurses Organisation (NZNO). The views expressed in this publication are not necessarily those of either organisation. All clinical practice articles are reviewed by a peer review committee. When necessary further expert advice may be sought external to this group.

All articles published in this journal remain the property of Emergency Nurse NZ and may be reprinted in other publications if prior permission is sought and is credited to Emergency Nurse NZ. Emergency Nurse NZ has been published under a variety of names since 1992.

**Editors:**

*Dr. Sandra Richardson*:
PhD Senior Lecturer, School of Health Sciences, University of Canterbury.

*Polly Grainger*:
Nurse Coordinator Clinical Projects - Christchurch ED.
*Email:* editor.cennzjournal@gmail.com

**Submission of articles for publication in Emergency Nurse New Zealand.**

*All articles should be submitted electronically in Microsoft Word, and emailed to:* editor.cennzjournal@gmail.com. *Articles are peer reviewed and we aim to advise authors of the outcome of their submission within six weeks of our receipt of the article. Brief guidelines for manuscript submission are included on the last page of the journal, and more detailed guidelines are available from the editors:* editor.cennzjournal@gmail.com.

**Peer Review Committee:**

*Matt Comeskey*: Nurse Practitioner, Auckland City Hospital Emergency Department, ADHB.

*Margaret Colligan:* MHsc. Nurse Practitioner, Auckland City Hospital Emergency Department, ADHB.

*Lucien Cronin:* MN. Nurse Practitioner. Auckland City Hospital Emergency Department, ADHB.

*Prof. Brian Dolan:* FRSA, MSc(Oxon), MSc(Lond), RMN, RGN. Director of Service Improvement.Canterbury District Health Board.

*Nikki Fair:* MN. Clinical Nurse Specialist. Middlemore Hospital Paediatric Emergency Care, CMDHB.

*Polly Grainger:* MN (Clin), Nurse Coordinator Clinical Projects, Emergency Department, Christchurch Hospital.

*Libby Haskell:* MN. Nurse Practitioner. Children's Emergency Department Starship Children's Health, ADHB.

*Sharon Payne:* MN. Nurse Practitioner. Hawkes Bay Emergency Department, HBDHB.

*Dr. Natalie Anderson:* RN, PhD, Senior Lecturer, University of Auckland. Auckland City Hospital Adult Emergency Department, ADHB.

*Dr. Sandra Richardson:* PhD Senior Lecturer, School of Health Sciences, University of Canterbury.

*Deborah Somerville:* MN. Senior Lecturer. Faculty of Medical and Health Sciences, University of Auckland.

**CENNZ Contacts:**

**Chairperson:** *Sue Stebbeings* contact via: cennzchair@gmail.com

**Treasurer:** *Kaidee Hesford* contact via: cennztreasurer@gmail.com

**Secretary:** *Amy Butto*n contact via: cennzsecretary@gmail.com

**Membership, Grants & Awards:**
*Kathryn Wadsworth* contact via either; **Membership:** cennzmembership@gmail.com or **Awards:** cennzawards@gmail.com

**NZ Triage courses:** *Katie Smith* contact via: cennztriage@gmail.com

**Professional Nursing Advisor (NZNO):** *Suzanne Rolls* contact via: suzanne.rolls@nzno.org.nz

**CENNZ NZNO Membership:**

Membership is $25.00 and due annually in April. For membership enquiries please contact: *Kathryn Wadsworth*
*Email:* cennzmembership@gmail.com

**Design / Production:**

*Sean McGarry*
*Phone:* 029 381 8724 | *Email:* seanrmcgarry@gmail.com

# A Word from the Editors

**Polly Grainger**
**Co-Editor | Emergency Nurse NZ**

## A word from the editors

Nau mai, haere mai, welcome to the final edition of the Emergency Nurse NZ journal for 2021. Sandra and I have decided that we will alternate writing the editorial, and it gives me great pleasure to write this for you.

As ever, a great deal of activity has been occurring through the motu (nation) since our last edition. One activity was the annual general meeting (AGM) held via Zoom on November 4. More on this will appear in the committee reports section. I would just like to acknowledge the work occurring to run our college; there's a lot more going on than we sometimes realise. I'd also like to take this opportunity to congratulate the winners of the awards:

- Kirsty Morton Award – identification by the triage course coordinator and instructors as an outstanding student: Grete Biggs
- AENN Award – recognition of the contribution to the Advanced Emergency Nursing role: Kathryn Johnson
- Foundation Award – acknowledges the individual emergency nurse who has enhanced the profile of and or shown excellence in Emergency Nursing in New Zealand: Dr Sandra Richardson.

If you ever think no one notices how hard you are working, you might be pleasantly surprised. My New Year intention is to acknowledge my friends and colleagues hard work. Since Christmas and summer are coming, I hope you are able to enjoy some R&R time. I am certain everyone deserves a break. Remember, it is okay to say that you are not okay. Reaching out can be pivotal for you. Likewise, don't hesitate to reach out to someone who might need help.

*Meri Kirihimete me te Hape Nū Ia – Merry Christmas and a Happy New Year.*

**Nā Polly**

# Editorial

**Dr Sandra Richardson**
**Co-Editor | Emergency Nurse NZ**

## Editorial

Emergency nurses are continuing to face a barrage of abuse at the front door to the hospital – spilling over into active violence at times, and contributing to the stress and distress felt by staff nationwide. What happened to the out pouring of respect and admiration that first followed the recognition of Covid-19 and acknowledgment of the role nurses played?

There seems to have been a relatively brief moment in the spotlight, when nurses and other healthcare workers were (rightly) acknowledged for their contributions. Now a significant proportion of New Zealander's have returned to the complacency that normalises rude, aggressive behaviour when their needs are not immediately met; the success of the health system to date in minimising the impact of the pandemic has also minimised the public recognition of its potential devastation. While images and statistics are commonly shown via media, the reality behind this is not as easily transmitted. There is limited understanding of the impact that a full-blown outbreak will have on our hospitals, community services, the healthcare workers and the individuals and whanau affected. The current strain that has led to reduced access, limited visitation or accompanying person rights has further exacerbated the agitation felt by many patients when they attend ED.

The simmering anxiety present throughout society, intermittently exploding into angry outbursts or manifesting as irritation, exhaustion and despair affects both those attending the ED and those working there. The escalation of anger is further heightened by an inability to recognise the expression or to pick up on facial cues and hear clearly the anxiety or intent in voices hidden behind masks.

The willingness of some members of the public to take their fear, anger or sense of entitlement out on the staff trying to help them is not acceptable. But it is also becoming increasingly challenging for staff to maintain an equilibrium, to demonstrate empathy and to effectively de-escalate situations when they are fatigued and dealing with the same stresses. We talk about offering wellness supports, increasing self-care and being mindful, but in reality, we are finding it increasingly difficult to achieve finding time to achieve even the most basic of work place safety mechanisms. This does not mean we should stop trying, nor that we are unable to achieve a balance. It does mean that the emphasis on teamwork and collaboration is more important than ever.

As new strains of the Covid virus continue to emerge, and NZ moves from an elimination to a containment strategy, ED nurses and the ED environment also need to adapt. The horrific impacts that we have seen reported internationally, with WHO estimating up to 180,000 healthcare workers having died as of May 2021 during the pandemic, are coming closer to home with the death of Jill Dempsey in Australia. Melbourne emergency nurse Gillian 'Jill' Dempsey died after it is believed she contracted the Covid virus while at work, despite all nurses working in Victorian hospitals needing two doses of vaccine to be able to work in the hospital setting. Our thoughts go out to Jill's family and co-workers, and we acknowledge all those who have lost their lives during the pandemic.

As we approach the festive season, and the changing approach to managing Covid in NZ, we are mindful of both the dangers but also the protections that we have built in to our systems.

As a country we have been incredibly fortunate – although it is worth remembering that luck has relatively little to do with it. Good fortune favours those who plan, and follow through on the evidence. Emergency nurses are good planners. We are also good at finding 'work arounds' when processes are not addressing our needs, or those of our patients. This is not always the best way to change the system in the long run, however. We need to acknowledge that times are tough, and that we need to speak out, and continue to advocate not only for our patients but also for ourselves.

We need to be mindful of the risks, both professional and personal to our own well-being during these challenging times. And we need to actively support each other and look for the positive opportunities to celebrate the moments that make emergency nursing such a powerful and fulfilling career. *Mere Kirihimete to all!*

**Sandy**

# Editorial

## Editorial

At the time of writing, we are teetering on the brink of moving into the traffic light protection framework. How this will affect us in the long and short-term are yet to be seen. This year has again been challenging, with Covid-19 demanding a great deal from us. Matt Comeskey, Mātanga Tapuhi / Nurse Practitioner, talks in his *Practice Issues* article about lessons learnt from Covid-19 and touches on the issues of our wellbeing. Sandra Richardson, Nurse Researcher, continues the theme with a *Practice Issues* article on managing challenges from your PPE mask, providing tips to improve your mask wearing experience. A third *Practice Issues* article is from *Rachel Thompson, CNM,* Kaitaia regarding their community collaboration to improve their staffing concerns at night.

Looking back for a specific piece of information has led Sue Stebbeings, our Chairperson, down the rabbit-hole of our college history. Sue found strong themes emerging in our past journals. This has resulted in an article that summarises that history and those themes, which resonate with us today. Of note there is an opportunity to contribute to a position statement on safe-staffing in this article (and in the college activities section).

A technical matter was raised as a result of Sue's work, we identified that the journal numbering system has altered over the years, sometimes it has been numerical and other times seasonal, resulting in mild confusion. We are taking this as an opportunity to decide upon a system. The first *Emergency Nurse NZ* was published in 2001 as volume 1, so we will number the volumes according to the year since we began – increasing one volume number each year, and future issue numbers will be numerical. This numbering allows a little leeway in case publication times slips across one season into the next. All of this makes this edition: Volume 21, Issue 3.

Our *Paediatric Pearl* is about that common concern of crying infants. The Paediatric Pearl column has been taken on by Bridget Venning now that Kathryn Johnson has taken up a new opportunity. We wish Kathryn well in her new venture, with many thanks for her regular contributions, and we welcome Bridget to the team. For adults we have a new section called Nurse Practitioner Tips, Tricks and Trips. It is written by Paddy Holbrook Holbrook, Mātanga Tapuhi / Nurse Practitioner, known to many who are progressing through their nurse practitioner training. This edition Paddy has written about dirty wounds.

As usual, we have our regular features. These include our college reports, vacancies, education opportunities, and the upcoming conference. *Snippets* has resources especially for wellbeing in the hope that at least one helps you, plus some on quality improvement for our services, and cultural safety, te ao Māori and te reo Māori.

New to this edition is a tabulated list of our committee members and all our representatives and who they represent. The college is working on a better way for you to contact your reps, rather than using their personal emails. In the meantime, you can contact them via our secretary. Also, an apology and correction. In the winter edition we provided the incorrect title for Amy Button. We said: Amy Button – Emergency Nurse – Acute Services – Wairarapa District Health Board. More accurately Amy is: Amy Button – Registered Nurse, Emergency Department, Hawkes Bay Fallen Soldiers' Memorial Hospital, Hawkes Bay District Health Board. Amy is also the CENNZ secretary. This is reflected in the table.

If you wish to contribute to the journal, the rear page has summarised submission details and the online version has been updated with a cover letter. We really hope you continue to contribute, and we welcome all submissions, from letters, to case studies, opinion pieces, research reports, history or more. We're happy to help with your editing.

We hope you enjoy reading this edition.

*Wishing you a Mere Kirihimete – Merry Christmas and a good New Year.*

**Polly**

# Practice Issues 1 – Pandemic preparedness and response: Auckland City Hospital Adult Emergency Department

**Author:**

**Matthew Comeskey**
**Mātanga Tapuhi / Nurse Practitioner,**
**Auckland City Adult Emergency Department**

**Email for correspondence:**
mcomeskey@adhb.govt.nz

At the time of writing, the Covid19 pandemic has been ongoing since March 2020. Auckland is in a third lockdown, which will likely last four months. The degree of social and economic disruption at this time is difficult to quantify and the long-term effects are yet to be seen. There has been considerable stress placed on our Auckland community and healthcare workforce. This has been evidenced by the increase in mental health presentations seen in our department and the home-life stories told by our colleagues and friends. Regional border closures are about to be lifted. When this occurs, the Delta and Omicron strains of Covid 19 will spread to centres where there has been little infection to date.

This article seeks to draw on some simple lessons learnt in the Auckland ED response to the pandemic that may be useful to other regions. This is not a definitive description of the Auckland response or a 'how-to' advisory. And I want to apologise to my Counties and Waitematā and Starship CED colleagues for not consulting on their perspective, for their insight and experiences - time has been short in trying to disseminate lessons learnt here in Tamakai Makarau.

The response of each emergency department throughout the country will vary according to what is happening in the community in which it serves. Perhaps that is the first valuable lesson - there is unlikely to be a singular 'right way' to do things. Adaptation, flexibility and change will be constant. I have attempted to identify six lessons learnt, with the intention they might prompt thinking around practice change in EDs, now that we are heading into what appears to be a frightening challenge.

**Try not to radically change current practice. Do the basics well.**

Minimise change to that which is absolutely necessary. Don't make things too complicated in your response to infection control (in particular RSI in Resus or Triage processes). Complicating the basics might lead to care and safety being compromised when well-practiced and established routine is disrupted.

