

NZNO
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COLLEGE of AIR & SURFACE TRANSPORT NURSES

E-Magazine

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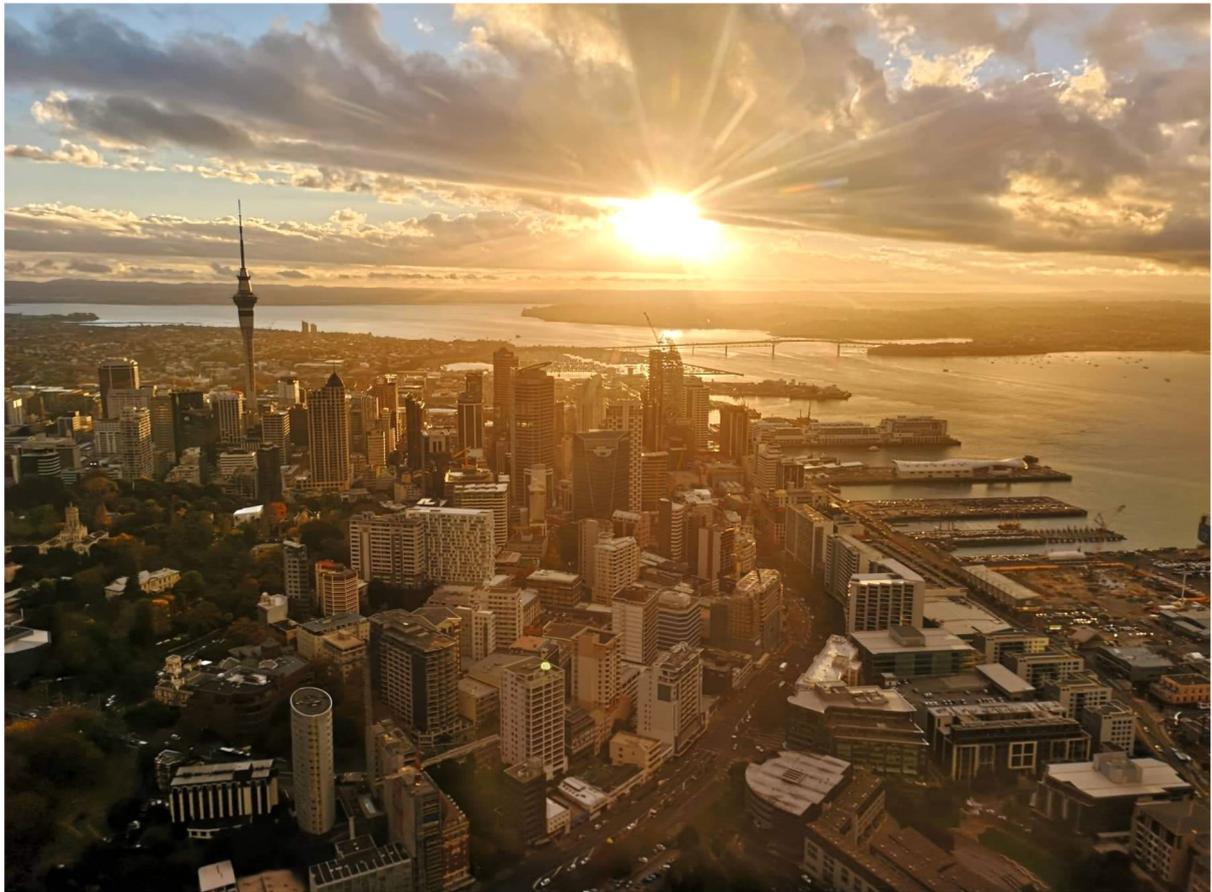


Photo supplied by Janet Barker, Whangarei

College of
Air and
Surface Transport Nurses
Section of the New Zealand

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Hi everyone,

Welcome to this edition of the e-mag, which also coincides with what will be the last version of the publication that I will be editing. Several new COASTN committee members were welcomed at the AGM in February to replace those leaving. In keeping with all of our committee meetings during 2020-2021 the AGM was held online and this didn't give us the usual group photo opportunity by way of introducing the new and present members, therefore most of your committee members have provided short bios by way of introduction.

