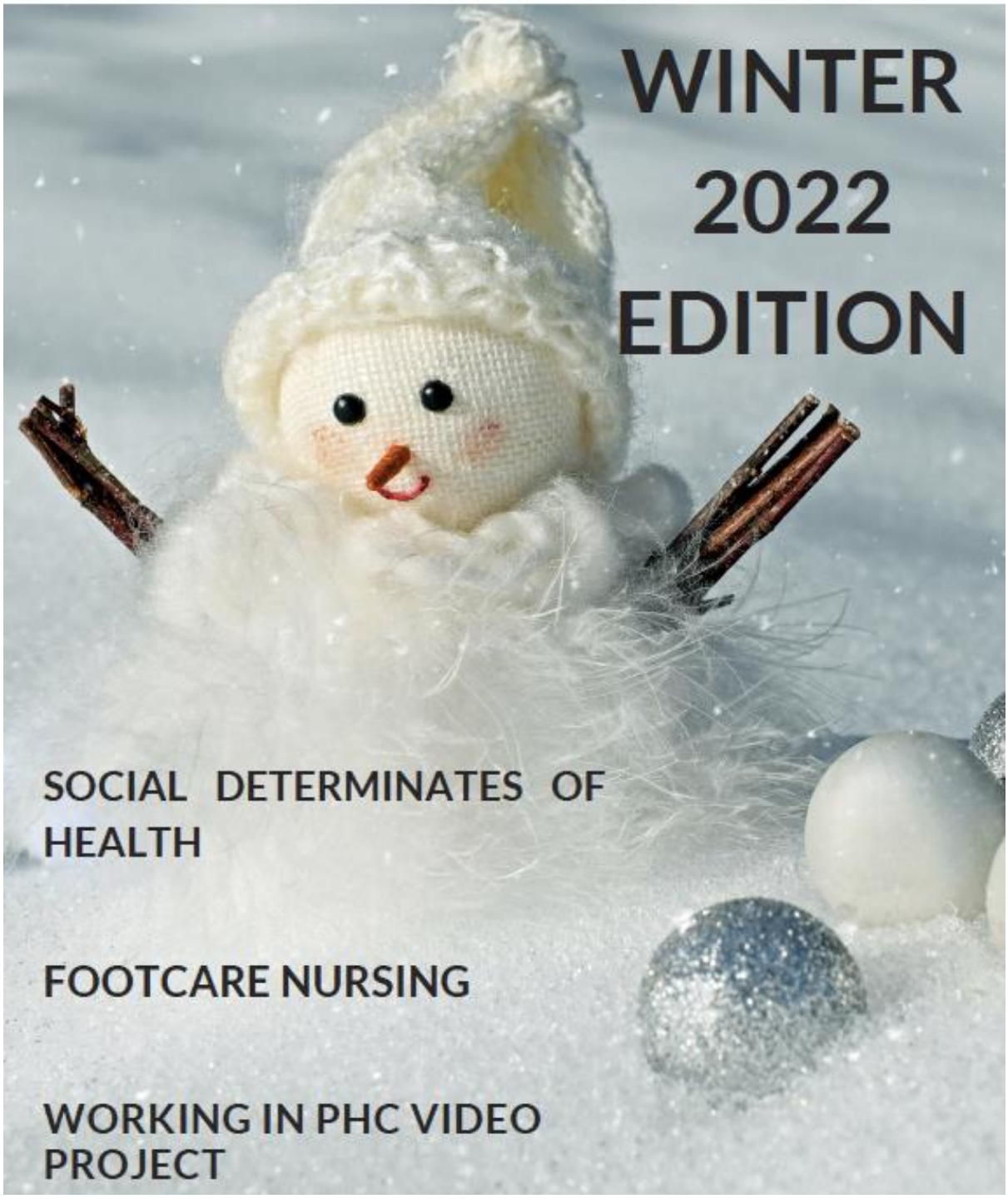
LOGIC.

LINKING OPPORTUNITIES GENERATING INTER-PROFESSIONAL COLLABORATION

The Official Journal Of The New Zealand College Of Primary Health Care Nurses, NZNO



WINTER 2022 EDITION

SOCIAL DETERMINATES OF HEALTH

FOOTCARE NURSING

WORKING IN PHC VIDEO PROJECT

LOGIC is the Official Journal of the New Zealand College of Primary Health Care Nurses, NZNO.

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Winter 2022
In this issue…

Chair's report June 2022
Dr Jill Clendon

Kia ora e te whanau

For this edition, I'd like to make a brief comment on our workforce before I introduce our new Acting Chairperson. As many of you are aware, Aotearoa is facing a significant nursing workforce shortage and this is impacting right across the board. Our colleagues in Aged and Residential Care are particularly impacted by this with over a thousand vacancies across the country. These vacancies are having a significant impact on the care offered to our most vulnerable older people. In primary care, it is becoming increasingly difficult to recruit to practice nurse positions. In district nursing, pressures to keep people at home or get them back there early after a hospital admission mean nurses are stretched, frequently without casual staff to call on. Public health nurses have been pulled in every direction and are now looking for some stability. More experienced nurses are finding it the right time to retire while the pipeline into nursing has slowed with closures and limitations at the border and fewer school leavers choosing nursing as a profession.

All of the factors contributing to this workforce shortage were predicted. Over 10 years ago. Add covid into the mix and it has created a perfect storm.