**Consider moving to N95 masks for all staff once community COVID infections become more prevalent.**

Fit tested N95s have proven to be very effective in Auckland ED at preventing infection amongst the staff. When Covid-19 becomes endemic, patients and visitors will present who may be asymptomatic, infective and unaware. Consequently, these patients may not be isolated initially by screening, but placed amongst the general ED population. This is a considerable risk - even with rapid antigen testing. The risk can be mitigated with staff wearing an N95 mask and eye wear and having patients and visitors wearing masks.

Additionally, social distancing amongst ED staff is challenging.

Tea rooms are a high-risk area for transmission between staff. In this case, social distancing is critical because masks, obviously, can't be worn when eating.

There has been a noticeable reduction in the level of anxiety amongst staff when there is confidence in PPE use, double vaccinations and as much social distancing as possible.

# Practice Issues 1 – Pandemic preparedness and response: Auckland City Hospital Adult Emergency Department Cont.

**Include all staff in communication. Keep it short and simple.**

Change will come, and it may feel overwhelming. It's best to avoid being overly directive or complicated. Try as much as possible to have a single inclusive 'voice'. Include all staff (orderlies, clerical, security, cleaners). Uncertainty feeds fear. The same applies to communication with patients, they want to know what is happening and who they are talking to – we all look the same in PPE. It can be a frightening and bewildering experience.

**Get processes sorted, nailed down and in practice early.**

The earlier the better. It is obviously harder to prepare for change in the midst of a crisis. Engage early with other services. Get agreements in terms of responsibility and disposition fully understood and agreed upon.

**Staff welfare is critical.**

This is possibly the most important learning point from the Auckland ED experience – and perhaps the one we may have initially overlooked. Thankfully, we have some wise and caring people amongst us who knew better. Auckland has a staff welfare group to contact those isolating at home or who are going through a hard time. There is a clinical psychologist for ED staff to consult in confidence. Posters with messages of positive affirmation are in the department. Leave continues to be taken and is encouraged where possible. Rest is very important. It is physically demanding working in PPE and wearing an N95 all day. This is a marathon, not a sprint, energy and passion have to be guarded. The staff rosters have come under a lot of pressure. At times our resilience and patience have been tested, but there persists a willingness to be supportive and respond to stressful situations with kindness. That should be a goal.

*Finally, and perhaps most controversially,*

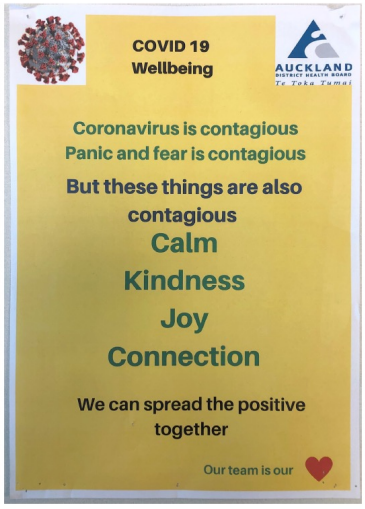
**Visitors.**

The following is my own opinion. We need visitors and so do our patients. People are very afraid of not just the disease but the disruption to their lives. In Auckland we have a large multi-cultural population. We have a predominately Māori and Pasifika community for whom healing includes the physical presence of whānau. Many of our international community have family in countries where Covid-19 has been devastating. They arrive afraid – and are immediately isolated, adding to their anxiety. To have someone they trust present and speak for them and offer comfort is critical. The infection risk of having an additional person present can be managed. The benefit of their presence may be immeasurable. We can't exclude visitors from our EDs for the duration of this pandemic – this is likely to be months. We should manage the risk and welcome their support where it is safe to do so.

In summary, the detail across our planning to-date is enormous. Our core nursing knowledge and skills anchor us in keeping our patients and ourselves as safe as possible. Compassion, empathy, and collegiality persist, and will guide us through.

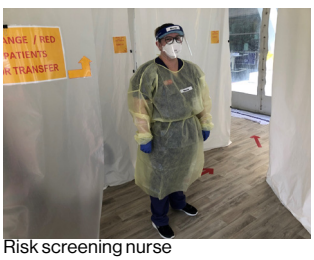
*Kia kaha, Kia māia, Kia manawanui.*

*Be strong. Be brave. Be steadfast.*




A positive affirmation poster


Pre-triage visitor patient and visitor risk screening



Risk screening nurse

Emergency Department entrance and screening point

# Practice Issues 2 – Managing masks: The small things also matter

**Author:**

**Sandra Richardson,** B Nurse Researcher, Emergency Department, Christchurch Hospital.

**Email for correspondence:** Sandra.richardson@cdhb.health.nz

As New Zealand moves on to the next phase of managing the Delta and Omnicron strains s of the Covid-19 outbreak, nurses and other healthcare workers will settle into a new normal of constant mask wearing in most workplace settings, as well as public and community spaces. For emergency nurses, this includes long times spent wearing full PPE and most other times wearing, at a minimum, surgical masks.

In addition to the very real risks associated with the pandemic and potential exposure that can be mitigated by the use of mask wearing, there are a number of fairly annoying but more minor consequences. These include skin complaints, irritation from rubbing, fogged up glasses, and difficulty communicating.

### Skin breakouts – the dreaded 'maskne'

Many of us of us may have thought acne was well behind us, but moisture, sweat and a warm environment build up behind masks, creating a humid space ideal for bacteria, yeast and even the natural skin mites (dermodex) to grow. The risk of 'maskne' (or mask acne) is a result of this build up over time, and refers to the rashes, irritation and spots that can develop.


While this can be uncomfortable and irritating, there are some things that can be done to limit this:

- When wearing a surgical mask, replace it regularly, after eating/drinking, if it becomes soiled.
- Keep your face clean, moisturised – a soft cloth and warm water wash during the day can help.
- There are some specialist products which you can discuss with your pharmacist.
- Avoid or go easy on make-up – try and avoid clogging you skin.
- When possible, find a safe environment where you can remove your mask and give your skin a breather (outdoors if possible).
- If you are wearing a fabric mask, remember to wash regularly.

### Fogged up glasses

For those of us who wear glasses, one of the most frustrating things about regular mask wearing is surely the constant 'fogging' and difficulty seeing more than a few inches in front of you! Again, while there are some tips and tricks (and I have tried most), this seems to come down to finding what works for the individual. The most helpful suggestions include the following:

- Forming a tight seal at the bridge of nose – either using masks with a strong band across the nose that can be shaped, and for those with larger glasses, tucking the glasses over the mask (best for fabric masks).
- Nose clips to create a good seal (fit onto masks – again usually for fabric masks but can be used with all) often from pharmacies or optometrists (online options also available – one example is: https://www.art-isan.co.nz/products/copy-of-anti-fog-nose-clip.

# Practice Issues 2 – Managing masks: The small things also matter cont.

- Anti-fog spray or wipes for glasses available from a variety of outlets, including pharmacies and optometrists
- Washing glasses with soap and water – the soap leaves a residue which can help reduce fogging (reduces surface tension). Shaving cream also works!

### Sore ears and bridge of the nose

The irritation caused by movement/rubbing either of the mask or the ties around the ears can result in breakdown, and even open wounds over time. While it is usually just a source of discomfort, when skin does breakdown, this can lead to infection. The responses depend on the severity of the pressure.

- Use of an over the counter wound cream or petroleum-based jelly on the site can reduce the chafing and redness.
- For fabric masks there are various forms of ties available, including those that do not loop behind the ears.
- There are small clips or devices that can be placed behind the head and the loop pulled back behind the ears and attached there rather than to the ears; these range from crocheted strips with buttons sewn on the ends to plastic shapes designed to hold the loops – one example available at: https://www.art-isan.co.nz/products/ear-savers.

### Difficulty communicating

It is surprising how much harder it has become to hear people, just because we are all wearing massk. This has highlighted to me how much of our communication actually involves facial cues, perhaps even a degree of lip reading occurring in busy, noisy environments. This is further affected by and the impact of slightly muffled voices now behind layers of cloth and paper. Given this, it must be even more confronting for those with a known communication deficit, whether it be hearing related or reliant on the need to read those social cues, understand situations by drawing on and interpreting the wider facial responses.

- Where possible, using a face shield or clear mask allows the hearing impaired to lip read.
- With standard fabric and surgical masks, the key is not to speak louder, rather to speak clearly and a little more slowly (adjust your tone, not your volume).
- It is even more important than usual to take the time to stop and look at people when you are speaking to them (rather than equipment, iPad or notes).
- Look at each other when speaking. Continue to laugh, or smile, or express empathy as you usually would. A lot can still be read through the eyes and you can still convey the emotion you are feeling.
- Be aware, it can be difficult or uncomfortable for some people to wear hearing aids and to wear a mask.
- Use non verbal gestures to support your message.

**For further information:**

Dean, E. (2021). COVID-19: how to avoid skin damage while wearing PPE. *Nursing Standard*: https://rcni.com/nursing-standard/newsroom/analysis/covid-19-how-to-avoid-skin-damage-while-wearing-ppe-160451

Mheidly, N., Fares, M. Y., Zalzale, H., & Fares, J. (2020). Effect of Face Masks on Interpersonal Communication During the COVID-19 Pandemic. *Frontiers in Public Health, 8*, 582191. https://doi.org/10.3389/fpubh.2020.582191

Ministry of Health (2021). COVID-19: Use of masks and face coverings in the community

https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-health-advice-public/covid-19-use-masks-and-face-coverings-community

Rosner, E. (2020). Adverse Effects of Prolonged Mask Use among Healthcare Professionals during COVID-19. *Journal of Infectious Diseases and Epidemiology* 6 (130) DOI: 10.23937/2474-3658/1510130.

Unite Against Covid-19 (2021) Wearing a face covering

https://covid19.govt.nz/health-and-wellbeing/protect-yourself-and-others-from-covid-19/wear-a-face-covering/

# Practice issues 3 – Supporting a rural hospital at night by collaborating with the community

**Author:**

**Rachel Thompson**
**Clinical Nurse Manager, General Ward and A&M Department, Kaitaia Hospital**

**Email for correspondence:**
Rachel.Thompson@northlanddhb.org.nz

In 2019 General practice's (GP's) in Kaitaia withdrew overnight services provided to the community at Kaitaia Hospital after finding it extremely difficult to recruit and retain staff in primary care. This withdrawal resulted in our Senior Medical Officer's (SMO) providing overnight on-call service to GP patients as well as their regular workload. With the additional primary care patients, the SMO workload doubled, making their roster unsustainable.

Night shifts in Accident & Medical for nursing staff had the potential to be daunting, even scary, with the prospect of anything coming through the doors at any time. In addition, with only one registered nurse rostered from 10 pm – 7 am and no doctor on-site, the nurses felt isolated and unsupported. The clinical nurse manager, Rachael Thompson of the general ward at Kaitaia Hospital said their situation needed to be addressed quickly. "Our options were to keep the status quo, change shift patterns or find a solution outside the square."

Meanwhile, operations manager Neta Smith was contacted by Dr Giles Chanwai, a staff member from Emergency Consult (EC) and had iwi connections to the Far North. Dr Chanwai came and met with a small team, and an instant relationship developed. He explained how their company worked and what services they provided, and together they merged their services with the Hospital's needs and developed a plan to begin a trial.

Neta was acutely aware she needed to help our doctors, and the trial was planned to start at the end of January 2020. Not everyone was enthusiastic about it, but it wasn't long until most staff saw the benefit of the initiative.

The trial was designed to run from 11 pm to 8 am seven days a week. For the first month, EC saw Triage 4 and 5 (low acuity) patients only and would See, Treat and Discharge or See, Treat, Observe and then Discharge. After a month, this progressed to include seeing Triage 3 patients. The EC doctor would contact our SMO and hand the patient over if they felt they were too unwell and needed to be seen in person.

The next plan was to Discuss Triage 1 and 2 patients and be a second pair of eyes and support during resuscitation. Meaning added support for the nursing staff before the arrival of a doctor (which can take up to 20 minutes). Unfortunately, this has not yet occurred partly due to all the interruptions with renovations and COVID-19.

We have recently included EC in our surge planning and will use it during working hours to help clear the waiting room.

The advantages of EC are real-time, reduced waiting time for patients parallel processing, immediate plans, decision support, and reduction in doctors' unsustainable workload. This has placed EC in the rural arena, and for Kaitaia Hospital, we have promoted workforce longevity.

# Paediatric Pearls - The crying infant

**Author:**

**Bridget Venning**
**Clinical Nurse Specialist, KidzFirst ED at Middlemore Hospital.** Email: bridget.venning@gmail.com

Incessant crying is a common reason that young infants present to the emergency department (Chua, Setlik, & Niklas, 2016). While the majority of causes are benign, thorough history and examination are required to exclude pathological causes and potential life-threatening illness (Ismail & Nallassamy, 2017).

## History:

History of the frequency, duration, timing and any precipitating or relieving factors for the crying spell should be obtained (Ismail & Nallassamy, 2017). A psychosocial history is also important to determine safety concerns for the infant.

Red flags from the history include:

- Fever
- Acute onset of persistent crying
- Extreme prolonged high-pitched cry
- Refusal to feed
- Lethargy
- Abnormal activity
- Trauma
- Bilious vomiting
- Bloody stool
- Poor weight gain
- Inconsistent history

Postnatal depression (Chua, Setlik, & Niklas, 2016, Ismail & Nallassamy, 2017, The Royal Children's Hospital, 2019)

## Exam:

A thorough head to toe exam of the undressed infant is essential including a HEENT, neurological, cardiovascular, respiratory, abdominal, genitalia and skin examination.