Without further delay I will say my farewell and introduce Tania Parr as the incoming e mag editor. Please send any future submissions for the e mag to: tania.parr@nmdhb.govt.nz

Welcome to the incoming committee members, I hope you will enjoy being part of the committee, having a real voice in the future of flight nursing in NZ and gaining valuable insight into the flight teams throughout NZ. I have thoroughly enjoyed working with a team of passionate, strong and dedicated professionals in my time with the committee.

Best wishes,

Angela



Chair report for College of Air and Surface Transport Nurses, NZNO AGM – 2022.

Hello to all COASTN members & welcome to the AGM for 2022. It is unfortunate for the second year running that we, the national committee, are not able to hold the AGM with you in person and offer the usual education & networking opportunities that are associated with our AGM (and that this year we are not even able to come together as a committee physically to work through the AGM process). As much as we understand why this is & appreciate all the restrictions are in place to keep us all safe & hopefully ensure the health system is not overwhelmed by the pandemic like our colleagues overseas, meeting remotely has its challenges & lacks the opportunities face-to-face time affords us in terms of informal discussion, brainstorming & problem-solving. Its quite difficult working in silos – especially for a group of nurses who are used to crossing DHB & international boundaries, interacting with many healthcare teams outside of our own bubbles, & negotiating the extra hurdles of travelling over virtual boundaries & alert levels to places that may have Covid within the community as well as be caring for Covid-infected patients in the healthcare facilities. The work of negotiating the task of setting up screening protocols & the assistance teams have given each other in terms of facilitating tarmac transfers (in order to reduce the risk of exposure to teams from non-Covid affected areas), accommodating each others protocols, procedures and rules has been amazing & very much appreciated by all. It's a great example of the IHT & COASTN community working together to make our jobs just that little bit easier. As we meet today the latest Covid outbreak has caused chaos with numbers doubling every day and the rules around isolating, testing, working, PPE requirements are in a state of flux – with Health Officials struggling to keep pace. I ask that you keep yourselves and your whanau safe, and acknowledge the vital task we, as nurses, play in maintaining the health of our communities. Those undertaking international patient transfers have probably been impacted the most – as spending long hours in PPE on commercial or private aircraft are no longer mitigated by a little bit of downtime in another

er country, but more by time spent isolated in a foreign hotel seeing the country from a dedicated transport vehicle, or just the inside of the same commercial airliner returning you to your airport of origin.

Despite all of this chaos life continues and work across the IHT/interfacility transfer community is ongoing. The past year has seen the Stroke Clot Retrieval (SCR) Transport subgroup meeting remotely to formulate a set of guidelines - based on the data available across the SCR Network a number of key performance indicators (KPIs) were identified & then used to formulate the guidelines. The idea being that clinicians referring patients to the 3 interventional centres across New Zealand – Christchurch, Wellington & Auckland - for consideration of SCR in the advent of stroke presentations to Emergency Departments or smaller healthcare facilities have a pathway of who is likely to benefit from SCR, how to get them to interventional facilities (IHT teams vs. paramedic-only transfer) and the timeframes involved where the patient benefits from SCR vs. the risks for thrombolysis & subsequent complications. The finalised guidelines will be circulated once the subgroup has signed off on them and hopefully adopted for use nationwide. COASTN representation centred around promoting the clinical care nurses within IHT teams provided in an effort to ensure the patient received the optimum care during these transfers, while acknowledging the delays that IHT teams can add in in the transfer process (the debate being time-critical vs. time-&-skill critical considerations).