While the National Nursing Leaders Group are doing some sterling work on initiatives designed to address the shortage, the fact is, this is happening far too late to help us right now. As a result we are cobbling together fixes that are short term at best and at worst will contribute to the already stark inequities in pay across sectors. So, while we are really good at identifying the issues, coming up with the solutions is significantly more challenging. These solutions will be multi-faceted and stem from the strategic decisions being made at the highest levels of government and nursing. However, we can also help. Here's some suggestions for some things we can do as individuals:

- If you're asked to take a student nurse, say yes and provide the best placement you possibly can. We want students to come to primary health care and we want them to come back when they qualify!
- Create the best working environment you can. We want to keep those nurses we have. Think up a daily joke for the morning huddle, talk to your manager about some little incentives like vouchers for coffee or maybe a weekly prize drawn randomly for someone in the team. Maybe a weekly morning tea shout. How about a competition to see who can come up with the best suggestion for decorating the sluice/dirty/laundry room?
- Look after yourself and your colleagues. If you or someone you know is starting to say no to those extra shifts you keep getting asked to do, check in with them and make sure they are ok and check in with yourself and make sure you are ok. Everyone is feeling stressed right now and our ability to keep stepping up is reaching the end. This workforce shortage is not going to end tomorrow so we need to look after ourselves and our colleagues. It's ok to say no and take some time out from the extra hours.
- Take some time to think strategically – step outside your immediate

workplace for a moment and see if you can come up with some ideas that will attract nurses to nursing or nurses to New Zealand. Send an email to the Chief Nurse at the Ministry with your ideas. Or send them to us and we can pass them on.

If we think collectively, maybe we can come up with some short term and long-term solutions. The key thing is to look after yourself first. If you are not happy and well-supported, or are stressed and overworked, then you're not going to stay in nursing either.

I want to finish by letting you all know that this is my last report from the Chair. As of July 1st, Tracey Morgan will be taking over as I head off on a period of extended leave. Canada is calling and I head there on July 4th with my husband and our bicycles to start a 12-month adventure bikepacking the back country of the Americas. I look forward to reconnecting next year.

Nga mihi

Jill

Introducing NZCPHCN Acting Chair


Tracey Morgan

Ko Maungatauri tōku maunga
Ko Pokaiwhenua tōku awa
Ko Mangakaretu tōku marae
Ko Ngā hau e maha tōku whare tupuna
Ko Raukawa tōku iwi
Ko Tainui tōku waka
No Putaruru ahau, engari e noho ana ki Ahuriri inaianei
He piko he taniwha, he piko he taniwha, he piko he taniwha, taniwha-rau.

Tracey is married with four children and is currently Practice Nurse Manager for a Medical Centre in Rotorua. Tracey started her career as a Kaiawhina for Plunket for eight and a half years, offering support and education to mother and pēpi and whānau before completing her Bachelor of Nursing training.
Tracey has a range of skills in Tamariki Ora, Cervical Screening, Smoking Cessation, CVD Risks, Sexual Health, School Based, Immunisation, and B4School Checks and she has continued her post-graduate study with a Certificate in Primary Health specialising in Tamariki Ora.
Tracey enjoys the autonomy of being an independent practitioner, and a voice for Māori Health.
Tracey is the Midlands Representative for the Te Rūnanga Membership Committee. As of June 2022 she is also the newly appointed Primary Health Care Nurses Interim Chair.
Tracey believes Te Rūnanga has been a way forward to help her grow personally and professionally. Her future plans are to be a Nurse Practitioner in Primary Health.

Editors Report


Yvonne Little

Welcome to the Winter 2022 issue of LOGIC. It has been a pressurised and frustrating year so far in the health sector with many challenges and changes faced. Some of those negatives and positives are included in this issue.

As you will have seen by the Chairs Report, our fantastic Dr Jill Clendon is taking some time out to do some exploring on her bike with her husband in tow. We wish her well with these travels and hope they remain safe and enjoy their time away from New Zealand. It appears she choose a good time to depart from our shores considering the weather we have been experiencing.

On the weather front, our thoughts go out to our colleagues in the Nelson region and all other regions affected by this weird weather we are having. Hoping that everyone is keeping safe. This weather obviously adds another challenge to nurses being able to do their work and take care of their families.

We welcome onboard in her place our Acting/Interim Chair Tracey Morgan.

Amongst, some very interesting reading in this issue you will note that we have our AGM coming up in October and would like to see as many people at the meeting as possible but if you cannot be at the meeting, please check our website to find out what remits are there to be voted on and please make your vote count. Due to being one of the largest colleges, to be able to get any changes passed we do need every one of you to participate (voting will be available online).

There are also some positions available on our committees, please have a think about whether you or someone you know would be a good fit for our dynamic teams and get those nominations in – I must put my apologies in here for the short turn around time, but we have advertised these positions on our Facebook page (albeit with the old closing date of the 9th September) as we knew that LOGIC would be going out a bit later than planned as we were waiting to be able to put some of our articles in due to them being embargoed till a certain date.

It is great to see some new nursing areas in this issue, if your area of nursing is not included then we would love to hear from you. Primary Health Care Nursing encompasses such a wide variety of nursing fields it is good to see what is happening in each of these.

And, finally I would like to say a big thank you to all our current committee members, (Executive, Professional Practice and LOGIC), through all the business as usual of your everyday work you have managed to find time to continue in your roles for the college. These positions are voluntary and hence the sacrifices you make is much appreciated.

Sadly, due to the terms of office for some of our team members finishing we will have to farewell them at the AGM in October. Fiona Murray, our marvellous secretary will be one of these.

Fiona, you have done a fantastic job keeping on top of the secretarial work and getting those minutes of meetings out to us in a timely manner despite whatever else was happening. We will miss you and wish you well for the future, and maybe one day we can get you back onto one of the other committees.

Ngā Mihi

YOUR COMMITTE MEMBERS (As of August 2022)

NATIONAL EXECUTIVE COMMITTEE

Jill Clendon
(Chair till July 2022)

Tracey Morgan
(Interim Chair from July 2022)

Nicola Thompson
(Treasurer)

Fiona Murray
(Secretary)

Charleen Waddell

Bridget Wild
(PPC Chair)

Melissa (Missy) Brett

Yvonne Little
LOGIC Editor/Publisher

PROFESSIONAL PRACTICE COMMITTEE

Bridget Wild
~~(Chair)~~

Katie Inker

Michelle (Shell) Piercy

Melanie Terry

Jeanette Banks

LOGIC (JOURNAL) COMMITTEE

Key statements from Executive Committee Meeting June 2022

1. The National Executive committee met with Chiquita Hansen & Emma Hickson from the Transition unit. They provided more clarity on what is happening within the transition unit from a PHC perspective. Chiquita challenged the college to review the 'Investing in Health" document and consider what our aspirations are under the new system
2. Meeting with Paul Gaulter, CEO NZNO, resulted in a productive discussion on how Nurses can promote the professional practice of nursing through the media. Paul also gave us an update on the Maranga mai campaign and the way this draws together NZNOs strategic focus onto one platform.
3. The committee had a productive discussion on the remuneration of Nurse practitioners & prescribers in PHC. This will be taken to the PHC sector group for further discussion.