*Red flags on examination include*:

- Abnormal vital signs (including fever and remember glucose)
- Sustained tachycardia
- Not moving an extremity or tenderness
- Distended abdomen
- Full fontanelle
- Hematoma or bruising

Rapidly evolving rash (Chua, Setlik, & Niklas, 2016, Fox 2015, Ismail & Nallassamy, 2017, The Royal Children's Hospital, 2019)

## Consider your options

**Differentials:**

The differential diagnosis of a crying infant is extensive and can involve every organ system. The acronym 'IT CRIES' (adapted from Fox, 2015) can be useful in organising potential organic causes.

**I:** Infection (meningitis, UTI, otitis media, encephalitis, osteomyelitis, pneumonia, sepsis)

**T:** Trauma (fractures, subdural haemorrhage, NAI); Tumour

**C:** Cardiac disease (SVT, Congenital heart disease/ congestive heart failure)

**R:** Reactions to bites, medications, recreational drugs, cow's milk protein; Reflux

**I:** Immunisation; Inborn error of metabolism

**E:** Eyes (corneal abrasion, foreign body); Electrolytes imbalance

**S:** Surgical process (volvulus, intussusception, incarcerated hernia, testicular/ovarian torsion); Skin (hair tourniquet, nappy rash, cellulitis, rectal/anal fissures)

**Colic: A diagnosis of exclusion**

Not all crying is colic. Normal crying in young infants is approximately 3 hours per day. Wessel's 'Rule of Three' defines colic as an otherwise healthy, thriving baby with crying spells that occur for more than 3 hours a day, 3 times a week for 3 consecutive weeks (Johnson, Cocker, & Chang, 2015). Colic crying typically starts in week two of life, peaks at six to ten weeks and resolves by 16 weeks of age and starts and stops without obvious cause (Johnson, Cocker, & Chang, 2015).

**Investigations:**

Investigations will be indicated by history and exam findings i.e., septic screen for febrile neonate. However routine investigations are not indicated in a well looking afebrile infant with a normal exam (The Royal Children's Hospital, 2019). A prudent approach would be to perform a urinalysis (Freedman, Al-Harthy & Thull-Freedman, 2006), although this is not consistently supported in the literature.

**Management:**

Acute management depends on the diagnosis obtained. However, if medical causes are excluded, and feeding is normal; or the offending stimulus is removed and crying stops, the child will likely go home after an observation period (Ismail & Nallassamy, 2017). Prolonged observation in ED is recommended if an infant has a normal examination but crying persists (Ismail & Nallassamy, 2017).

On discharge, parental education and reassurance should be offered and clear return advice given. Referral for early ongoing follow-up is essential, options include the general practitioner or midwife/Plunket nurse. Prior to discharge, ensure parental emotional state is assessed – excessive crying is a risk factor for NAI (The Royal Children's Hospital, 2019).

**Family advice:**

Good resources to offer parents on normal infant crying are available via Royal Children's Hospital, Melbourne: https://www.rch.org.au/clinicalguide/guideline_index/Crying_Baby_Infant_Distress/#parent-information.

**References**

Chua, C., Setlik, J., Niklas, V. (2016). Emergency Department Triage of the "Incessantly Crying" Baby. *Pediatric Annals*. 45(11), pp. e394–e398. DOI: 10.3928/19382359-20161017-01

Fox, SM., (2015). Inconsolable infant. *Pediatric EM Morsels*. https://pedemmorsels.com/inconsolable-infant/

Freedman, S. B., Al-Harthy, N., & Thull-Freedman, J. (2009). The crying infant: diagnostic testing and frequency of serious underlying disease. *Pediatrics, 123*(3), 841–848. DOI: 10.1542/peds.2008-0113

Ismail, J., & Nallasamy, K. (2017). Crying Infant. *Indian Journal of Pediatrics, 84*(10), 777–781. DOI: 10.1007/s12098-017-2424-z

Johnson, J. D., Cocker, K., & Chang, E. (2015). Infantile Colic: Recognition and Treatment. *American family physician, 92*(7), 577–582.

The Royal Children's Hospital, (2019). Unsettled or crying babies. Melbourne (AU). https://www.rch.org.au/clinicalguide/guideline_index/Crying_Baby_Infant_Distress/

History

# History: Twenty years of CENNZ journals

**Author:**

**Sue Stebbeings,** Chairperson, College of Emergency Nurses NZ – NZNO

Mātanga Tapuhi / Nurse Practitioner, Whangarei Hospital.

**Email for correspondence:** cennzchair@gmail.com

## Foundation history prior to 2001

With the formation of special interest groups by NZNO, a group of emergency nurses from Waikato formally invited North Island emergency nurses to a study day in 1991. This became the beginnings of a wider emergency nurses' network. The Emergency Nurses Section (NZNO Inc) was established following an Emergency Nursing Conference, held at Waikato University hosted by nurses from the Waikato Emergency Department in 1993. A steering committee, all from the North Island, was formed and began the task of establishing guidelines, rules and a national section.

Membership became nation-wide, with regions aligned with the NZNO format. A strong membership base and an active committee was involved in many initiatives and collaborations. Study days were a popular feature of regional activities. The Triage Course was developed and first offered in 1997, particularly through the efforts of John Coleman, Jane Nimmo, and Yvonne Williams. The Certified Emergency Nurse exam, Trauma Nursing Core Course & Emergency Nursing Paediatric Course provided specialty learning opportunities. Sponsored awards were established to fund research and education.

After steady work by the National Committee to meet NZNO criteria for college status, this was announced at the 10th Emergency Nurses Section of NZNO Conference in Hamilton 2001 and the College of Emergency Nurses New Zealand – NZNO (CENNZ) came into being. NZNO Colleges aim to enhance professional specialty activities that include providing expert knowledge and advice to the health sector, the Government and other organisations, development of knowledge and skills frameworks and standards of practice, and providing professional development opportunities.

Emergency nurses were strongly encouraged to become involved in shaping the future of emergency nursing and emergency departments in New Zealand in local and national forums, and through education. The 2001 Hamilton conference theme was '*Picking up the Pieces*' highlighting violence experienced by women and children in the community and the roles of emergency nurses. Consideration of non-accidental injury, intimate partner violence, and the safety of children are now familiar components of our nursing practice. The seriousness of these issues was counterbalanced by the final conference session that explored humour as a positive way to manage stress. The Friday Funnies became a familiar email printout on our ED tearoom table for many years following this conference. Using humour as a component of wellbeing is fairly engrained in most emergency nurses.

Publication of a regular magazine was established as part of early efforts to connect emergency nurses and provide updates in emergency care. Preceding the 2001 Hamilton conference, the *Emergency NewZ* journals ran a competition for a new logo to represent the College. The gift of *Ngā Ringa Ringa Aroha* to our college name was made from Tainui through Waikato ED nurse Vi Taha and it became part of our logo (see Figure 1).

History

# History: Twenty years of CENNZ journals Cont.

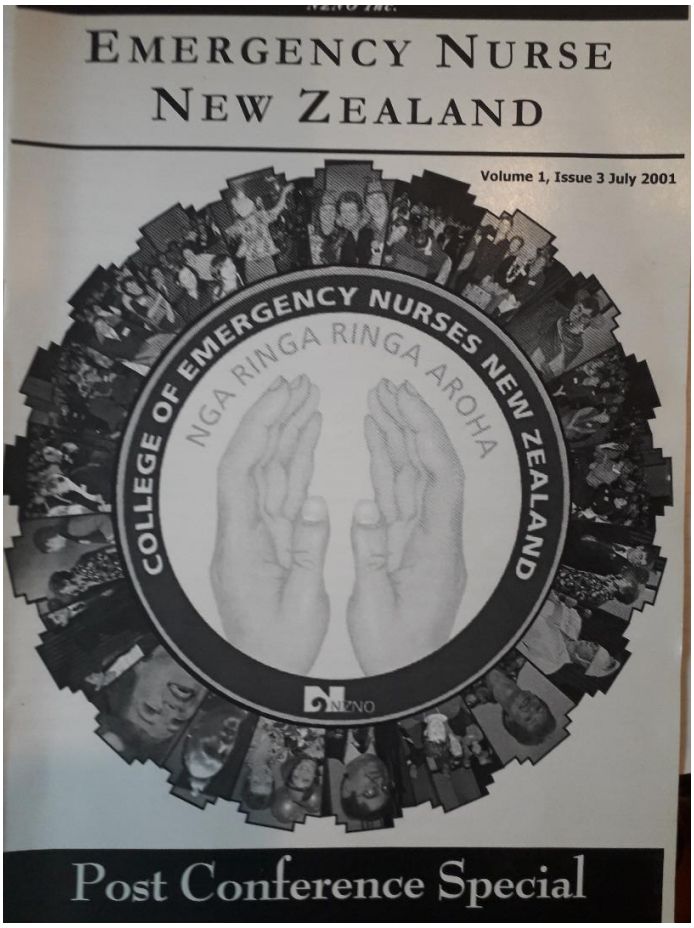



Figure 1 Cover of a 2001 Emergency Nurse New Zealand - featuring the logo and te reo Māori name

During a search through old *Emergency Nurse New Zealand* journals (see figure 2) to clarify the CENNZ Roll of Honour, several things stood out strongly throughout the last twenty years – the commitment of emergency nurses to work together to promote the specialty and skills of emergency nurses, and the unfortunately familiar issues and themes that permeate the articles and conference programmes. Several early journals featured cartoons and poems that reflected the type of dark humour associated with nursing in difficult situations. The following are some of the themes that continue to this day.


Figure 2 A range of old Emergency Nurse New Zealand journals

## Clinical practice

There are many clinically focused articles throughout the journals that supported the development and sharing of emergency nursing knowledge. These include case studies, topic reviews, and emerging research being the main formats. Mental health and substance use presentations – especially alcohol – have been common topics of articles.

Discussions on the role of emergency nurses, and in particular advanced practice roles, explored what could or should be included in emergency nursing practice. The first Nurse Practitioner profile feature in 2007 was Michael Geraghty.

## Technology

Prior to this email era, there was the need for a centralised post box and a Wellington delegate on mail collection duty in the early 2000's, demonstrating how CENNZ communications have evolved over the years. Hand delivery of mail in the region was also not unheard of. Similarly, the move from cheque books and petty cash to online banking and centralised accounts as part of NZNO has changed the treasurer processes.

History

# History: Twenty years of CENNZ journals Cont.

The move to videoconferencing meetings instead of audio-only teleconferences is one positive development from Covid-19 in 2020. Conversations are easier when you can see who is speaking, although the national committee find being in the same room together is much more productive for longer meetings and workshops.

## Department profiles

Many journal issues over the years profiled EDs from around the country including the initial opening of Starship in 2003 and Waitakere ED in 2005. The development of Auckland's Admission and Planning Unit was featured in 2004.

Several EDs have managed complete or partial renovations or rebuilds over the last twenty years. Many departments are now well overdue for upgrading to meet the current numbers of people presenting. The current pandemic has demonstrated the almost complete lack of fit for purpose ED facilities to manage infectious illnesses appropriately.

Profiles in the journals were also an avenue that departments used to share solutions, innovation and initiatives to manage the issues they were experiencing.

## Key issues

Strong member involvement is the way that emergency nurses support each other, and advocate for our community to have access to quality care. Connecting through CENNZ allows us to make the best impact of our energies in local, regional, and national forums. Common issues reported in the journals are over-crowding, violence and aggression, safe staffing and patient length of stay.

### Overcrowding

The multi-factorial nature of overcrowding, and the impacts on patient care were key discussion points in a meeting between CENNZ and the Minster of Health and Ministry of Health representatives in 2004. Seeking ongoing opportunities to contribute to other relevant national forums is an on-going priority. These efforts are often collaborative with likeminded organisations such as other NZNO colleges, or the Australasian College of Emergency Medicine.

### Violence and aggression

Zero Tolerance to Violence was a familiar phrase at the time of an article in 2004. The presence of violence and aggression, alcohol and drug use in our communities are sadly ongoing background factors for many ED presentations and become an automatic response for many people when facing stress. The ongoing work to report incidences, improve security, and decrease incidence is part of keeping the issues visible to achieve a safe workplace. Improving staffing levels and reducing overcrowding will contribute to improving our ability to manage these issues. CENNZ supports the retention of this issue on the NZNO strategic plan.

### Safe staffing and patient length of stay

A journal report on issues for emergency nurses in 2006 highlights the pending recommendations of the Safe Staffing Committee of Inquiry into DHB staffing, planning for possible pandemic situations, the anticipated impact on EDs, and need for training in PPE. Safe staffing and pandemic responses are even more relevant today than they were then. The CENNZ submission to DHB NZ on the urgent care interface was published in 2007 promoting equitable access to emergency care and opposing any potential denial of care or triaging away.

The Summer 2009 journal contains two meeting reports both highlighting the new ED length of stay model – a meeting with Mark Jones, the Chief Nurse, to discuss clinical safety, access block and staff stress; the report of Working Group for Achieving Quality in Emergency Departments. The same journal has an interesting report by Gabby Harsveld on taking a modified triage course to Fiji with Lynette Baines, unwittingly at a time of political unrest. Thankfully all went well, and the concept of triage was introduced to the 20 nurses who attended.

Nursing workload featured in the Chairperson report in 2011 alongside observations on CCDM and introduction of TrendCare, and development of the CENNZ staffing repository to support benchmarking across EDs. The call to continue advocating for our patients to receive safe timely care amidst the short staffing and increasing pressures by completing incident forms and escalating concerns to management teams was the highlighted in 2014.