There is also phase II of the MoH/NASO aeromedical services restructuring beginning (remembering Phase I was directed towards pre-hospital helicopter service provision & contracts) – where the focus is on more integration and standardisation of infrastructure/equipment/plant, logistics and personnel across IHT/interfacility transport community and utilising the current pre-hospital air & road resources in combination with specific IHT. One of the main focuses is likely to be centralised tasking – with a key MoH team member having a background in the restructuring of the Queensland Aeromedical services (encompassing both pre- & interhospital transportation). COASTN will endeavour to maintain a college presence on this group, but individual service providers & flight nurses are also strongly encouraged to participate as able – remember COASTN has over 400 members and each of us has a voice that should be heard, because nurses make up the largest group of clinicians involved in IHT (either flight or road, or both). The national COASTN committee has made a commitment to ensure members are kept updated by circulating a brief update/synopsis of what has occurred after each meeting. The attendance list at these meetings is vast as the initial one was open to all – and we are grateful to our colleagues in NZCCCN NZNO for alerting me to this next round of talks & ensuring we were included.

Another challenge for those working in health is the plan to abolish the 20 current DHBs in favour of one national Health authority. Since its announcement in April of 2021 there has been little information available to the grassroots health care staff, and even to those further up the management change (including those at NZNO). While there are huge benefits in centralising a lot of the healthcare system (remember – we are only a country of a little over 5 million people, so in global terms smaller in population than a lot of major cities) there are bound to be a lot of challenges too. For us involved in IHT it will be interesting to see if breaking down the DHB barriers makes our jobs any easier. There is currently an element in what we do that is cost-driven: whoever pays the bills gets to dictate who undertakes the transfers, so maybe this will disappear and the most appropriate resource will undertake the task at hand. However – this level of operational detail does not yet exist, as I'm not aware that there has been much progress past the original concepts then gathering information from other countries systems in order to inform how New Zealand's single authority might look. I can only hope that care is taken to choose the best elements of other systems and avoid the pitfalls that may reduce efficiency and staff satisfaction while working in them. If you are asked for your thoughts or input please seize the opportunity to provide feedback – especially if you have had the chance to work in other healthcare systems across the world which may run their IHT services utilising different models.

The COASTN committee recognises NZNO has undergone significant change over the past year as indicated in Annie's PNA report. The professional services team were focussed on the MECA, CCDM and Pay Equity. The AGM was held virtually but member participation at the AGM and in voting on remits was disappointingly low. Membership has also decreased a little, and member concern around the financial impacts to the NZNO coffers from reduced earnings impacted on colleges and sections. The COASTN committee wrote to corporate services manager David Woltman to voice concern over the impact the operating deficit will have on colleges and section in terms of reduced core funding – which in turn will impact how the committee can do its work. While the upside of a global pandemic forcing virtual instead of face-to-face meetings might be cost savings the lack of these physical meetings impacts on our core funding (as each college & section receives funding based on membership, the number of meetings it holds per annum in order to run the college, and some other considerations). These colleges and sections represent the professional clinical side of our membership and are vital in furthering our professional voice – so its important that

there is adequate funding to enable college committees to undertake the work necessary to progress their professional goals.

In alignment with the direction NZNO is taking to become more bicultural & inclusive COASTN needs to apply a cultural lens to our college, so have been considering how best to achieve this and stay true to the aims of the college. The committee would like to suggest that the vision on our Standards framework- “Leading in care, soaring in practice” – be considered for translation into te reo, along with changing our college logo and potentially incorporating something symbolic to the tangata whenua. Undergoing this process takes some time, and we have sought the assistance of the policy analyst – Maori at national office to begin this process. Bridget has agreed to assist the committee with this and membership will be consulted along the way as substantial changes such as this will require ratification by members – hopefully at next years AGM. The committee also discussed seeking members input into designing a potential new logo – so please keep an eye out in the e-magazine for further information around this. Member input into important changes that impact the college and its image is vital – as the committee are here are representatives and not dictators.