New Zealand College of Primary Health Care Nurses Application Form

Oritetanga Pounamu $2500 Equity Grant

Naku te rourou nau te rourou ka ora ai te iwi

With your basket and my basket the people will live

Ahakoa he iti, he pounamu

Although it is small/little, it is pounamu.

No matter how small your contribution is, it is valued.

Do you have a project or idea to which may benefit your community or workplace? Can it highlight and address equity? Is it showing innovation, health determinants, leadership and exceptional commitment to improving patient care?

- Will contribute to primary and community nursing in New Zealand, general practice and public health
- Recognition of Te Tiriti o Waitangi and implications to Māori,
- Inclusive for Māori/marginalised/Pacifika/vulnerable/Diversity/Disabled Communities considered
- Show increased access or improved health outcomes particularly to reduce burden on diversity, disabled or disadvantaged.

CRITERIA

- Please attach a description (up to 500 words). Nomination form and typed description must be emailed or posted.
- Article in Logic Journal showcasing Project.
- Current member of CPHCN

Details

Name as on NZNO membership: ……..

Position: ……

Membership Status……

Organisation/Workplace.....

Workplace. Address: ……

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Work phone: …… Cell phone: ……

Email/Primary Contact: ……

Project Plan/Ideas

Project Lead……..

Position……

300-500 words describing project or idea

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Project Plan/Implementation/Costs

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Benefits/Outcomes/Expectations

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Acknowledgement or Impact for Te Tiriti O Waitangi

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Nominations are to be received by 30 September 2022

A delegated selection panel from the Executive of the NZ College of Primary Health Care Nurses will assess applications. The panel decision will be final and no correspondence will be entered into.

Email fax or post all documents to:

Sally Chapman

Office Administrator

New Zealand Nurses Organisation
PO Box 2128
Wellington 6140
Fax: 04 382 9993
sally.chapman@nzno.org.nz

Cervical Screening Update: Latest Māori Campaign now live on Facebook.

By Yvonne Little

I had the privilege to get a preview this wonderful campaign for the māori cervical screening, to celebrate the kaupapa done in partnership between Mahi Tahi and the Māori Campaign Advisory Group (CAG).

The launch of this was held on the 29th of July 2022 and can now be shared with you and for you to share with your colleagues.
The Kaupapa of the campaign is to raise awareness for cervical screening and to empower and normalise the korero for wāhine and whānau about cervical cancer prevention and early detection.

It is important and timely to encourage and empower all and in particular the 35-55 year old wāhine Māori (and Māori whānau eligible for cervical screening) to return to screening after the impact of COVID-19.

https://fb.me/1Zp5U1yrXngmt9K

Key statements from Executive Committee Meeting August 2022

1. Save the date: Come join us, meet the committee, ans listen to Suli Tuitaupe speak at the NZCPHCN Forum & AGM. 13th October 2022. NZNO rooms in Christchurch.
   17:30 Drinks & nibbles, 18:00 Speaker, 18:30 – 20:30 AGM
2. Save the date: 11th March 2023 – NZCPHCN & College of Nurses Aotearoa.
3. We are working to provide access to useful Orientation resource for PHC nurses. See our Face book & web page for information on how you can share your resources with the wider PHC nursing community

Journey to Nurse Practitioner Child and Youth Primary Healthcare


Kate ChiTar

I started studying nursing as a young mother after being cared for by an inspirational midwife. I had left school with no qualifications, so I started with Foundation Education before moving into the Bachelor of Health Science (nursing) at Manukau Institute of Technology (MIT). I learnt to enjoy studying, tried my best with most of my assignments, and achieved good results. The hardest learning for me in healthcare was the hierarchy, and I still struggle with this today.

NETP was very new when I graduated, and I applied for a placement in Youth School Health after hearing a talk from an inspirational nurse. It was the first time I remember hearing about Youth Health as a specialty or using a strength-based approach - it truly resonated with me. The placement was funded through Counties Manukau Health (CMH) and I worked in a couple of high schools as well as the Centre for Youth Health.

Young people are special, they have so much potential, and the right support and the right time can significantly impact on their life trajectory.

I have had a few different roles in my career, always involving young people. I learnt a lot at Family Planning and really appreciated the autonomy of working under standing orders. I

also really enjoyed going back to MIT to teach but missed the clinical aspects of nursing.

I took a pay cut to work in a School Based Health Service at Aorere College, I loved the role but became really frustrated by the limitations of not having standing orders. I would see students with simple medical needs and huge barriers to accessing care, so this prompted me to restart my post graduate study at University of Auckland to become a Nurse Practitioner (NP).

I was lucky to get funding through Health Workforce New Zealand. Of course, I didn't know how much I didn't know, and those simple medical needs are not as simple as they seem. I did a lot of learning, stretched myself to capacity, got better at asking for help, leaned heavily on my husband, and hoped I wasn't putting my adolescent children off university study for life.

Part of the NP program involves evaluating evidence and developing a business case that supports the development of a NP role. Through this process I realised that the skills of a NP are more suited to supporting multiple schools, rather than being based in one school. This is because Registered Nurse's (RN's), Guidance Counsellors, Social Workers, and other members of Pastoral Care teams in schools can provide the psychosocial support to meet the needs of most young people. Clinical leadership from a NP can enable RN's across multiple schools to manage simple medical needs through Standing orders and Registered Nurse Prescribing in Community Health (RNPCH). This allows the NP to focus on young people with more complex health needs.