History

# History: Twenty years of CENNZ journals Cont.

CENNZ hosted a national ED charge nurse manager meeting in 2017 that included a presentation by the National Advisor from the Ministry of Health acute services team.

Security and staff safety were also topics of discussion with sharing of creative innovations.

CENNZ continues to lobby for effective solutions to be implemented and celebrate the successful inclusion of ED nurse staffing in the recently announced Nurse Safe Staffing Review by Ministerial appointed Nursing Advisory Group. The draft updated CENNZ position statement on nursing staff requirements was circulated last month for feedback, as part of the online AGM. This DRAFT Position Statement - Nursing Staff requirements in ED has been a difficult and complex issue to present, with strong recommendations being developed while the current debates have been underway. This is still being finalised, so please send your feedback to cennzsecretary@gmail.com. Our collective skills, expertise, and energies are as essential today as they were at the inauguration of the College of Emergency Nurses NZ, so that our communities can receive quality emergency care from EDs, safely staffed by skilled resilient nurses.

## CENNZ Roll of Honour

There have been many who have contributed to our section and then college. Table 1 reveals our roll of honour and chairpersons since becoming a College.

Our college has been supported the since its inception by a range of chairpersons (Table 2). Each chairperson has enhanced different aspects of our College's development. Without the commitment and contribution of our past and present chairpersons, committee members and many of our members, our college would not be what it is today.

| Lifetime Membership Awards | Foundation Member Awards |
|---|---|
| 2003: Jane Bebbington | 2000: Ann Coughlan |
| | 2001: Elaine Riley |
| | 2002: Sheryll Petrie |
| | 2003: Jane Nimmo |
| | 2004: Jane Lawless |
| | 2005: Mike Geraghty |
| 2006: Anne Smillie | |
| 2015: Liz Walsh | |
| | 2018: Lynette Baines |
| 2019: Wendy Sinclair | |
| 2020: Rosie Simpson | |
| | 2021: Sandra Richardson |

*Table 1 CENNZ Roll of Honour*

*N.B. Please contact cennzsecretary@gmail.com to correct or add information regarding this roll of honour as details may be incomplete*

| College Chairpersons |
|---|
| 2001: Jane Lawless |
| 2004: Mary McManaway |
| 2006: Justin Moore |
| 2009: Denise McGurk |
| 2011: Iona Bichan |
| 2014: Lynette Baines |
| 2015: Libby Haskell |
| 2017: Rick Forster |
| 2018: Jo King |
| 2020: Sandra Richardson |
| 2021: Sue Stebbeings (current) |

*Table 2 CENNZ college Chairpersons since college status granted*

# NP tips, tricks and trips

**Author:**
**Paddy Holbrook Nurse Practitioner, Acute Care.** Email: paddy.holbrook@otago.ac.nz

I love it when people ask if they can help, builds teamwork and really helps me get through the work load. I have noted that many helpers are very sparing with their cleaning prior to any definitive treatment. A dressing pack and a couple of cotton swabs will be fabulous for a weepy surgical wound – but that chainsaw incident needs more... Some wee tips for the non-NP or beginning ED nurse.

**Red flags and considerations:**

History of the frequency, duration, timing and any precipitating or relieving factors for the crying spell should be obtained (Ismail & Nallassamy, 2017). A psychosocial history is also important to determine safety concerns for the infant.

*Red flags from the history include:*

- Heavily bleeding wounds
- Deeply penetrating wounds
- Wounds that have large penetrating objects – may be stemming the flow...
- Adequate analgesia – can you clean/irrigate whilst maintain some level comfort
- Adequate analgesia – can you clean/irrigate whilst maintain some level comfort.

**Preparation:**

- Comfort – patient position
- Analgesia, elevation, emotional support
- Consider wound infiltration with anesthetic (topical or block)
- Check limb wounds for sensation and movement before using any blocks.

**Protection**

Yourself: gloves, apron, eye protection

Patient: protect clothing, floor, bedding.

**Cleaning**

A fresh dirty wound needs a thorough cleaning: remove dirt and debris, anything that you can see that shouldn't be there and can be removed safely.

*Often a good wash can be done before any irrigation or definitive cleaning.*

This can be done by holding under running potable water or over a bowl of warm water. Warning: don't soak the wound, it can cause maceration.

You can use a soap impregnated sponge if there is one.

Choose the method that is safest for your patient – remember they faint....

**Irrigation**

Lots of research on the best irrigation solution.

Sterile saline is my preferred option for irrigation.

Some good evidence for a povidone iodine solution as a prevention of infection.

*Options:*

- Use a large syringe (can use a blunt fill needle, cannula or similar on end) to give a higher pressure wash out.
- One-litre bag of saline with a soft cannula on end and then can irrigated with pressure by using a pressure bag or just holding.

Some evidence describes 50ml per cm of wound... I was told by a wise NP, *"The solution to pollution is dilution"* so at least a litre for a dirty wound more until clean.

Don't be afraid to lift areas of skin or tissue to clean underneath.

Consider radiography if considering deep foreign body, remember if you find radiological evidence of debris before irrigation you need to recheck afterwards.

## Finish

If further definitive treatment required, cover with non-stick dressing.

Or dress with your favourite dressing, that is another episode.

*If large, document:*

- What and how much solution used.
- Size and depth of wound.

Document everything you saw and did ☺

## Lots of extra reading:

Gabriel, A. (2021) Wound Irrigation. *Medscape* [Internet]. https://emedicine.medscape.com/article/1895071-overview

Lewis K, Pay JL. Wound Irrigation. [Updated 2021 Jun 4]. In: *StatPearls* [Internet]. Treasure Island (FL): StatPearls Publishing. https://www.ncbi.nlm.nih.gov/books/NBK538522/

Ubbink, D.T., Brölmann, F.E., Go, Peter M.N.Y.H., & Vermeulen, H. (2015) Evidence-Based Care of Acute Wounds: A Perspective. *Advances in Wound Care. 4*(5) 286-294. DOI: 10.1089/wound.2014.059

# Snippets 01: Summer 2021

## Snippets: Health and wellbeing.

**Cuttings, reviews, resources and contemplations.**

**If you know of any items suitable for inclusion in 'Snippets', please e-mail these through to:** editor.cennzjournal@gmail.com.

We all need help, especially in our pressured workplaces, and all of us have challenges at home to some degree or another. As such, the following are a range of resources, in addition to those from our workplaces.

If you know of any items suitable for inclusion in 'Health and Wellbeing Snippets', please e-mail these through to: editor.cennzjournal@gmail.com.

### Assistance for immediate help

- 1737 brief intervention counselling: https://1737.org.nz/
- Alcohol and drug helpline: https://alcoholdrughelp.org.nz/helpline/
- Mental Health Foundation: https://mentalhealth.org.nz/help

### Services

- **EAP** (Employee Assistance Programme) Services – confidential counselling and other support for DHB staff and their close family - in the first instance, up to three sessions are provided, although an extension may be sought in some circumstances: https://www.eapservices.co.nz/contact/
- **Wellbeing service** – Ministry of Health and Healthcare NZ: https://www.healthcarenz.co.nz/wellbeing-service/
- **Workplace Support** – Onsite access to independent support staff who can help employees navigate personal or work difficulties and link them to up to three confidential counselling sessions per year for DHB staff and their close family: https://www.workplacesupport.co.nz/

### Apps, blogs, and newsletters

- **All Right?** Getting through together – free help if you're not alright: **https://www.allright.org.nz/articles/not-all-right**
- **Calm** – tools to meditate, sleep and relax: https://www.calm.com/
- **Five Ways to Wellbeing at Work Toolkit** – resources to support you to introduce mental health and wellbeing into your workplace and focus on promoting positive mental health, from the Mental Health Foundation: https://www.mentalhealth.org.nz/home/our-work/category/42/five-ways-to-wellbeing-at-work-toolkit
- **Headspace** – tools to meditate, sleep and relax: https://www.headspace.com/headspace-meditation-app
- **Just a thought** – free online therapy courses for skills to manage your thoughts and feelings: https://www.justathought.co.nz/
- **Small Steps** – Brief tools to help with feelings of anxiety, stress, or low mood: https://www.smallsteps.org.nz/
- **Thrive Global** – Blog: https://thriveglobal.com/stories/
- **Umbrella** - Thinking – newsletters to lead the wellbeing conversation in New Zealand: https://umbrella.org.nz/thinking/
- **Woebot** – AI-powered chatbot that uses cognitive-behavioural therapy (CBT) principles to help people manage their mental health: https://woebothealth.com/
- **Workplace Wellbeing** – resources such as posters, videos, infographics, presentations, news and events on workplace health and wellbeing: https://wellplace.nz/

# Snippets 03: Summer 2021

## Cultural Safety and Te Ao Māori Snippets

Incorporating aspects of culture and operationalising Cultural Safety are key elements with New Zealand nursing, that have the potential to make our practice unique. Within Emergency Nursing, we have the opportunity to impact health care, to raise awareness around issues of equity and access, and to challenge aspects of power and its misuse. This section aims to highlight resources and information that may inform your understanding of Cultural Safety.

The Health System also has specific responsibility and accountability towards Māori, and as representatives of the wider health system, emergency service providers need to understand the implications of their actions (and inactions). One way of developing our responsiveness to Māori is by increasing the wider understanding of Te Ao Māori – the Māori world view.

The editors of Emergency Nurse New Zealand want to offer the opportunity to share resources and information that may assist nurses in their journey towards cultural safety and increasing their understanding Te Ao Māori.

Many Emergency Departments and urgent care centres have made considerable efforts in these areas. Share your resources and stories here.

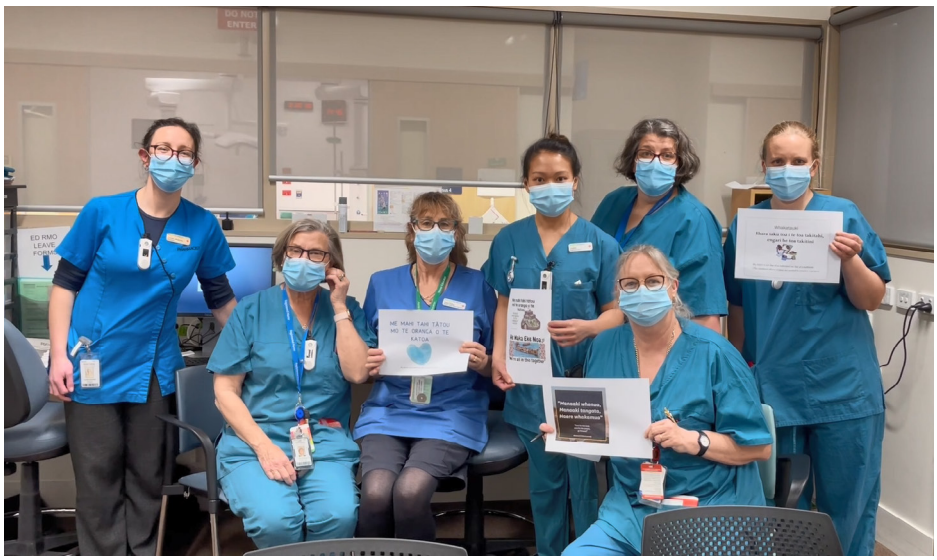
*If you know of any items suitable for inclusion in 'Cultural Safety and Te Ao Māori Snippets', please e-mail these through to: editor.cennzjournal@gmail.com.*

### Te Reo Māori

The use of language – te reo Māori – continues to grow in New Zealand. If you want to practice or learn how to create a mihi (a personal introduction which can take place at the beginning of a gathering or meeting), try looking at: Kia Kaha Te Reo Māori https://www.reomaori.co.nz/learn_your_mihi

### Feedback from Maori Language Week

Nurses, social workers, hospital aids and others joined in in celebrating Māori language week at EDs around New Zealand. While the fluency with which the use of oral language varies, the enthusiasm does not. Staff contributed by sharing moments on the Māori Language Moment website, listening to te reo Māori (language), music or TV; reading karakia (prayer), mihi (introduction) and using phrases or greetings and writing posters or signs to share their support for the use of te reo Māori.



**Phrase of the day:**

"Hika ma, i kino te huarahi i te ra nei!

Wow, the traffic was shocking this morning!"

# CENNZ Reports

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

## Vacancy

**There is a position representing Top of the South on the CENNZ National Committee currently vacant.**

Please see application information on page 43

# Committee Roles

## CENNZ mission statement

We believe that emergency nursing is a speciality within a profession. We aim to promote excellence in Emergency Nursing within New Zealand / Aotearoa, through the development of frameworks for clinical practice, education and research.