Finally: I can't believe it's been a little over 6 years since Jo & I stepped into the leadership roles within COASTN – the time seems to have elapsed very quickly. Being involved at a national level has opened my eyes to the differences in the way we all practice across New Zealand – even though we are essentially performing the same jobs. It has afforded me many opportunities to meet other colleagues, experience how other services operate, become more aware of the challenges and opportunities available to grow the profession of flight and transport nursing, and to realise that many of our healthcare colleagues (medical staff, management, etc) have no idea what it is that nurses do and how independent we can be a lot of the time. It has also made me more politically aware and given me the confidence to increasingly speak out for nursing, trying to get other to understand who we are, what skills we possess, and how we positively influence the care journeys of our patients. I will be forever grateful to those who have shared their wisdom with me, given their time to teach and guide me, and afforded me the opportunity to increase the visibility and profile of COASTN members. I have met some amazing nurses, made some life-long friendships, and grown a lot personally and professionally in this time, all under the guidance of the most amazingly skilled, witty, kind and caring PNA. I thank the membership for allowing me this life-altering opportunity.

Yours in flight and road transport,

Antonia L. Johnston

Toni Johnston

Outgoing COASTN chair.



COASTN Committee 2022

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TANIA PARR—NELSON

A little bit about me!

I started my career in Dunedin Hospital working in the Cardiothoracics and Respiratory ward. I moved back home to Nelson in 2006 working in the ICU/CCU, where I joined the flight team in 2010 and continued to work in both roles. Worked casual in both roles while having children, and in the last year I have been one of the temporary flight coordinators for Nelson flight team. I have thankfully managed to hold on to a flight day once a fortnight also.

I really enjoy flight nursing, the challenge of working autonomously, and the care and support we can give to our patients many of whom are travelling into the unknown. Helping alleviate worry, and help them to focus on their wellbeing.

So happy to represent the Top of the South in the COASTN committee! Looking forward to meeting and networking with flight nurses from around the country, and the challenge of producing the e-mag!

Tania Parr

Flight Coordinator/Flight RN/ICCU

Nelson Hospital

NMDHB



AVRYL WAY—WAIKATO

I am a UK paediatric trained nurse and moved to NZ nearly 10 years ago with my partner and 2 boys. Since our arrival from the UK, I have worked on NICU at Waikato DHB as a RN. I joined the flight team in 2013 and I have recently become our flight team's lead nurse. I have been a member of the COASTN committee for about 18 months, I have met and worked with some amazing people and loved every minute. I have recently taken on the vice chairperson role and hope to do as great a job as Jo did! Looking forward to the challenges this year may bring. Safe flying!



ANDY GIBBS—WELLINGTON

Kia ora,

I am one of the incoming members of the COASTN committee and looking forward to meeting the rest of the team face to face when the nation allows. I've been a flight nurse with the Wellington Flight team for around 4 years now as well as in the Wellington Intensive Care Unit. I have over 15 years' experience in Intensive Care nursing both nationally and internationally including tertiary and rural settings. I look forward to being involved in the changes that Health NZ may bring to national services and collaborating with other flight nurses and teams around the country.



HELEN POOLE—DUNEDIN

Hi I'm Helen I have recently moved to Dunedin ICU having spent 12 years in Christchurch ICU and 6 years flight nursing with Christchurch Air Retrieval Service. I'm passionate about AME and have been fortunate to be a part of the COASTN committee for the last 3 years as treasurer. It's been amazing to be a part of the national committee and learn how other centres operate, and meet some pretty amazing people along the way.

Happy and safe flying!!



PATRICE ROSENGRAVE—CHRISTCHURCH

I am a flight nurse working with the Christchurch Flight Retrieval Team. I have been a member of this team since 2003. I have previously worked overseas doing air retrieval work in Cairns, Australia, and in Bermuda where we transferred patients from the Island to various hospitals in America. It is a privilege to be a member of the COASTN NZNO committee. We are committed to representing this unique and specialised group of nurses, who fly “under the radar” transporting patients by road, helicopter, and plane, to deliver care to patients from all corners of New Zealand.