There is plenty of evidence that NP's provide health care that is equivalent to medical practitioners, while also spending more time with their clients, providing more education, and more follow up (Barnett, Balkissoon & Sandhu, 2022; Htay & Whitehead, 2021). I think these aspects of care really suit a youth health environment, where young people are able to develop connections and skills to support their development towards their potential.

The growth and development that you see in young people from year 9 to year 13 is inspiring.

I currently work as a NP for Counties Manukau Health in Youth School Health. I work in a team with two Clinical Nurse Specialists and two RNPCH who have a focus on contraception and sexual health. We work to provide leadership and support to the nurses based in schools, as well as direct patient care for students. I visit multiple schools and I don't work to the classic primary care model with 15-minute appointments, instead I have the flexibility to see young people for the amount of time required to address their needs at the time. I use a strength based holistic approach, link young people in with the existing support systems within their schools or refer to external services when extra support is needed. The service is free, including the supply of most medications. I am passionate about supporting nurses to increase their use of standing orders, RNPCH, and the direct supply of medication to reduce barriers to treatment for common conditions.

There is a significant need to improve access to primary health care in many of our communities and NP's have an important role to play in reducing structural, cultural, and relational barriers. I am hopeful that opportunities for NPs across New Zealand will continue to grow, and that NP's will continue to provide clinical leadership and contribute to the multidisciplinary approach we need to find solutions to the complex issues we face.

Reference List

Barnett M., Balkissoon C., Sandhu J. (2022). The level of quality care nurse practitioners provide compared with their physician colleagues in the primary care setting: A systematic review. Journal of the American Association of Nurse Practitioners, 34, 457–464.

Htay, M., & Whitehead, D. (2021). The effectiveness of the role of advanced nurse practitioners compared to physician-led or usual care: A systematic review. International Journal of Nursing Studies Advances, 3,100034.

https://doi.org/10.1016/j.ijnsa.2021.100034

App review:

By Erica Donovan

The thing about working in primary health care is that some days it can be a real mixed bag. As (I hope) you're aware, New Zealand has three national languages - Māori, English and New Zealand sign language. While New Zealand sign language (NZSL) has an 'official' celebration week in May, we should be making the effort to give all our patient safe and culturally appropriate care no matter the time of year.

Covid has also thrown a spanner in the metaphorical works, as some people may be able to utilise lip reading, but the mainstream masks given to medical professionals by MoH are not conducive to this.

Within a couple of weeks I had a couple of patients come via urgent care triage, who their main form of communication was NZSL. While they came in with a written list of their history and chief complaint, it still wasn't ideal. As someone who grew up learning NZSL, I had a bit of knowledge to fall back on, but I've realised that this didn't really extend to medical care.

That's when I was reminded about the option of having an app on my phone, just like I would with a translation app. Luckily, there's an app for that.

The NZSL dictionary app is available for Apple iPhone or iPad and Android, for free via your phone or tablet. If you're not a fan of apps you can also search the sign language dictionary via the New Zealand Sign Language website. Another shout out to Deaf Aotearoa, as on their website they have some great resources in NZSL about COVID19 and the COVID vaccination.

All our patients deserve care that meets their needs, and this is just one tool you can add to your primary care tool kit.

New Zealand College of Primary Health Care Nurses Nomination Form

Leadership (Haututanga) and Innovation (Tangongitanga) Award 2022

This award was previously known as the Prestigious Tall Poppy Award which was initiated by Ginny Hinton who wished to recognise positive role models and excellence in Primary Health Care Nursing. The sponsorship was continued on by Diane Newland and lastly by Jane Ayling.

The NZCPHCN have renamed this award but the principle of the award remains the same.

The winner of this award will be chosen from written nominations and will be announced at the New Zealand College of Primary Health Care meeting in Christchurch on the 13th October 2022.

The winner will receive $2,000 to support further learning and development including innovation projects and is encouraged to write an article for the college journal LOGIC.

Do you work alongside a Primary or Community Health Care Nurse that goes above and beyond in their work, showing innovation, leadership and exceptional commitment to improving patient care, who warrants acknowledgement and support of their growth.

- *Nominees must be NZ College of Primary Health Care Nurses (CPHCN) members and currently working as a Primary Health Care Nurse.*
- *Preference will be given to those nominees whose actions have made a significant and positive influence on patient care.*
- *All nominations accepted will result in the nominees having their nomination acknowledged in the LOGIC journal.*

Reason for Nomination

Please attach a description of an initiative utilising professional competence, quality improvement concepts and a commitment to positive patient experience in her/his area of work (up to 500 words). Nomination form and typed description must be emailed or posted.

Nominee Details

Name as on NZNO membership: ……..

Position: ……

Name of organisation: .....

Address of organisation: .....

.....

Work phone: …….. Email: ……

Nominator Details

Name as on NZNO membership……..

Position……

Name of organisation: ……..

Address of organisation: …….

.....

Work phone: ……. Email: …….

Nominations are to be received by
30th September 2022

A delegated selection panel from the Executive of the NZ College of Primary Health Care Nurses will assess nominations. The panel decision will be final and no correspondence will be entered into.

Email fax or post all documents to:

Sally Chapman

Office Administrator

New Zealand Nurses Organisation
PO Box 2128
Wellington 6140
Fax: 04 382 9993
sally.chapman@nzno.org.nz

Long-Acting Reversible Contraception Training Standards.

By Yvonne Little

I had the privilege of being part of the Ministry of Health consultation group who meet via ZOOM meetings to discuss the LARC Training Standards. Thank you to all who provided me with your voices to take to the table around what nurses in Primary Health Care wanted in this space.

In response to your input we received the following response:

You told us that you wanted local training, run over a number of sessions, ideally in your own practice, delivered by colleagues and supported by national standards for LARC training. We will soon be able to announce further training opportunities designed to meet these requirements.