### Conferences and Seminars

| Role / Portfolio | Conference Name | Location and Link |
|---|---|---|
| Chairperson | Sue Stebbeings | cennzchair@gmail.com |
| Secretary | Amy Button | cennzsecretary@gmail.com |
| Treasurer | Kaidee Hesford | cennztreasurer@gmail.com |
| Membership | Kathryn Wadsworth | cennzmembership@gmail.com |
| Grants and Awards | Kathryn Wadsworth | cennzawards@gmail.com |
| Staffing Repository | Anna-Marie Grace | cennzrepository@gmail.com |
| NZ Triage courses | 2021 (outgoing) Katie Smith<br>2022 (incoming) Tanya Meldrum | cennztriage@gmail.com |
| Professional Nursing Advisor (NZNO) | Suzanne Rolls | suzanne.rolls@nzno.org.nz |
| Te Rūnanga Representative | Tina Konia | |
| Journal Co-editors | Dr Sandra Richardson & Polly Granger | editor.cennzjournal@gmail.com |
| Knowledge and Skills Framework | Katie Smith (outgoing)<br>*To be confirmed* (incoming) | |
| Website and Social Media | Dr Natalie Anderson | |
| **Networks** | | |
| Clinical Nurse Educator Network | Anna-Marie Grace | |
| **Charge Nurse Managers Network** | **Anna-Marie Grace** | |
| Advanced Emergency Nurses Network | 2021 (outgoing) Kathryn Johnson<br>2022 (incoming) Beccy Fenn | |
| Emergency Nurse Practitioner Network | Sue Stebbeings | |

# Committee Regional Representatives

## Committee Regional Representatives

| Region | Name | Daily Role |
|---|---|---|
| Te Rūnanga | Tina Konia | Registered Nurse – Hawkes Bay Fallen Soldiers' Memorial Hospital |
| Northland / Te Tai Tokerau | Sue Stebbeings | Nurse Practitioner – Whangarei Hospital |
| Auckland | Anna-Marie Grace | Nurse Unit Manager – Starship Children's Health |
| Auckland | Natalie Anderson | Registered Nurse, Professional Teaching Fellow – Auckland City Hospital |
| Midlands / Bay of Plenty | Lyn, Linda Logan | Nurse Manager – Rotorua Hospital |
| Hawkes Bay / Tairawhiti | Amy Button | Registered Nurse – Hawkes Bay Fallen Soldiers' Memorial Hospital |
| Mid Central Region | Lauren Miller | |
| Wellington | Kathryn Wadsworth | Clinical Nurse Manager – Wairarapa Acute Services |
| Top of South | VACANT | |
| Canterbury / Westland | Keziah Jones | Registered Nurse – Christchurch Hospital |
| Otago / Southland | Tanya Meldrum | Associate Charge Nurse Manager – Dunedin Hospital |

# Chairperson's Report

**Sue Stebbeings**
CENNZ Chairperson

**Contact:** cennzchair@gmail.com

**Kia ora koutou katoa**
**Hello everyone**

Firstly, my sincere appreciation for all those members who were able to attend our online AGM. It was the best way to provide an update of our committee activities and the projects that are underway or planned for 2022. The AGM documents are still available on the CENNZ website https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/conferences_events

A membership forum will be held as part of the CENNZ conference in March 2022 to update on progress and support further discussions.

Outcomes from the AGM to highlight:

- The position statement on clinical nurse specialists in emergency departments was approved via the electronic voting process. This will be progressed through the NZNO documentation process to upload to the CENNZ website.
- The remit on He Puawai Tapuhi Māori (Māori Nurses Education Grant) was unanimously approved. An information sheet will be developed, and it will be added to the CENNZ grant information.
- The draft updated nursing staff requirements in emergency departments position statement was discussed. The main feedback was to strengthen the impact of the recommendations. Amendment suggestions are welcomed, and further work will continue to progress this as quickly as possible. A working group was proposed however we have prioritised participation in the national CCDM review process, first. This opportunity is a positive response to our letter to the Nurse Safe Staffing (CCDM) Review Nursing Advisory Group (NAG). The position statement working group may end up being early in the new year. A copy of the draft can be found in this journal. We value your feedback so that the statement can represent members strongly.
- A refresh of the CENNZ logo is underway to enhance digital reproduction is underway. The aim is to present 2 – 3 options for consideration and discussion at the conference.
- CENNZ is responding to significant demand for triage courses and acknowledge the challenges of providing the course with restrictions on travel. Exploration of alternative

# Chairperson's Report Cont.

ways to deliver the course while maintaining a positive learning experience with good outcomes is underway.

- The Pae Ora (Healthy Futures) bill is progressing through parliament. This provides the legal framework for the transformation of the public health system. There is a very short timeframe to provide feedback to the select committee however options to continue to present your viewpoints over the summer period and I understand further information will be available on the NZNO website.

Changes to the national committee. Katie Smith has completed her term on the committee and elections for the next MidCentral representative are underway. The call for nominations for the Midlands / Bay of Plenty region has been emailed to members as Kaidee Hesford is moving to a new role. A huge thanks to both Katie and Kaidee for all of their energy and commitment to the work of CENNZ. Katie has held the triage portfolio and Kaidee the treasurer portfolio. A vacancy still exists for the Top of the South region.

This summer will continue to test our adaptability as boundaries crossing processes change, traffic lights take on different meanings, and community management of COVID becomes more familiar to those of us outside of Auckland.

*Appreciate the efforts people are making to keep hanging in there with the challenges.*

**Noho ora mai,**

**Sue**

**Sue Stebbeings**
**Nurse Practitioner – Whangarei Hospital**

# Te Rūnanga

**Tina Konia**
Nurse Practitioner

**Registered Nurse – Hawkes Bay Fallen Soldiers' Memorial Hospital**

*Tēnā koutou katoa – ka tangi te tītī, ka tangi te kākā, ka tangi hoki ahau. Tihei mauri ora! Ko Tina Konia toku ingoa, e mahi ana au hei nehi maori ki Te Matau a mauī na Heretaunga te tari ohorere.*

My name is Tina Konia I am a mokopuna of the iwi Ngai Tuhoe and hapū Ngāti Koura, my maunga, Haokitaha, awa Maringi-a-wai, and waka, Mataatua, hold me firm to my mana motuhake of my whenua and rangatira, Te Ngahuru.

I am an emergency nurse at the Hawkes Bay Fallen Soldiers Hospital. Additionally, I am a workplace and national delegate representative and staunch advocate for our nehi. As a medical nurse saint and educator, I have had the honour and privilege to tuakana - teach, support and mentor many new nurses and graduates entering the workforce. Becoming a registered nurse is a life-changing commitment and obligation that I uphold with mana and tino rangatiratanga. Therefore, my contribution as a nurse professional extends beyond my responsibility to provide public health care, but to ensure our workforce are afforded the same opportunities if not more as all other professions. Particularly as our nehi Māori are having to navigate through two worlds of hauora and manaakitanga.

I am driven by the fast pace, thinking on your feet, and being part of a high performing team like we see in ED, the ability to make the best clinical decision in crisis situations and balancing the advocacy for patients is critical. An integral part of my mahi is representing our communities and workforce on a number of governance groups these include regional representative on Te Poari o Te Rūnanga, at Topūtanga Tapuhi Kaitiaki o Aotearoa – New Zealand Nurses Organisation (NZNO), as tiamana (chair) of Te Mātau a Māui (Hawkes Bay). Both roles advocate for Māori health professionals within NZNO. The aim is to stand by our membership, with whanau, iwi, hapu in our hearts.

Ensuring the voices of Māori are well represented across the health system is crucial. Particularly as over representation of Māori whānau presenting to ED with preventable illnesses and harm is concerning. Witnessing our people struggle with health and wellbeing as a result of lack of access, resourcing, and trust made me want to address the 'why'. As an experienced ED nurse, I was fortunate to contribute to Te Rautaki Manaaki Mana Excellence in Emergency Care for Maori. This strategy was born, bridging awareness of cultural competence and safety, improved service delivery and achieving equity for Māori, this is the mahi that motivates me to improve system services and delivery.

In 2019 I was fortunate enough to be an observer at the "Global Nurses United" meeting in the Dominican Republic. I was able to add value to kōrero shared by NZNO leaders addressing the impacts of indigenous health in the pacific. Highlighting the impacts of global warming on indigenous community's health and the associated indigenous health workforce is crucial, particularly relevant for Aotearoa, New Zealand where obligations of Te

# Te Rūnanga

Tiriti o Waitangi are contradicted through the application of the crown's version of the Treaty of Waitangi. Hence, the shift to apply the three principles: protection, partnership, and participation. The understanding now is to move from the principles to active protection under iwi understanding of Te Tiriti o Waitangi.

The role of being a nurse is challenging, particular the role as an Emergency Department (ED) nurse, which operates at a high pace, high intensity and high turnover. As nurses, we are the largest health profession in Aotearoa, New Zealand and equally globally. We have the ability to communicate and lead improvement initiatives and drive better care and better health outcomes for whānau accessing our services. As a nurse, leading improvement initiatives and partnering with whānau I challenge experienced nurses to self-assess how you interact in whānau engagement. This insight will see that the whānau voice is integrated as an authentic contributor to system change.

*Kua tawhiti kē to haerenga mai, kia kore e haere tonu. He nui rawa o mahi, kia kore e mahi tonu."*

*"You have come too far not to go further, you have done too much not to do more"*

Ta Himi Henare (Sir James Henare )
Ngati Hine elder and leader.

**Tanya**

# Northland/Te Taitokerau Region

**Sue Stebbeings**
Nurse Practitioner

**Emergency Department**
**Whangarei Hospital**

The quote about change being the only constant in life is attributed to several people on a google search this afternoon. We are becoming even more familiar with adapting to changes as the response and processes relating to Covid continue to be developed.

This journal report is a good opportunity to share some other positive changes that are happening here in Whangarei. I know there are also good developments in other parts of the region that will be highlighted soon.

We recently welcomed Liana Shortland and Katrina Tonks into ED-based Mental Health clinician role.

This is partly an extension of the Crisis Team into ED with an educator aspect included. Liana and Katrina are based in ED, working 1100 – 2130 shifts. They are supported by the Crisis team doctors on call.

National funding to build the capability of the front-line ED workforce to respond assertively to mental health crisis events contributed to establishing the role. The additional FTE was secured from a business case proposal. The team focus is on people with moderate to severe mental health concerns and aims to support the development of pathways and processes for people presenting in ED to ensure early referral onto appropriate supports. They have already made a difference in timely assessment for people in the short time since they began.

We have also welcomed two Takawaenga into the vacant role – Louisa Kingi and Dave Coyne and look forward to their involvement and support for Māori attending ED. Te wiki o te reo has seen a number of phrases pop up on laminated cards around the department to encourage the use of te reo.

Although we have farewelled staff and still have nursing vacancies, we also continue to welcome several new staff. We anticipate more new staff when recruitment for newly allocated FTE is underway. Multiplication in several families is another good reason to celebrate – especially when people return to the team following their leave :) Welcome back.

Our two nurse practitioner interns David Nielsen and Kylie Travers are in the final stages of their training. We still have available FTE on the NP team as Lynz Kidd-Edis is now working closer to home.

An older but still very positive part of our team culture is the Peep of the month nomination and recognition. It's a great way to acknowledge the positive impact that people are making in what is often very challenging and complex situations.

**Sue**

# Greater Auckland Region

**Anna-Marie Grace**
Nurse Unit Manager

**Children's Emergency Department**

**Starship Children's Health**

**Auckland City Hospital**

### Starship Children's ED

The last few months in CED and in Auckland in general have been tough. RSV swept through CED mid-June through into the end of August, we had a few weeks reprieve before Delta entered the mix and Auckland went into lockdown. The CED volumes reduced again as we saw in the first lockdown but with Delta more process changes came. The more airborne nature meant all the staff went in N95 masks as the department like most ED's were not built with a pandemic in mind. The team here has been amazing taking everything in their stride and being so agile with the changes. With volumes coming back up the challenges of PPE, capacity in the department and staffing has been hard.

We were rocked in October with the passing of a much-loved CED doctor. Matt Brown made a significant impact on emergency medicine and CED. He was well known across NZ with through his training and CED has received such kindness and support from other ED's around the country – which we really appreciated. This just demonstrates that whilst we all work in our own regions and own teams we are all part of the big NZ ED team.

CED sends Christmas wishes to rest of the NZ ED team and hope that whilst the doors will remain open that most of the staff do get some Christmas/ summer break.

**Anna Marie Grace**

**Natalie Anderson**
Registered Nurse, Professional Teaching Fellow – Auckland City Hospital

**Auckland City Hospital**

Senior Lecturer

**University of Auckland**

### Auckland Adult ED

The threat was on the horizon for many months, but there has still been a frantic rush to better-prepare our department and hospital for widespread COVID in the community. We've learnt, and Nurse Practitioner Matt Comeskey has presented a special article dedicated to our COVID response. Thirteen bed spaces have been hoarded off, as more negative pressure rooms are constructed in our main ED. We've had to reconfigure an acute ED and admissions unit which spreads across our Clinical Decision Unit and Emergency Department. We're hoping the 'Rapid COVID facilities' project lives up to its name.

We've also had a new triage tent to screen patients and visitors. It is a challenging place to work. After months of fridge-like conditions, the tent is now a stifling sauna. PVC and plastic dividers have been replaced by Corflute, to improve air flow. Working in triage has always involved interfacing with the anxiety and distress of patients and family members. Now this is exacerbated by physical barriers, difficulty communicating and restricted visiting.

In addition to this ever-changing physical environment, we have new COVID-specific roles, pathways and processes. We wear N95s throughout our shifts. They are hot, uncomfortable and make it difficult to communicate, particularly with our many hearing-impaired patients. But we are grateful for ready access to PPE and the protection it provides.

# Auckland Region cont.

All of the COVID adaptation is vital and appreciated. But we are also aware that this time is taking a heavy toll on our wellbeing. Many experienced nurses have left us. PPE and distancing reduce opportunities for subtle communications, huddles, hugs and high-fives. Trying to socially-distance in tiny poorly-ventilated break rooms is also a challenge.

We welcome new graduates and other new-to-ED staff, who bring much-needed enthusiasm but will need support to develop their skills and confidence in an extremely demanding context. We are grateful for the contributions of new clinical educators, including specialist educators seconded from other areas, to assist with this dynamic and challenging time.