TAZ IRVINE-FYNN—PICU

I am a UK trained paediatric nurse and I started my nursing career in an ED in the UK on the outskirts of London. This was an amazing place to work and I learnt so many skills that I have carried through my career. I then spent a year ward nursing at Sydney Children's Hospital before heading back to the UK to start my PICU career.

My manager there was a kiwi who has now moved back here and she inspired me to take the plunge a few years later once I had completed my ICU postgrad!

Since 2011 I have been working across Starship in a variety of roles including PICU nurse, Patient at Risk Nurse Specialist, ECMO Nurse Specialist and Flow Co-ordinator. I became a member of the PICU Aeromedical Retrieval Team in 2013 and this continues to be my favourite part of the role.

After being heavily involved in the Aeromedical Retrieval Flight Course for many years, I finally took over as Course Co-ordinator in 2019. COVID has certainly made for an interesting few years running the course but with a little creativity and flexibility we have adapted to this crazy new world.

I have recently taken an official committee post and it's been great having an insight into the ways the different services run and the amazing work you all do every day. I look forward to meeting and working with you all.





Former Royal Australian Air Force and Royal Flying Doctor nurse now working for Hawke's Bay District Health Board as the new clinical nurse manager of flight and transport.

Completed Registered Nursing training at the Royal Brisbane Hospital, psychiatric nursing at Baillie Henderson Hospital in Toowoomba and midwifery at the Gold Coast Hospital.

Then joined the Royal Australian Air Force, her first foray into flight nursing in 1993.

Have since completed my Bachelor of Nursing, Masters in Nursing - Advance Practice, Grad Cert of Applied Management, Nurse Immuniser – Australia, Endorsed Rural and Remote Nurse and Cert IV Assessment and Workplace Training

Deployed to conflicts in East Timor as the OIC of AME (aeromedical evacuation) and Rwanda, assisted in the aftermath of the Bali bombing and the Boxing Day tsunami in Sumatra.

Ran the air force aeromedical training school for three years in both fixed and rotary aircraft for army, navy and air force, before joining the Royal Flying Doctors Service, based in Bundaberg, north of Brisbane. Worked as Medical Assessment Team Leader for a travel insurance, Emergency Nurse delegate for the Red Cross and as the Senior Flight Nurse / Educator for Vector 360 Medsair before moving to Hawkes Bay New Zealand.



FAREWELL FROM JANET BARKER

Whangarei Flight Team

Farewell from Janet Barker

ICU RN/Flight Nurse, Whangarei

I started my nursing career in the north of England, qualified in 1980 and began my long ICU career in 1981. My first Flight Retrieval was in 1983 when I flew with a Medical Registrar in an RAF Sea King Helicopter to transfer a critically ill cardiac patient to our Tertiary Referral centre across the Pennines. This was a 45 minute flight and despite dealing with a brief episode of VF (!), we delivered the patient intact for interventional cardiac surgery. The RAF helicopter returned to its base in Wales after dropping us off and we then spent 5 hours in a taxi trying to get back to our base. It was a long and tiring transfer - but, I was well and truly hooked!



Fast forward 3 years and my husband and I emigrated to northern NZ - Whangarei - where I took up a position as a Staff Nurse in the ICU. After three weeks the incumbent Charge Nurse left and I was asked to fill the role temporarily until a new CN was appointed. One month later I was asked to apply for the role and held the position for almost 20 years. In the beginning most patient transfers were made by Road Ambulance, with whoever could be spared off the floor to accompany the patients. Some of the time-critical transfers were transported by air, using the local flying club pilots and aircraft such as a Cherokee Six, a De Havilland Dove and a Nomad. None of us were flight aware, let alone flight trained. Our equipment was gathered before each flight and usually carried in a selection of paper and plastic bags or boxes. Altitude "considerations" were - well - never really "considered". We mostly flew north to retrieve patients from Kaitaia, occasionally Kerikeri or over to Dargaville on the west coast. All the other Northland health regions were accessed by Road Ambulance only. Poor roads, long travel times and scant resources in the referral centres. Transfers to Auckland flew into Mangere Airport and we then took a Road Ambulance to Middlemore or - more usually - Auckland Public Hospital for DCCM, CVICU or PICU.