As a result of your feedback we also amended the national LARC training standards to facilitate 'in practice' training. We are happy to announce that these Long-Acting Reversible Contraceptive (LARC) Training Standards have now finally been completed, published, endorsed and are available for use by LARC trainers. The standards provide a single multi-disciplinary agreement to support high quality, safe and consistent LARC training and practice. We have provided some FAQs on the LARC training standards. Please circulate FAQs and the weblink through your networks as appropriate. https://www.health.govt.nz/publication/long-acting-reversible-contraception-health-practitioner-training-principles-and-standards

The first standards document the *Long-acting Reversible Contraception: Principles and Standards for Trainers* document provides health practitioners with detailed descriptions of the competencies, numbers of observed LARC procedures and training that health practitioners need to train to competence. The appendices provide useful tools to support best practice training.

The second standards document the *Long-acting Reversible Contraception: Principles and Standards for Trainers* defines the standards, training and competencies required to become a LARC trainer.

They were written by a multi-disciplinary working group of the National Contraception Advisory Group comprised of general practitioners, nurses, Family Planning New Zealand, obstetricians and gynaecologists, Māori health, youth health, midwives, and DHB representatives. We appreciate their hard work in developing standards designed to work for nursing, medical, midwifery and other health professionals.

Both the LARC training standards documents were endorsed by:

- The Royal New Zealand College of General Practitioners,
- Family Planning New Zealand,
- The New Zealand College of Sexual and Reproductive Health,
- The College of Nurses Aotearoa NZ,
- The Royal Australasian College of Obstetricians and Gynaecologists, and
- The New Zealand College of Midwives.

Promoting Mental Health and Addiction (MH&A) Learning and Support for Primary Care

By:
Steve Graham - Clinical Nurse Specialist Collaborative Credentialing Programme
Molly Morriss - Clinical Nurse Specialist Collaborative Credentialing Programme
Lara Dowse - Programme Manager

Te Ao Maramatanga, the New Zealand College of Mental Health Nurses developed a Mental Health and Addictions (MH&A) Credentialing Programme and piloted this in Northland in 2015. An Auckland regional collaboration of Nurses from Primary and DHB sectors have implemented the programme since 2016. You can find out more by visiting the College website: https://nzcmhn.org.nz

The aim of the Credentialing Programme is to increase confidence in responding to MH&A issues within the primary care setting. The programme is designed to help break down barriers to discrimination and stigma, improve access and increase workforce capabilities. The Credentialed Nurses are based in various settings including GP practices, schools, corrections, cultural settings within iwi, Pacifica and Asian health sites and DHB specialist teams. Nurses who attend may not have access to this training in their workplace and may not be interested in attending post graduate training but are wanting practical broad but brief training in MH&A.

Comprehensive Care run the programme on behalf of the regional collaboration and Lara Dowse is the programme co-ordinator and the access person to approach for the free training. Lara runs the bi-annual five-day (one day per month) course which encompasses guest speakers, education and upskilling in a range of MH&A areas, alongside trauma informed care and the treatment of mild to moderate mental health conditions. Nurses keep a reflective journal and attend four supervision sessions through the programme to encourage reflective practice and embed their newly gained skills.

On completion of the programme, it was noted that ongoing supervision and support would be beneficial, hence two Clinical Nurse Specialists (CNS) were appointed (Steve Graham by WDHB and Molly Morriss, ADHB) to provide support to Primary Health Care Nurses who completed the MH&A Credentialing Programme. A Stocktake document identified that further work is needed to enhance nursing support, peer /professional supervision and further training and development opportunities. It also identified that the practices with highest need such as high deprivation, high numbers of referrals to Secondary Mental Health services, highest number of Māori, Pacifica or Youth, for the most part, have not been represented. A targeted equity approach is underway. The two CNS's are working alongside primary care funded programmes to tailor the development and delivery of training, skill development and peer supervision. The CNS's are offering monthly clinical updates, several peer group supervision sessions and practical support for nurses with a MH&A focus.

Maximising the use of the MH&A Auckland Regional Health Pathways and understanding both Primary and Secondary referral pathways is a key feature of training and support. Approximately 324 nurses have already completed the programme and report increased confidence when dealing with mental health and addictions in their practice. We fully recommend more join the programme and increase their knowledge and skill base in a vast and expanding field where no one day is the same.

ATTENTION: - All Primary and Community Health Care Nurses

SAVE THE DATE

"Caring for Ourselves, Caring for Communities, Caring for Aotearoa"

"Te tiaki i a tatou ano, te tiaki i nga hapori, e tiaki ana i a Aotearoa"

A focus on nursing in primary and community care

When: Saturday 11th March 2023, 8.30am – 5.00pm

Venue: The Rydges Hotel, 272 Fenton Street, Rotorua

The NZ College of Primary Healthcare Nurses, NZNO and the College of Nurses Aotearoa, New Zealand unite to facilitate the above symposium for all Nurses working in the primary and community health care sectors.

This exciting symposium provides the opportunity to celebrate nursing across the many disciplines within primary and community health care, with a focus on self-care, care for our communities and care for our environment.

The programme includes:

- *Inspirational keynote speakers discussing:*
  - *Caring for ourselves - tools to ensure as nurses we put the health, safety and wellness of ourselves first*
  - *Caring for our communities – equity vs inequity – impact on how we provide health care for all*
  - *Caring for Aotearoa - what can we do to within our workplaces to ensure environmentally sustainable healthcare?*
- *Workshops to include updates of new initiatives and opportunities within our areas of practice*
- *Networking opportunities with colleagues from our vast healthcare sector*
- *Professional development hours awarded*
- *We know you will be motivated and/or inspired by others and enjoy networking with nursing colleagues across the health sector from around the country.*
- *Prices:*
  - *NZNO Members:* *$120.00*
  - *College of Nurses Aotearoa Members:* *$120.00*
  - *Non-Members:* *$150.00*
  - *Student Nurses:* *$ 85.00*

Registrations will be available from November 2022 via

- *NZNO - https://www.nzno.org.nz/get_involved/event_calendar*
- *College of Nurses Aotearoa website: https://www.nurse.org.nz/workshops.html*

School Nursing, a reflection of the last 5 years working as a Registered Nurse in both DHB funded and non-funded schools. The myths, the truths, and the feeling of being undervalued.