**Natalie**

## Middlemore Hospital ED

*Kia ora koutou,*

With widespread community transmission of Covid-19 in Tāmaki Makaurau, Middlemore ED is certainly doing its part to manage this ever-evolving situation. One of the most significant differences (asides from the scale of community transmission and the delta variant itself) between the initial lockdown in March 2020 and our current lockdown that began in August, is that our' business as usual' patient caseload remains high. In March of 2020, our 'usual' caseload dropped significantly. Fast-forward to the current outbreak, while at times we have witnessed decreases in patient numbers, this has not been sustained, and our weekly adult volumes now exceed that of the same time last year. This situation is now compounded by the steady but manageable inflow of patients with Covid-19 related illnesses and the continued challenges posed by access block. On top of the provision of emergency care, the team must be acknowledged for taking the time to educate and facilitate in-ED vaccinations where possible – tino pai to mahi!

Two key initiatives focused on maintaining the team's health and wellness are the annual Middlemore ED Kia Kaha Challenge and, more recently, Kindness Week. Kia Kaha is a month-long event where staff earn points for their team, based on the amount of exercise they do and for completing additional challenges. Regardless of being forced online this year, and the inability to meet up for team events, the challenge was a success. Congratulations to Team Kahurangi, 2021's winners and thanks to the hard mahi put in by the organisers Elizabeth Mayo and Chris Fawcett.

How are the team coping? Well, it would be misguided to not acknowledge that we are being challenged at work and in our personal lives, in which we have been living with heavy restrictions for over 100 days now. Despite this, the Middlemore team spirit prevails, and many of us are getting better at picking up on the subtleties of a smile, which may be hidden by an N-95 mask for 12-hours a day, but not from one's eyes.

Keep being you Team Middlemore ED!

**Wendy Sundgren**

Associate Charge Nurse Manager, Emergency Department, Middlemore Hospital

# Midland Region

**Kaidee Hesford**
Nurse Manager

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

## Rotorua ED

Rotorua has been ticking over gradually. We have recently joined ED with APU and now run one larger department which is fully staffed by ED. This model is showing improved flow and patients are getting early interventions.

With COVID popping up all over the Midland region, we have been working on the in-hospital transfer process for patients who can't wear masks has been made safer with a new piece of equipment designed especially. BART - Barrier for Airborne/Respiratory Transportation of Unmasked Patients - is a hospital bed with a clear tent placed over the patient. Infection Prevention Control Nurse Specialist Jaylene Harris said she looked worldwide for a solution but found nothing.

I have resigned from the ED CNM position in Rotorua ED to take on a role in BOP DHB, so Rotorua are currently in the recruitment phase to appoint a new Rotorua ED CNM. I have thoroughly enjoyed the last five years in Rotorua ED, and seeing the department evolve to how it stands today makes me proud to have been part of this great team!!

**Kaidee**

# Midland Region cont.

### Taupo ED

In regard to COVID, Taupo ED has a screening tent outside for all patients coming into the hospital. ED patients are streamed to either a green or red zone. We have separate green and red zone waiting rooms. Staff in ED are now wearing (since the first community COVID case in Taupo) N95 masks and eye protection all of the time.

For a number of months now, we have been holding fortnightly simulations for the nursing and doctor team. From a recruitment point of view, we are finding it difficult, we are getting very limited if any applicants.

**Michelle Knight**

Taupo ED CNM

### Tauranga ED

Tauranga are continuing to review and refine COVID protocols. Staffing concerns are heightened at present with large turnover pre-Christmas/ New year, which it has been anticipated it will impact service delivery. The Tauranga ED remains busy with high acuity despite community COVID cases. They are also looking at the HCA scope and non-traditional roles, use of more allied health (Acute care physio) etc.

**John Wylie**

Tauranga ED CNM

## Vacancies within New Zealand

If you would like to advertise for staff to join your ED team, we invite you to write to the editors at; editor.cennzjournal@gmail.com.

# Hawkes Bay/Tarawhiti

**Amy Button**
Emergency Nurse

**Acute Services**
**Wairarapa District Health Board**

**Hawkes Bay ED**

This year has been full of many new things for us. We welcomed our new CNM – Lorelei. We welcomed the Patient Flow Coordinator role to ED, which has really helped us to improve the patient flow through the department, with both discharge planning and moving patients to the ward. We have seen the highest number of patient presentations to our department ever. This includes higher acuity patients, requiring more complex treatment and care, therefore a longer stay in ED.

The department is well beyond capacity daily, which makes it difficult for the staff to be able to provide the care their patients require in an acceptable time frame. This is taking its toll on the mental and physical health of all the staff. And we have also seen a large turn over in staff, high numbers of resignation from both junior and senior staff. This has, in turn, seen the employment of many new staff to our department.

Our hard-working work safe representatives have issued a PIN to the Hawkes Bay District Health Board (HBDHB), on behalf of the Emergency Department, for failing in its duty of care under the Health and Safety at Work Act 2015. They are still in discussions around the PIN and we have yet to see any significant changes to improve the ED environment for both patients and staff.

We cannot praise the ED staff enough for their amazing work, under such stress and pressure. They are such a resilient team facing adversity with high acuity, high patient presentations and having to deal with the constant changes of the evolving landscape of COVID. We do not work in isolation and our team is what keeps us going, we couldn't keep doing this job without the daily support of our colleagues.

**Amy**

## CENNZ Members

If you would like to highlight a colleague, we invite you to write to the editors at editor.cennzjournal@gmail.com.

We can provide you with a set of interview questions or you can create your own.

# Mid Central Region


## Katie Smith

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

NZDF
Palmerston North Hospital
Midcentral DHB


**MidCentral DHB – Emergency Department**

Amongst the doom and gloom of COVID-19 in the last few months, there were some wins which should be considered - strengthened team work, discussions around improving patient management, teaching, training and some new equipment. We should also acknowledge the teaching and guidance that has come from those regions affected by COVID-19 - and the learning taken from lock downs, and what has been done in those departments that can be adapted to our own. These lessons can be utilised in our dept while we have been without the large numbers of COVID-19 patients.

Like most of our colleagues around New Zealand, we are still managing large patient volumes and high acuity presentations - challenges with bed block, flow, access to care, and high admission rates, perpetuating a vicious cycle of large numbers of patients presenting and remaining in ED. These challenges are not isolated to our ED, and they do not look like changing any time soon.

Our department is currently challenged with reasonably high attrition rates, with staff leaving the department to other nursing roles, or reducing their FTE hours to enable self-care and a better work-life balance to be able to manage the work. Recruitment is an ongoing issue, as well as managing skill mix on the floor to ensure patient safety and flow.

On the positive side, there has been an increase in SMOs within the department, and registrars returning to training positions, training continues within the department for both nursing and medical staff. There has been approved training funding for PG education for nurses, as well as developing our next nurse practitioner candidate, and welcoming our third nurse practitioner to the team. With this pathway working well, we will also welcome another CNS to the advanced nursing practice team in 2022. Well done.

Changes to the senior nursing team has also seen opportunities for new ACNs to be appointed, and we wish those staff well with the new positions.

Renovations have begun on expanding our footprint alongside MAPU. This will increase the floorspace and bed capacity for the department but is still a 2022 interim solution. The department is also preparing for the roll out of TrendCare in 2022, with the hope to provide valid data to attain further FTE.

As always - staff are busy and tired, but teamwork is what keeps us all coming back. This is my last report as the MidCentral representative. And as always - a reminder to keep an eye on the website for upcoming Triage courses!

Take care of yourselves and each other.

**Katie**

**Taranaki DHB ED**

A quick update this time...

Some very busy shifts - like everyone around the country.

We have had an increase of 5.66 FTE which is fantastic!

We have recently implemented TrendCare, which is going well. Having champions within the department will help with the implementation.

The department is doing lots of COVID-19 simulation, and review of SOPs, spurred on by the recent community cases in the region.

Lauren Miller has been appointed to the educator role - well done! She is looking forward to getting stuck in.

**Therese Manning – Clinical Nurse Manager**

**Whanganui DHB – Carla O'Keeffe**

Nil report available

# Mid Central Region cont.

**Taranaki DHB ED**

A quick update this time...

Some very busy shifts – like everyone around the country.

We have had an increase of 5.66 FTE which is fantastic!

We have recently implemented TrendCare, which is going well. Having champions within the department will help with the implementation.

The department is doing lots of COVID-19 simulation, and review of SOPs, spurred on by the recent community cases in the region.

Lauren Miller has been appointed to the educator role – well done! She is looking forward to getting stuck in.

**Therese Manning – Clinical Nurse Manager**

**Whanganui DHB – Carla O'Keeffe**

Nil report available

## Clinical articles – case-studies and reflections

We are always looking for clinical articles. These could be written entirely for the journal or as a part of a post-graduate course.

If you are willing to share a piece of work: write to the editors at editor.cennzjournal@gmail.com. Articles will be peer reviewed and the editors will provide editorial support.

# Wellington Region

**Kathryn Wadsworth**
Clinical Nurse Manager
Acute Services
Wairarapa District Health Board

Another whirlwind year for us all, with many of us looking towards some reprieve at the CENNZ conference in November, which sadly has been postponed until March, so we will have to hang on a little longer. The way the months fly past, this will be just around the corner, we wait with nervous trepidation, and everything crossed that this will go ahead.

For all three Emergency Departments, staff shortages, skill mix challenges, negative variance coupled with regular VRM escalations has left our teams vulnerable. Many senior nurses have left with recruitment, orientation and upskilling to include triage and resus, an ongoing battle.

The impact of this is felt within our teams and particularly our Clinical Nurse Educators, who take a huge role in ensuring new staff are supported and progressing. The triage role appears to be quickly becoming the least liked position with our waiting rooms full of disgruntled patients and the triage load unable to be shared widely due to our decreasing volume of triage trained staff. Hutt ED has been working with a new system putting triage first, and it is reported that this has been a very successful implementation to their department.

The impact of losing unvaccinated staff is also being felt in all departments adding to the roster gaps. TrendCare data generated out of Hutt and Wellington confirms our departments' already well-known risk. Data supplies evidence that highlights how imperative TrendCare is to support our teams. Hutt ED have their first FTE calculation approved showing 13-16 FTE required. Wairarapa is adopting TrendCare in the Emergency Department this month.

Some positive news with another CNS being employed at Hutt ED with their numbers of this very important role soon to be six. Since January, Wellington has had 40 new Registered Nurses join their team, which equates to 50% of the RN workforce and they bring enthusiasm and motivation, which is welcomed. Wairarapa has again supported a Nurse Practitioner in training. She will join our roster formally next year, taking the number of Nurse Practitioners working in ED to three with plenty of scope to continue to grow this group of valued Clinical Decision Makers.

We all continue to attempt to grow our own nursing team with ongoing support of NetP's being welcomed into the team. Hutt are increasing their NetP number to four in the New Year. A new Te Heika nurse is working between Hutt and Wellington Emergency Departments. The Wairarapa team has welcomed a new role of Mental Health educator into their team to help staff grow skills in managing this vulnerable patient group.

Building suggestions, plans, designs, and options are currently on our tables, with COVID planning continuing to be negotiated. Our thoughts are very much with the regions currently experiencing the impact. The anticipation of what's coming our way has never been experienced before and we, like many, hold our breath for the new reality of Emergency Departments. Now more than ever, collegial support gained from being part of the College of Emergency Nurses New Zealand is vital.

**Kathryn**

# Top of the South Region

## Vacancy

### Regional Representative

**Editors' note:** We realised we re published Louise Holland's final report, when in fact there was no report due to the role being vacant. We apologise for any confusion.

The committee invites nominations for a regional representative from the Top of South CENNZ members to join the national committee. *See page 48 for details of the role and how to nominate for the position.*

# Canterbury/Westland Region


## Keziah Jones

Emergency Nurse

**Emergency Department, Christchurch Hospital**

**Canterbury District Health Board**


**Kia ora from the Canterbury / West Coast a quick look at what is happening around the region.**

### Christchurch Waipapa ED

November marks a full year in the new Waipapa ED. Over the last three months we have welcomed many new nurses and sadly farewelled some incredible and inspiring nurses from our ED Whanau. Special mention of our much-loved Vera Fortune who has nurtured and cared for so many of us over the years. What an amazing contribution to nursing, thank you for all your kindness, friendship and wisdom. We miss you already and wish you all the best for your retirement.

Congratulations to Kelly-Anne Collins who has attained her Nurse Practitioner status. Congratulations also to the following nurses who have successfully completed post graduate studies this year. Well done juggling the current demands of work alongside your studies.

- Karryn Stevens - PGCert.
- Tracey Barr - PGCert.
- Sarah Gallagher - PGCert.
- Joe Hitchcock - PGCert.
- Kiara Creswell - PGCert.
- Keziah Jones - PGCert.

Congratulations to Sandy Richardson for the CENNZ Foundation Award 2021. Thank you for your valuable contributions to emergency nursing.

Thank you also to the ED Health and Safety team who have represented staff concerns, highlighted safety issues and acknowledged key stressors to help facilitate positive change going forward.

Our TrendCare data is clearly representing the reality of understaffed EDs with data showing negative care hours for July August and September.

Ready to Respond - You have an extended opportunity to register for the CENNZ conference now rescheduled for 4-5 March 2022. We have an impressive number of registrations and welcome the opportunity for ED nurses to meet and connect. Come prepared for a party and dress up for The Gatsby themed awards dinner. Christchurch is looking forward to hosting you and looking forward to an excellent conference.