This all changed in 1988 when a group of local businessmen proposed a new transfer service, using a helicopter to improve the patient transport journey. I was asked whether the ICU would support this initiative and of course I was really keen! In November 1988 the Northland Emergency Services Trust (NEST) performed their first patient retrieval flight and the ICU nurses began flying around Northland to collect and deliver critically ill patients to definitive care areas. The first aircraft was a small Jet Ranger and over the subsequent years the Trust provided us with ever increasing in size and capability aircraft, working our way through a Squirrel, BK 117, BO 105 and then 2 Sikorsky S76's. In addition the Northland communities and businesses got right behind the Trust with financial sponsorships and support, leading to the provision of helipads at all the regional hospitals and many community areas and sports fields. There are few places left in Northland that do not have a decent area to land a large helicopter for patient retrieval.



In addition the ICU nursing staff began to divide into those who enjoyed the flight work and those who really would rather not, thanks very much! We had a small group of around 6 or 8 nurses who performed the majority of the transfers and provided unofficial on-call cover so that we could still offer a service when the ICU was too busy to release a nurse off the floor. Along with an ICU training programme that I introduced, I also developed a flight training programme in consultation with one of our ICU Consultants and a couple of the senior pilots at NEST. This continued until the national Flight Nurse training programme was introduced in the late 1990's. It has been exciting to be a part of this programme as it has evolved from the initial NZNA section into the professional College that it is today. In 2001 I completed a Rotor Wing Management Course at Flight Safety International in West Palm Beach, Florida and had a great time working with our pilots in the Aircraft Simulator. I got most benefit from seeing the advances in patient transfers that the Trauma Hawk service provided from their nearby facility at the airport. It was fascinating and encouraged me into further study.

In 2005 I took a break away from ICU as I needed some "me" time and a different scene for a while. As a complete change I became the sole RN Nurse Manager at a local Rest Home and I absolutely loved the experience. It presented different challenges but was fun, I had fantastic staff and wonderful residents. I even won an award from the Private Hospitals of Queensland for a staff recruitment and retention initiative that I had developed and the monetary award that I received was used to set up a training programme for the Care Assistants at the home. However, after about 3 months I was missing the ICU and so went onto the Nursing Bureau and worked a few evening and weekend shifts to "just keep my hand in!" After 18 months I returned permanently into a 0.8 FTE position and went back onto the Flight Team. I was home again!

Without the hassles of actually managing a busy ICU, I was able to concentrate on other aspects of the job and whilst I took on a few additional roles within the unit, I also started doing some more Post-Grad study with the University of Otago, culminating in a Masters in Aeromedical Retrieval and Transportation (AeroRT). If anyone is considering doing this, I can wholeheartedly recommend it. Apart from the academic achievement in itself, I have made numerous friends around the world and have an aeromedical contact in nearly every country! I also joined the NZ Medical Assistance Team (NZMAT) and after completing their foundation course was deployed to Samoa in 2019 (Measles - horrific) and the Cook Islands (Covid roll-out, very enjoyable) in 2021. I did some retrieval and transfer flights whilst in the Cook Islands and it was great to get back into small fixed wing planes again - although I wouldn't be in a hurry to swap them for a Sikorsky! Transferring three patients back to NZ via a domestic flight was another interesting challenge.

I have now decided to take early retirement and spend some time with my long-suffering husband, enjoying our sailing and exploring this wonderful country. I will also be able to spend more time with our wonderful son, daughter-in-law and 5 year old grand-daughter.

However ... I will still keep my hand in a little thanks to the NZMAT, as I am now on a World Health Organisation Group to develop international standards, protocols and guidelines for a wide range of Aeromedical requirements around the world.