By: Emma Hannaby (RN)

My nursing career commenced in 1994 as a student nurse in England, prior to that I had worked as a Health Care Assistant on a paediatric ward in a large hospital. On graduating I went straight into Paediatric Intensive Care Nursing (PICU), Neonatal Nursing (NICU) then moved on to Post Anaesthetic Care Nursing. Due to family commitments and the increase in after-school activities my children were undertaking, I needed a nursing job that no longer required me to work evenings. School nursing was the perfect role. Or so I thought……

I did my research, arranged to meet with a couple of school nurses in their workplaces to find out more about the role, I started work as a relief school nurse for a non-funded school in a high 'decile' area whilst continuing to work as a PACU nurse. 5 years ago, school nurse roles were not readily available.

Eventually a school nurse position became available in a low 'decile' area, a small school, funded by the DHB to have 3 nurses. It appeared to be the perfect job. Not too far from home, School hours, working with rangitahi. I spoke to the lead nurse there before applying for the position and discussed the role including pay. At that time, I was an PACU nurse working under an expert portfolio at the top of my pay scale. The nurse told me that the school would never agree to pay what I was on then ($34 per hour) (yes, I know, a shocking pay rate anyway), but they agreed straight away to my pay request, and I commenced my new role as a school nurse in 2018.

Myths vs Reality:

The myths of a school nurse have always and continue to be that we give out Panadol, pads and plasters (the 3 p's), this is believed to be the truth both by other nurses, the schools that we work in and also the parents of our young people. I was talking about taking a blood pressure on a student to a parent, that parent said, "so you actually do real nursing stuff then?"

The truth is that a school nurse does so much more with our rangitahi. We are passionate about our work and often go over and above, not only are we there to provide first aid, care and treatment for illnesses, we are a counsellor, social workers, sexual health experts, experts in skin infections, listeners, problem solvers, providers, facilitators, referrers, educators. The list is endless, and no two days are the same. School nurses also ensure that students attend appointments with outside agencies therefore adding to our role as a driver. School nurses deal with the effects of poverty daily, often providing food to hungry students, clothes/shoes to students whose families cannot afford the uniform and treating effects of damp overcrowded households.

On top of this, School nurses in funded schools must adhere to contracts/expectations from the DHB that they work within. Year 9 Health Assessments and Rheumatic Fever prevention programmes.

School nurses in my view are totally undervalued for their years and years of knowledge and experience that they bring into the job. Ironically mostly undervalued by another undervalued profession, the teachers, and schools that they work within. School nurses from my experience are very much seen as support staff (and paid as such), rarely thanked, appreciated, or acknowledged.

After the 2020/21 Auckland lock downs and talking regularly with my previous colleagues who were still working in the hospitals, finding out about the lump sum payments that they

had received, the hourly pay rate increase and the pay equity deal, I initially became angry and frustrated, now I am thoroughly disappointed and feel let down in the whole healthcare system.

After my years of loyalty, commitment and passion working with a certain DHB, working for that same DHB funded school for the last 4 years, I felt so deflated, undervalued, disappointed and could not quite get over the unfairness of it all. Nursing is seen as a vocation by many, and the low pay is reflected by this.

School nurses must meet the same requirements as a hospital nurse to maintain registration. They must meet the same professional development requirements which means that often must be done during the school holidays.

A school nurse is only paid for 40 weeks per year with 4 weeks annual leave, the rest in unpaid. The responsibilities for documentation, code of conduct etc is the same as hospital nurses. They not only have to do this, but they also must meet school requirements, justifying their roles as a support staff member. In fact, one comment this week from a member of the senior leadership team was that when they came to the health centre it was not busy. Little did he know that prior to his visit at the end of the school day, myself and my colleague had been running around like headless chickens, but because they don't see it, they don't believe it!

School Nursing 2022:

Still underpaid, still seen as support staff, still undervalued, still trying to earn a living. However, expectations have increased with the COVID19 pandemic, school nurses now must be an expert in COVID screening/assessing unwell students, providing COVID support to school staff, sending unwell students home. Having to communicate with our youth behind masks, attempting to smile with our eyes to connect with them.

All this whilst living in the COVID19 world ourselves, with our own families, having to wear PPE to protect ourselves, our students, and our families. To be told that if one of our family/household members test positive for COVID19 then we as nurses are expected to RAT test daily and if negative to come to work rather than staying home to care for our unwell family member! Whatever happened to caring for the carers?

There are more school nurse vacancies than ever before, positions not being filled due to the poor pay and expectations. With inflation rising, mortgage rates, rent, food, petrol costs meeting an all-time high but with hourly rates staying the same which were never high in the first place, I don't know how much longer school nurses are able to do the wonderful work they do with our young people.

In short, the expectations are massive, the wages and recognition are not.

My big question is when we know that education and health go hand in hand, for our tamariki and rangitahi to learn effectively, they need to be healthy with their basic needs and health requirements being met. Then why is it that in an education facility, health is very much seen to be of minimal importance and hence the Registered nurses being classified as support staff?

Editors note: It was difficult to read this reflective piece of Emma's as it shows how much nurses are still struggling to be recognised as professionals, how disillusioned we are becoming with our work and workplace and why so many are leaving the profession. Without devaluing or detracting from the concerns raised in this article by Emma, much of this will resonate with those working in primary health care. It is well known in nursing that DHB payrates are higher than for the rest of the nursing workforce despite the fact that we are all nurses working to similar scopes, being required to keep up to date on our professional development and with the same pressures on ourselves, our health, and our

families. Emma's use of the wording of "support staff" reminds me and possibly many of you older nurses of the old adage of "the nurse being the doctors' handmaiden" (in other words support staff). This needs to change but the only ones who can change it are NURSES – we need to make sure that we are valued, paid appropriately and that we educate other nurses, doctors, receptionists, teachers, administrative staff, and the general public as to our worth.

So, I put out a challenge here to all school-based nurses to get onboard the NZCPHCN video project. Whilst, at the moment you may be feeling disheartened and disillusioned, lets try to find something positive about your work (such as what Emma has said about helping our rangitahi), let's get those videos in and raise awareness of what your job is. School nurses you are part of the Primary Health Care sector and we need to be there to support each other.