**Kez**

# Southern Region

**Tanya Meldrum**
Associate Charge Nurse Manager

**Southland District Health Board**

**Dunedin Hospital Emergency Department**

**There are similar themes across the emergency departments in the Southern region.**

Recruitment has been a focus and takes a significant amount of time for both Dunedin and Invercargill. This has been for multi factorial reasons. These include increased nursing FTE, screening requirements, resignations of experienced nurses to go and work in different areas of practice (Aged care, Hospice, GP practice, Corrections and Blood services), and increased senior nursing FTE within the department. This has been compounded by maternity leave cover and ACC, these have both been challenging to cover, due to their fixed term nature. This all has resulted in an increase use of resource nursing staff working in the emergency departments and at times skill mix concerns.

At the end of July, there was a Provisional improvement notice (PIN) served in Dunedin's Emergency department by the health and safety representatives. The outcome of this has been the introduction of 24-hour Associate Charge Nurse Manger (ACNM) cover, waiting room/ triage support nurse and addition healthcare assistant cover on the night shift. Business cases for these had been purposed previously but the PIN was able to add extra support to support their implementation.

Invercargill has had several changes to their Senior Nursing team, with the resignation of their Charge nurse manage and Director of nursing. At the time of writing this, both had been seconded into but no permanent person in place.

There has been an increase in senior nursing FTE in both Invercargill and Dunedin. Invercargill has had an increase in Clinical nurse Specialist positions, which has had a positive impact patient flow and increased coverage for the department. Dunedin has increased ACNM cover, as previously mentioned and has had an increase in educator hours from 0.6FTE to 1.2FTE, which will be great moving forward to support staff.

Covid preparations are under way and approval for building renovations has already been granted. There has been HEPA Filters and UV lighting installed in the Dunedin observation unit already and meetings with various specialist teams are under way to prepare for the flow of Red patients out of the emergency department.

Southern is looking forward to the opportunity to hold further triage courses next year.

**Tanya**

# College Activities

# College Vacancies

## Vacancy for Top of South Region Representative on CENNZ National Committee

The committee invites nominations for a regional representative from the Top of South CENNZ members to join the national committee.

This is a rewarding, challenging role representing your region, promoting emergency nursing nationally, and meeting like-minded emergency nurses. A strong commitment and interest in the development of emergency nursing is essential.

By becoming a committee member for CENNZ you will be involved in:

- strategic planning
- governmental dialogue
- collaboration with national agencies
- development of education for emergency nurses, and
- networking with other emergency nurses nationally and internationally

Each committee member writes a short journal report four times per year. The role also involves other committee and portfolio responsibilities between meetings as well as disseminating information back to your region.

The term of office is for 2 years (maximum of 4 years) and requires a moderate time commitment. There are four face-to-face meetings per year (2-day meetings) and a monthly zoom (or teleconference).

The nomination form is available at on the CENNZ website and should be sent to: emergency@nzno.org.nz.

Both nominees and nominators must be current CENNZ members according to college rules.

Any questions or enquiries welcome to: cennzchair@gmail.com

Ngā mihi nui

Sue Stebbeings

Chairperson

# Remit for Consultation

"**The college is currently developing the DRAFT Position Statement - Nursing Staff requirements in ED**. This is a challenging and essential issue for us all.

Please read this draft and send your feedback to cennzsecretary@gmail.com." (and remove this from original position).

# Publications

- Previous copies (where digitised) of Emergency Nurse NZ are available on the CENNZ website at: https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/journal.
- A list of all the current college position statements are on the CENNZ website at https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/resources/publications.

## College Activities: Courses

The CENNZ webpage keeps ongoing updates and details of courses that are administered by CENNZ and others that are run externally. *These include:*

- Triage Course
- Trauma Nursing Core Course (TNCC)
- Emergency Nurse Paediatric Course (ENPC)
- International Trauma Life Support Course (ITLS)
- Paediatric Trauma Life Support Course (PTLS)
- Course in Applied Physiology in Emergency Nursing (CAPEN)
- AENN training days

For the details see the CENNZ websites at: https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/courses and https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/resources/advanced_emergency_nurses_network_aenn

- Any questions on triage course, content or holding a course in your area, contact your nurse educator where available then the Triage Course Director – Tanya Meldrum, email: cennztriage@gmail.com
- For any enquiries or bookings for TNCC, ITLS, PTLS, ENPC or CAPEN contact the Programme Coordinator – Sharon Payne, email: sharon.acen2014@gmail.com, Phone: 027 245 7031

# Education: Conferences and Seminars

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

The NZNO offers members a range of scholarships and grants. These grants are funded from various trusts. NZNO also administers a range of other NZNO local and national grants. See the NZNO Scholarships and Grants page at https://www.nzno.org.nz/support/scholarships_and_grants for the details and application processes.

Some upcoming conferences in the coming year are as follows:

**Conferences and Seminars**

| Dates | Conference Name | Location and link |
|---|---|---|
| **10 February 2022** | New Zealand Wound Care Society Conference 2022 | Hamilton<br>https://www.ivvy.com.au/event/NZWCS2021/welcome.html |
| 4-5 March 2022 | **29th CENNZ Conference Ready to Respond** | **Rydges Latimer Hotel, Christchurch, NZ**<br>**https://au.eventscloud.com/website/1024/home/** |
| 24 March 2022 | Using restorative approaches to heal and learn: Humanising harm (learning from adverse events) | Wellington<br>https://www.hqsc.govt.nz/our-programmes/adverse-events/news-and-events/event/4272/ |
| 6 April 2022 | Quality improvement scientific symposium 2022 | Christchurch<br>https://www.hqsc.govt.nz/news-and-events/event/4282 |
| 14-19 June 2022 | International Conference on Emergency Medicine (ICEM) | Hybrid event: online and Melbourne<br>https://www.ifem.cc/20th-international-conference-on-emergency-medicine/ |
| 25-26 July 2022 | Disaster and Emergency Management Conference | Gold Coast<br>https://anzdmc.com.au |
| TBC in 2022 | Frontline ED Conference – Australia and NZ College of Emergency Nursing | TBC<br>https://www.anzcen.edu.au/frontline-ed-conference/ |

# Education: Conferences and Seminars Cont.

**Conferences and Seminars Cont.**

| Dates | Conference Name | Location and link |
|---|---|---|
| 27-29 October 2022 | Emergency and Ambulatory Care Nursing – Nursing World Conference | Hybrid event: online and Florida<br>https://nursingworldconference.com/program/scientific-sessions/emergency-and-ambulatory-care-nursing |
| 10-12 November 2022 | Global Conference on Emergency Nursing and Trauma Care | Gothenburg, Sweden<br>https://www.elsevier.com/events/conferences/global-conference-on-emergency-nursing-and-trauma-care/location |
| 6-9 December 2022 | The London Trauma Conference 2022 | London<br>https://www.londontraumaconference.co.uk/Programme |

READY TO RESPOND
KIA MATAARA

# CENNZ CONFERENCE 2022

4-5 March 2022 | Christchurch

Click here for info

## Postponed to March 2022

We made the difficult decision to **postpone the CENNZ conference until 4-5 March 2022** as we wanted to ensure our Tāmaki Makaurau whānau could be with us in person. Time has since flown, and we are now only three months out from conference. With 130 confirmed attendees already, and only limited places available the conference is on track to sell-out.

As you can see from the conference website au.eventscloud.com/cennz2022 we have a fantastic speaker line up, and we have had a great response from our sponsors already.

**Early bird Special Ends 4 February** – fee includes the conference dinner. Register online via the CENNZ conference website now to avoid disappointment.

**Sponsorship** For sponsorship opportunities or any other questions please contact alton@conferenceteam.co.nz or 03 359 2606.

Follow CENNZ on Facebook and Twitter @NursingCENNZ for further updates.

We are privileged to have a talented pool of speakers. While there is more information on the website, we thought we'd bring you a little bit about some of our speakers and their subject matter. Here we summarise what's on, plus a presenter profile, with more profiles to be disseminated via our on Facebook and Twitter streams.

## Keynote speakers

Our keynote speakers need little introduction, we have:

- **Dr Ashley Bloomfield** (TBC due to the postponement) providing an update on our Covid-19 response.
- **Professor Michael Baker**, Epidemiologist, discussing how Aotearoa New Zealand is beating Covid-19 and key lessons for the future.
- **Professor Dame Juliet Gerrard**, Prime Minister's Chief Science Advisor, with a personal account of the role of science advice in the response to three recent emergencies in Aotearoa – mosque shooting, Whakaari White Island, and the pandemic.
- **Dr Sandra Richardson**, Nurse Researcher, who will be presenting on nursing as frontline responders.

**Presenter profile – Dr Natalie Anderson, PhD**


**Other presenters**

We're lucky to have two speakers from St John talking about the pre-hospital responses to mass casualty events including Whakaari White Island and the mosque shooting, we will be able to take ideas back to check our plans address any experiences raised. In line with these, we have a nurse manager's response to different mass casualty events.

There is a set of presentations on education and up-skilling, particularly in the time of safe physical distancing and Covid-19 care with two presentations using simulation. We are fortunate to be able to present research undertaken by our members. Topics include bronchiolitis care, extracorporeal resuscitation, nausea and vomiting in pregnancy, recruitment, and bilingual signage with space for another speaker.

With wellbeing as a crucial theme in our work-life balance we've lined up presenters to support us with ideas and research into achieving a better balance, and also to inform us on matters such as the progress of safe-staffing.

Of course, prior to the conference we have the Advanced Emergency Nurses Network workshop day and the national nurse manager network morning plus the national nurse educator network afternoon. These will be an opportunity to learn from one-another.

Our presenters come from diverse emergency workplaces, from large urban departments, to rural and private emergency practices. Alongside these we have a range of interesting sponsors. Combined, with the evening's entertainment, we think we have plenty to inspire you.

# CENNZ Conference - 2022

## Nursing Keynotes

The tagline for the forth coming CENNZ conference is **'Ready for Anything – Kia Mataara'**. This is a phrase which summarises the attitude and approach of emergency and urgent care nurses as well as that of many of the healthcare workers and support teams facing the challenges that have been experienced in healthcare recently. Whether looking internationally or nationally, from a rural or urban perspective the past few years have highlighted a variety of health care and social concerns impacting on health.

Nationally, the past few years have seen a wide range of situations which have challenged individuals, teams and whole services in their efforts to provide the best possible care to patients, their whanau and all who have been affected. Many of these circumstances are identified and presented at the conference which has been re-scheduled for March of 2022. The flexibility and capacity to re-focus the conference to a new date, to enable the much needed face to face time for emergency nurses and colleagues is itself an indication of that ready for anything approach.

In order to be ready, we need to plan, to be prepared and to learn from previous events. Emergency nurses and those acting in urgent and acute care situations are increasingly involved in research, generating their own understanding of unique situations and the importance of acting from an evidence base. Equally, there has been a strong focus on the integration of wellness, compassion and awareness of the personal element. The 2022 CENNZ conference is highlighting these aspects through the nursing keynote speakers.

**Dr Sandy Richardson**, keynote speaker, is an emergency nurse and researcher from Christchurch Hospital and the University of Canterbury is talking about the impact of the **March 15th Mass Shooting** in Christchurch, **Nurses as Frontline Responders** and the impact of this on the staff and first responders involved. She is presenting interim findings from a longitudinal study following individuals who were present during this time, and has a particular interest in looking at the individual impact, and exploring the concept of nurses as first responders.

**Dr Natalie Anderson** is speaking on behalf of the **Workplace Wellbeing at NZ EDs** research team, which also includes Dr Mike Nicholls, Dr Vanessa Selak and Dr Peter Jones. Natalie is a senior lecturer with the University of Auckland and currently practicing registered nurse at Auckland City Hospital emergency department. She has a long standing interest in emergency, prehospital and intensive care settings, and has published on aspects of resuscitation, death, dying and bereavement as well as workplace wellbeing.

These are just two of the nursing speakers, who will highlight the ways in which emergency nurses are ready for anything, and able to address all types of issues. The conference offers insight and answers, identifying not only challenges, but also responses. A welcome opportunity to share and build on experiences, and to join together after long periods of lockdown lessons learnt.

Check out the conference website here: au.eventscloud.com/cennz2022

**College of Emergency Nursing New Zealand**
– NZNO/ Ngā Ringa Ringa Aroha

# Top of South Region Vacancy

## Vacancy for Top of South Region Representative on CENNZ National Committee

The committee invites nominations for a regional representative from the Top of South CENNZ members to join the national committee.

This is a rewarding, challenging role representing your region, promoting emergency nursing nationally, and meeting like-minded emergency nurses. A strong commitment and interest in the development of emergency nursing is essential.

*By becoming a committee member for CENNZ you will be involved in:*

• strategic planning

• governmental dialogue

• collaboration with national agencies

• development of education for emergency nurses, and

• networking with other emergency nurses nationally and internationally

Each committee member writes a short journal report four times per year. The role also involves other committee and portfolio responsibilities between meetings as well as disseminating information back to your region.

The term of office is for 2 years (**maximum of 4 years**) and requires a moderate time commitment. There are four face-to-face meetings per year (**2-day meetings**) and a monthly zoom (**or teleconference**).

**The nomination form is available on the CENNZ website and should be sent to:** emergency@nzno.org.nz

Both nominees and nominators must be current CENNZ members according to college rules.

**Any questions or enquiries welcome to:** cennzchair@gmail.com

**Ngā mihi nui**

**Sue Stebbeings**

**Chairperson.**

*Submissions Guidelines - (Brief)*

# Journal Submissions

***Emergency Nurse New Zealand* welcomes submission of projects and research, case studies, literature review papers, viewpoint / opinion pieces, reflections, short reports, reviews and letters.**

Manuscripts submitted to Emergency Nurse New Zealand are expected to conform to the journal style and not to have been previously published or currently submitted elsewhere. See the CENNZ Journal website for full details including the submission checklist at: https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_emergency_nurses/journal

## Category of manuscripts

**Research papers** – These should describe improvement projects and research undertaken: up to **4000** words (including references but excluding title page, abstract and tables, figures and graphs).