This has certainly been a great career and quite a journey! All the best everyone, stay safe and go well.

Out.





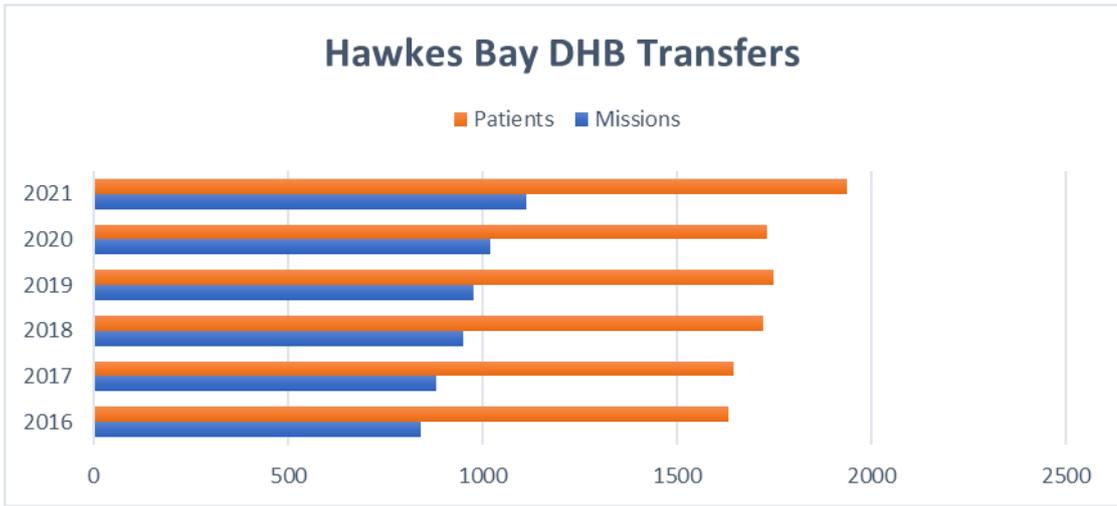
Hawkes Bay Flight Team.

Finally have the opportunity to contribute to COASTN Magazine after a very busy 2 ½ years as the Clinical Nurse Manager for Flight and Transport at Hawkes Bay DHB, never in my wildest dreams did I ever think that COVID would have occurred and a 3hr flight back home to Australia to see Mum would have become the impossible dream and it would take over 1 ½ years to get my partner and animals over.

I have been very fortunate in being able to step into the position of Managing a very skilled and experienced team of Flight Nurses and able to grow the team, advocate for them, develop policies, processes and also increase the scope within the team. It has been somewhat of a struggle at times, especially with understanding the bureaucracy of the DHB and actually how many hurdles you have to jump to get a new piece of equipment for flight or a policy approved.

As we all have experienced it has been very interesting times dealing with COVID and the changes that have had to be made, from the configuration of the aircraft cabin, regular COVID screening swabs, to the constant use of N95 masks and wearing PPE, especially on hot days.

Our flight numbers continue to increase, a mostly Mon – Fri service has become a 24/7, and we now have a dedicated Flight Coordinator working over the days on the weekend. We also have Flight Nurse Educator though only at 0.2 FTE, though is a start and I have been able to increase FTE and have staff whose primary position is now Flight.



We managed to have our long overdue (thanks to COVID) Wings presentation with some staff having 1500 hrs of flying time and some up to almost 2000 hrs. A good night was had by all. I've included a few photos, note Kelvin is looking pretty pleased with himself.

Safe flying all.