PHC video project:

Erica Donovan

This year the College of Primary Health Care wants to promote the diversity of primary care roles and showcase what it's like to work in this unique part of the health system. We're wanting nurses from all across primary care – District Nursing, Aged Care, General Practice, Occupational Health, Urgent Care, Plunket and everything along the spectrum to tell their stories. So far, we've been sent a load of videos from nurses working in General Practice, we'd love some diversified voices.

The complied video will be used to promote PHC on social media, PHC portion of NZNO website and at College events such as study days. You don't have to have a fancy camera, just grab your cell phone or laptop and film. If you need any tips on how to create a great video from your phone check out this link https://intensiveblog.com/how-to-film-a-great-video-on-your-phone-or-laptop/

There's just three simple questions we're asking everyone to answer.

1. What is your name and role?
2. What is a typical day for you?
3. What do you love about working in PHC?

You can submit your video in two ways – either by emailing the college secretary nzcphcnsecretary@gmail.com or by sending it to the college Facebook page https://www.facebook.com/NZCPHCN.

The NZCPHCN ANNUAL GENERAL MEETING (AGM)
will be held on
Thursday, 13 October 2022
@ the
NZNO Christchurch Office, 17 Washington Way, Christchurch
from:
17:30 Drinks & nibbles **18:00** Speaker **18:30** AGM commences

Zoom link: will be emailed to members on 6 October *(one week before AGM)*

1. Call for Committee Nominations

The NZCPHCN Committee is comprised of a National Executive Committee and two smaller sub-committees:

- LOGIC Committee and
- Professional Practice Committee (PPC)

Currently, there are two (2) vacancies on the National Executive Committee and two (2) on the LOGIC Committee. Nominations are welcome from members wanting to join the committee.

If a surplus of nominations occurs an election will take place through Survey Monkey from 05-16 September 2022.

Nomination forms are available:
Executive Committee Nomination Form or **LOGIC Committee Nomination Form**
or **www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses/conferences_events**.

Applications close: 5:00 pm on Friday, 02 September 2022

2. Call for rule or policy remits

Any policy or rule remits need to be submitted by Friday, 02 September 2022 using a **Policy Remit** or **Rules Remit**

The **NZCPHCN Rules** can be accessed here if you wish to read them.

These are also available on **www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses/conferences_events**.

3. Call for other business

If you have other business, questions or other queries to add to the AGM agenda, please send this to **nzcphcnsecretary@gmail.com** by Friday, 02 September 2022

NOMINATION FORM FOR NZNO's
New Zealand College of Primary Health Care Nurses (NZCPHCN),
National Executive Committee

(Please print clearly)

I, _____ wish to nominate

_____
(Surname) *(Given Name)*

for the position of Committee Member on the NZCPHCN National Executive Committee.

Signed: _____ Date: _____

This section to be completed by Nominee

I, _____ accept the nomination as Committee Member on the NZCPHCN National Executive Committee.

Address (*Personal*) Address (*Business*)

_____ _____

_____ _____

_____ _____

Ph/Fax: _____ Ph/Fax: _____

E-mail: _____ E-mail: _____

Area of current work: _____

NZNO Membership No. _____

Length of time as a member of the NZCPHCN: _____

Work experience, include level of responsibility: _____

_____

_____

Explain briefly why you think you are suitable for this position *(if relevant, include previous committee experience)* _____

_____

_____

Signature _____ Date: _____

Please attach a recent photograph, passport type or close-up preferable.

Please return the completed Nomination Form to Sally Chapman, Returning Officer by **5:00 pm** on **Friday, 2 September 2022**, using one of the following:

Email: sally.chapman@nzno.org.nz

or

Post: New Zealand Nurses Organisation
PO Box 2128
Wellington 6140

To be valid, this form must be signed by both parties who are NZCPHCN members and be received by the closing date.

NOMINATION FORM FOR NZNO's
New Zealand College of Primary Health Primary Health Care Nurses (NZCPHCN), LOGIC Journal Committee

(*Please print clearly*)

I, _____ wish to nominate

_____

(Surname) *(Given Name)*

for the position of LOGIC Committee Member of the NZCPHCN Committee.

Signed: _____ Date: _____

This section to be completed by Nominee

I, _____ accept the nomination as LOGIC Committee member of the NZCPHCN Committee.

Address (*Personal*)	Address (*Business*)
_____	_____
_____	_____
_____	_____
Ph/Fax: _____	Ph/Fax: _____
E-mail: _____	E-mail: _____

Area of current work: _____

NZNO Membership No. _____

Length of time as a member of the NZCPHCN: _____

Work experience, including level of responsibility: _____

_____

_____

Explain briefly why you think you are suitable for this position (*if relevant, include previous committee experience*) _____

_____

_____

Signature _____ Date: _____

Please attach a recent photograph, passport type or close-up preferable.

Please return the completed Nomination Form to Sally Chapman, Returning Officer by **5:00 pm** on **Friday, 2 September 2022**, using one of the following:

Email: sally.chapman@nzno.org.nz

or

Post: New Zealand Nurses Organisation
PO Box 2128
Wellington 6140

To be valid, this form must be signed by both parties who are NZCPHCN members and be received by the closing date.

NOMINATION FORM FOR NZNO's
New Zealand College of Primary Health Care Nurses (NZCPHCN),
Professional Practice Committee

(Please print clearly)

I, _____ wish to nominate

_____
(Surname) *(Given Name)*
for the position of PROFESSIONAL PRACTICE Committee member, NZCPHCN.

Signed: _____ Date: _____
[Nominator needs to be a member of NZCPHCN]

This section to be completed by Nominee

I, _____ accept the nomination as Professional Practice Committee member of the NZCPHCN. *[Nominee needs to be a member of NZCPHCN]*

Address (*Personal*) Address (*Business*)

_____ _____

_____ _____

_____ _____

Ph/Fax: _____ Ph/Fax: _____

E-mail: _____ E-mail: _____

Area of current work: _____

NZNO Membership No. _____

Length of time as member of NZCPHCN: _____

Work experience, including level of responsibility: _____

_____

_____

Explain briefly why you think you are suitable for this position (*if relevant, include previous committee experience*) _____

_____

_____

Signature _____ Date: _____

Please attach a recent photograph, passport type or close-up preferable.