***Format:***
**Title page:** title, authors, abstract and keywords
**Body:** introduction, methods, results, discussion
**References:** limited to 30

**Review articles** – These should describe the current literature on a given topic: up to **5000** words (excluding title page, abstract, references and tables, figures and graphs)

***Format:***
Integrative, scoping or systematic literature reviews are preferred
Use of JBI for integrative or scoping reviews recommended
Use of PRISMA for systematic reviews recommended

**Case studies** – These should describe a detailed examination of a patient case or cases, within a real-world context: approximately **2000** words

***Format:***
**Introduction:** brief overview context / problem
**Case:** patient description, case history, examination, investigations, treatment plan, outcome
**Discussion**: summarises existing literature, identifies sources of confusion or challenges in present case.
**Conclusion:** summary of key points or recommendations
Acknowledgement that consent has been obtained from the patient plus any ethical issues identified
**References:** limited to 20

**Opinion/Viewpoint** – These should be on a topic of interest to emergency and acute care nurses

Approximately **2000-3000** words
***Format:*** free-text
**References:** limited to 20

**Profiles** – These should be on a role within emergency or acute care that makes a difference to patients and staff activities:
Approximately **600-1000** words

***Format:*** free-text, may include describing a typical day or arrange as a question/answer interview.

## Reference style

*Emergency Nurse New Zealand* uses APA 7th edition. It is the authors responsibility to ensure that references are accurate.

# CENNZ-NZNO Position Statement

# Nursing Staff Requirements in Emergency Departments

**Media contact:**

**CENNZ chairperson**

**Email for correspondence:**
cennzchair@gmail.com

The college is currently developing the DRAFT Position Statement - Nursing Staff requirements in ED. This is a challenging and essential issue for us all. A copy of which is given as follows. The committee is looking for member feedback.

Please send your feedback to the CENNZ chairperson at: cennzchair@gmail.com.

## SUMMARY

The College of Emergency Nurses – NZNO (CENNZ) advocates for safe staffing levels in Emergency Departments to ensure effective sustainable emergency care is provided to our communities. Nursing staff requirements include baseline staffing levels and the capacity to respond to surges in patient numbers and acuity. Experienced nurses are required to fill triage, resuscitation, and coordinating positions to minimise patient harm. The provision of adequate staffing resources is the responsibility of employers.

## CENNZ POSITION: KEY RECOMMENDATIONS

*It is the position of the College of Emergency Nurses - NZNO that:*

- Emergency nurses are essential members of the emergency care team,
- The delivery of quality emergency care requires adequate staffing and a safe working environment.
- Validated acuity-based tools should be implemented in all emergency departments to enable robust data to be collected.
- Minimum staffing levels should be based on annual presentations, patient acuity and complexity, average length of stay, nursing time for interventions and skill mix.
- Experienced nursing roles are required to support nurses providing direct clinical care. These roles should be correlated to the size and level of Emergency Department according to the Ministry of Health Service Specifications.
- National standardisation of staffing requirements ensures equitable care provision across communities.
- The routine use of nurses without emergency training should be avoided.

## BACKGROUND:

Emergency departments (EDs) are an important component of New Zealand's health care system, treating people who have serious illness or injury that requires urgent attention (Ministry of Health, 2020). Adequate staffing levels are needed to safely respond to the variability of volumes and acuity of ED presentations (Leaver, 2018; Peck Malliaris, et al., 2021).

Emergency nurses deliver skilled care to undifferentiated patients in a constantly changing practice environment encompassing triage, resuscitation, initial and ongoing patient assessment, monitoring, intervention and evaluation. Appropriate staffing levels improve patient outcomes including patient satisfaction, reduced length of stay and reduced leaving without being seen (Leaver, 2018; Recio-Saucedo, et al., 2015; Shindul-Rothschild, et al., 2016). Nursing leadership, supervision and shift coordination are essential roles required on each shift, and clinical nurse educators with appropriate training and resources are required to support the specialty training needs, workforce development and staff retention (Ministry of Health, 2021; Health Service Journal, 2016).

The Care Capacity Demand Management (CCDM) programme has been established since the 2006 CENNZ position statements on nursing staff levels and nurse patient ratios, however over a

# CENNZ-NZNO Position Statement

## Nursing Staff Requirements In Emergency Departments cont.

decade later this programme is yet to be fully implemented into New Zealand Emergency Departments to achieve safe baseline staffing levels.

While legislated minimum nurse to patient ratios have demonstrated improved outcomes in international jurisdictions (Chan, et al., 2010; McHugh, et al., 2021; Shekelle, 2013), current evidence remains inconclusive regarding optimum nurse-patient staffing models for emergency care environments (Olley, et. al, 2018; Twig, et al., 2021; Wise et al., 2015). CENNZ recognises the recommendations of colleague organisations in Australia and United States of America that full time equivalent nursing positions should be based on patient acuity, annual presentations, average length of stay and skill mix (CENA, 2016; Leaver, 2018).

The dynamic nature of ED workload requires clear escalation pathways to rapidly deploy additional skilled nurses during periods of increased demand (CENA, 2016; Health Service Journal, 2016). Additional nursing staff are required when unresourced areas of dept including ambulance bays, corridors, and informal spaces are occupied by patients (Varndell, et al., 2016).

Validated acuity-based tools that capture accurate information are needed to provide the core data set to calculate baseline nursing staff levels, therefore employers need to implement the required resources and training support to ensure robust data is obtained. Regular monitoring of data collection should inform an annual review of staffing through the full-time equivalent calculations. There is a two-year timeline from the initiation of the TrendCare tool adopted by CCDM to reach nursing full-time equivalent calculations (Ministry of Health, 2017). Budgeted full-time equivalent calculations need to include the provision for education, sick and annual leave as stipulated in employment agreements.

Strategies used in variance response management in escalation response are not acceptable for constant day-to-day use, including the regular allocation of temporary nurses without emergency training or experience (Senek, et al., 2020).

Evidence consistently demonstrates that inadequate skilled nurse resources lead to poorer patient outcomes including decreased patient satisfaction, delays to essential patient care, increased patient falls, pressure injuries, infections, medication errors, patient mortality, length of stay, (Aiken, et al., 2018; Leaver, 2018; Ramsey et al., 2018; Wolf et al., 2017). Insufficient time for nurses to detect and manage deteriorating patients, and the inability to provide safe and effective care reduces resilience, leads to low morale, moral distress, burnout and potentially staff resignation (Anderson, et al., 2021; Jiang et al., 2017).

When emergency departments are adequately staffed patient outcomes improve, staff morale increases, nurses are able to better manage traumas and resuscitations and there is a reduction in adverse events such as falls and medical errors (Wolf et al., 2017).

### Rationale for CENNZ Recommendations

- Inadequate emergency nurse staffing levels leads to poor patient outcomes and poor staff wellbeing
- Unsafe working environments lead to inability to recruit, train and retain nursing staff
- Adequate acuity-based nurse patient workloads result in improved patient outcomes, reductions in adverse events, and staff resilience.
- Experienced senior nursing positions and roles are required to achieve quality care delivery
- Robust data collection systems ensure that staffing is based on annual presentations, acuity and average length of stay.
- Equity of emergency care is supported through development and implementation of national standards
- The use of inexperienced casual nurses is minimised when baseline nursing staff levels are calculated through validated nursing workload tools.

# CENNZ-NZNO Position Statement

## Nursing Staff Requirements In Emergency Departments cont.


**REFERENCES**

Aiken, L.H., Sloane, D. M., Ball, J., Bruyneel, L., Rafferty, A. M., & Griffiths, P. (2018). Patient satisfaction with hospital care and nurses in England: an observational study. *BMJ Open 8*:e019189. doi:10.1136/bmjopen-2017-019189

Anderson, N., et al., (2021). Facilitators, barriers and opportunities in workplace wellbeing: A national survey of emergency department staff. *International Emergency Nursing 57* :101046. doi.org/10.1016/j.ienj.2021.101046

Chan, T. C., Killeen, J. P., Vilke, G. M., Marshall, J. B., & Castillo, E. M. (2010). Effect of mandated nurse-patient ratios on patient wait time and care time in the emergency department. *Academic Emergency Medicine* 17:545-553. https://doi.org/10.1111/j.1553-2712.2010.00727.x

College of Emergency Nursing Australasia (CENA) (2016). Nurse staffing standards for South Australia emergency care settings. Retrieved from https://www.cena.org.au/public/118/files/Position%20Statements/CENA-Position-Statement-Nurse-Staffing-Standards-for-South-Australia-Emergency-Care-Settings.pdf

Health Service Journal (2016). Safe staffing for nursing in A&E departments: the full NICE safe staffing guideline. Retrieved from https://rcni.com/sites/rcn_nspace/files/Safe-nurse-staffing-guideline.pdf

Jiang, J., Ma, L., Gao, C., Li, T., Huang, L., & Huang, W. (2017). Satisfaction, burnout and intention to stay of emergency nurses in Shanghai. *Emergency Medicine Journal, 34*(7), 448-453. https://dx.doi.org/10.1136/emermed-2016-205886

Leaver, S.L. (2018). Emergency Nurses Association Position Statement: Staffing and productivity in the Emergency Department. Retrieved from https://www.ena.org/docs/default-source/resource-library/practice-resources/position-statements/staffingandproductivityemergencydepartment

McHugh, M. D., Aiken, L. H., Sloane, D. M., Windsor, C., Douglas, Cl, & Yates, P. (2021). Effects of nurse-to-patient ratio legislation on nurse staffing and patient mortality, readmissions, and length of stay: a prospective study in a panel of hospitals. The Lancet 397(10288):1905-1913. Doi:10.1016/S0140-672=36(21)00768-6.

Ministry of Health. (2017). CCDM Programme: Safe staffing healthy workplaces. https://www.ccdm.health.nz

Ministry of Health. (2020, December). *Emergency departments*. https://www.health.govt.nz/our-work/hospitals-and-specialist-care/emergency-departments

Ministry of Health. (2021). Emergency department services. Specialist medical and surgical services. Tier level two service specification. https://nsfl.health.govt.nz/system/files/documents/specifications/t2emergencydepartmentservices_january_2021_final_.docx

Olley, R., Edwards, I., Avery, M., & Cooper, H. (2018). Systematic review of the evidence related to mandated nurse staffing ratios in acute hospitals. *Australian Health Review 43*(3): 288-293 doi.org/10.1071/AH16252

Peck Malliaris, A., Phillips, J., & Bakerjian, B. (2021). Nursing and patient safety. Retrieved 27 August 2021 from https://psnet.ahrq.gov/primer/nursing-and-patient-safety

Ramsey, Z., Palter, J. S., Hardwick, J., Moskoff, J., Christian, E. L., & Bailitz, J. (2018). Decreased nursing staffing adversely affects emergency department throughput metrics. *Western Journal of Emergency Medicine, 19*(3), 496-500.

Recio-Saucedo, A., Pope, C., Dall'Ora, C., Griffiths, P., Jones, J., Crouch, R., & Drennan, J. (2015). Safe staffing for nursing in emergency departments: evidence review. *Emergency Medicine Journal, 32*, 888-894. doi: 10.1136/emermed-2015-204936

Senek, M., Robertson, S., Ryan, T., King, R., Wood, E., & Tod, A. (2020). The association between care left undone and temporary nursing staff ratios in acute settings: a cross- sectional survey of registered nurses. *BMC Health Services Research 20*, 637. https://doi.org/10.1186/s12913-020-05493-y

Shekelle, P. G. (2013). Nurse-patient ratios as a safety strategy. *Annals of Internal Medicine 158*(5 Pt2):404-409. DOI: 10.7326/0003-4819-158-5-201303051-00007

Shindul-Rothschild, J., Read, C. Y., Stamp, K. D., & Flanagan, J. (2016). Nurse staffing and hospital characteristics predictive of time to diagnostic evaluation for patients in the emergency department. *Journal of Emergency Nursing 43*(2):138-144. doi.org/10.1016/j.jen.2016.07.003

Twig, D. E., Whitehead, L., Doleman, G., & El-Zaemey, S. (2021). The impact of nurse staffing methodologies on nurse and patient outcomes: a systematic review. *Journal of Advanced Nursing* doi:10.1111/jan.14909.

Varndell, W., Ryan, E., Jeffers, A., & Marquez-Hunt, N. (2016). Emergency nursing workload and patient dependency in the ambulance bay: a prospective study. *Australasian Emergency Care 19* (4):210-216. DOI: 10.1016/j.aenj.2016.09.002

Wolf, L. A., Perhats, C., Delao, A. M., Clark, P. R., & Moon, M. D. (2017). On the threshold of safety: A qualitative exploration of nurses' perceptions of factors involved in safe staffing levels in emergency departments. *Journal of Emergency Nursing, 43*(2), 150-157.

Wise, S., Fry, M., Duffield, C., Roche, M., & Buchanan, J. (2015). Ratios and nurse staffing: The vexed case of emergency departments. *Australasian Emergency Nursing Journal, 18*(1), 49-55.


**POSITION STATEMENT DUE FOR REVIEW: 30/08/2024**

# EMERGENCY NURSE NEW ZEALAND

*The Journal of the College of Emergency Nurses New Zealand* (NZNO)
ISSN 1176-2691