Jackie Hardy





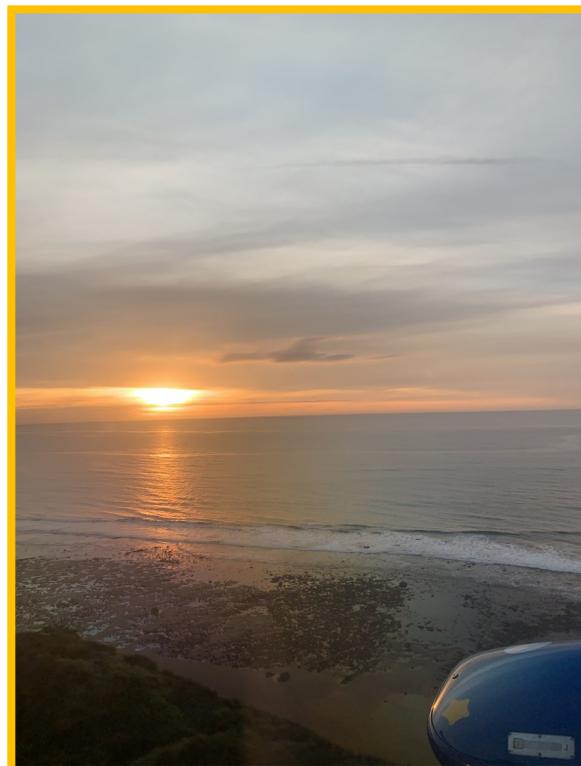
Greetings from the team at New Zealand Air Ambulance Service in Auckland.

Finally in Auckland we seem to be emerging out of our Covid-19 bubble, and I am ever hopeful that we will have something other than (and far more positive than) Covid dominating our conversations moving forward. We are all looking forward to reinstating our face to face (mask to mask) team meetings and social activities that have been benched in favour of video meetings for what seems like a very long time. Here in Auckland things have become autumnal rapidly and we are leaving behind what has been a gloriously warm and sometimes humid summer which I find a little sad!

Work for our teams has begun to gain momentum once again, and we expect the trend to continue with borders reopening and people travelling more freely once again. We have recently welcomed Khai Ming and Helen to our team of flight nurses, both come from many years of ICU experience and are great additions to our small team. Our mission co-ordination team have also increased in number, many of you will have spoken to our MC team on the 24/7 contact number: **0800 111 400**.

Stay safe,

Angela and the team at NZAAS/Skyline Health Care Group.



Recent late afternoon landing into Taranaki.



From the office window – Patrice Rosengrave, ChCh.

TRIVIA—HECTOR THE CLOUD

Angela Coward

A cloud named Hector....

When I first started working in the top end of Australia some years ago, one of the pilots introduced me to Hector – a cloud. My initial thought was that he was pulling my leg, he was known as a bit of a comedian, and I was the new kid in town. I did agree that a cloud that impressive did deserve a name however. So, at his insistence I headed to google and discovered that in fact Hector the cloud does exist. I found the phenomenon quite interesting and thought I would share some quick facts about Hector:

- Hector forms over the Tiwi Islands in the Australian Northern Territory at around 1500hrs almost every day.
- Hector forms every year in the tropics build-up or transition season and recurs nearly every afternoon between Sept/Oct – Feb/March each year
- Hector – aka 'Hector the Convectur' was named by pilots in the second world war, and was used as a navigational beacon for pilots and mariners in the region
- Hector is a cumulonimbus thundercloud
- Hector is one of the world's most consistently large thunderstorms, growing vertically and reaching heights of around 20kms, it can climb above the tropopause at times.
- Hector is caused primarily by a collision of the several seas breeze boundaries across the Tiwi Islands
- While the cell doesn't take the exact same form every day (sometimes there are two distinct thunderheads, some days there's just one massive cell), the process that forms it is the same.
- Hector was used as a navigational aid by mariners in WW2.



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UPCOMING CONFERENCES

2022





We are delighted to announce the National Trauma Symposium 2022, is scheduled for Tuesday 27 September 2022 at Te Papa Tongarewa, Wellington, New Zealand.

Our programme will attract a wide variety of trauma practitioners from across New Zealand and will focus on the areas of:

~ Transport ~ Traumatic Brain Injury ~ Motivation ~ Chest Trauma ~ Critical Clinical Conundrums ~



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