Please return the completed Nomination Form to Sally Chapman, Returning Officer
by **5pm** on **Friday 2nd September 2022**, using one of the following:
Email: sally.chapman@nzno.org.nz
or
Post: New Zealand Nurses Organisation,
PO Box 2128,
Wellington 6140

To be valid, this form must be signed by both parties who are members of NZCPHCN,
and be received by the closing date.

NZCPHCN Urgent Care Nurses Network development; Part 1: What is Urgent Care?

By Michelle (Shell) Piercy

A&M, Afterhours, A&E, it has been known by many names but what is Urgent Care really?

Urgent Care is a health care sector sitting between Emergency and General Practice. Urgent care clinics are community-based sitting within primary healthcare; however, they treat accidents and urgent medical problems. Urgent care is a private sector of healthcare with some public funds via DHB's, and MoH funds for additional services like Primary options acute care (POAC), Covid-19 vaccines and swabbing and a large amount of ACC. Some Urgent Care Clinics also accept low acuity emergency patients from overflowing emergency department waiting rooms via Emergency Q. UC clinics are open longer hours than most general practices at a minimum of 0800 – 2000 seven days a week. X Ray and lab testing facilities often work alongside Urgent care as do services like afterhours pharmacies to provide complete services for patients. Unlike general practice urgent care sees patients in order of acuity, rather than in order of arrival or for booked appointments. Because of this it is important that Urgent care nurses are qualified and proficient in the Australasian Triage Scale framework for triage.

Urgent care has a set of standards developed by the Royal New Zealand College of Urgent Care (RNZCUC). These are known as 'The standard 2015'. All Urgent Care Clinics are audited against these standards every second year. Within 'The standard 2015' are the specifics of how urgent care clinics run, right down to nursing specifics like infection control, cold chain management and ATS triage. Currently the RNZCUC develops these healthcare sector standards without input from Nurse Practitioners and Nurses, however things are changing on that front. The RNZCUC are discussing Nurse Practitioners (NP's) and Registered Nurses (RN's) roles and ongoing educational needs within Urgent Care and offering support for networks set up to support educational needs of NP's and RN's working in Urgent Care.

There are 50 Urgent Care clinics that are accredited in NZ, ranging from urban clinics in large metropolitan cities, to rural and remote Urgent Care Clinics like that on Turoa and Whakapapa Ski Fields.

Urgent Care see's patients for a wide variety of presentations. Typically, you will see patients presenting with everything from Cardiac Chest pain and Anaphylaxis to out of town patients needing prescriptions refilled due to loss of luggage, or concerns with an un- settled infant late in the evening. Accidents that present can be anything from a Collies fracture to a Weber C fracture. I have also seen within my time in Urgent Care significant maxillo-facial fractures and massive poly traumas. Urgent Care nurses need to be trained, experienced, and supported to manage any presentation that comes though the door.

So, what makes an Urgent Care Nurse? Historically nurses hired into urgent care had come from either emergency nursing or general practice, sometimes orthopaedics or plastics. Urgent care Like all areas of nursing, is a specialty. This specialty education in urgent care is accumulated over several years. Work is being done currently to formalize and recognise this specialisation in urgent care nursing. Urgent care nurses need to be proficient at triage utilising the ATS framework, they need to be excellent assessment nurses, utilizing a wide range of standing orders for medications and service

referrals like Xray. Urgent care nurses need to be experts at managing emergencies and non-emergency patients alike. Training in advance cardiac life support as well as managing chronic wounds is all in an urgent care nurses tool kit. Expert knowledge of fracture and burns management in the acute phase as well as ongoing fracture management is important as urgent care is a wrap around service for many uncomplicated fractures. Knowledge of referral pathways, primary health care, mental health and many other areas, skills and levels of knowledge and experience. Every day in urgent care is different, making urgent care an exciting and diverse area to work in.

This specialist area of nursing has really fallen through the gaps in support and ongoing education, this is partly due to it falling somewhere between General practice and Emergency. Nurses working in Urgent care often join either CENNZ or NZCPHCN or both, and partly due to the RNZCUC being a college for Urgent Care Physician Training.

In part two of this article, we will explore the NZCPHCN Urgent Care Nurses Network a network set up to support the speciality of urgent care nursing training and ongoing education. The network is working alongside the Urgent Care Nurse Practitioners Network, Paramedics working in Urgent care and the RNZCUC to develop a set of core skills, and competencies for the Urgent Care health care sectors non-physician health work force. The Urgent Care Nurses Network is also working along side education Providers like Ace Hub, who have built a platform to ensure Urgent care Nursing skills and training are accessible and affordable for all Nurses in this area.

Important links

RNZCUC – What is urgent care – Royal New Zealand College of Urgent Care (rnzcuc.org.nz)

NZCPHCN - NZCPHCN Contacts (nzno.org.nz)

CENNZ - College of Emergency Nurses NZ (nzno.org.nz)

Acehub - ACEhub | Amtech Clinical Education

The standard 2015 - Urgent care standard – Royal New Zealand College of Urgent Care (rnzcuc.org.nz)

PPC REPORT JUNE 2022

Bridget Wild, Chair, Professional Practice Committee, NZCPHCN

The focus for our June meeting was to discuss the NZCPHC National Campaign celebrating Primary Health Care Nursing in all sectors and to celebrate the diversity within and bring some joy and fun back into what is and has been a very challenging period in our sector. We are asking for Primary Health Care nurses to make a short video – 30 seconds to 2 mins, sharing their name, a shout out to their place of work and what the love about their job. It is super easy, and can all be on a phone and then emailed to the College. Video will shared on College social media platforms with a selection posted to the website, with a view to have them front and centre at the planned Symposium next year. An organising committee has started working on the symposium for Primary Health Care Nurse this will be a combined effort of both the NZCPHCN and the College of Nurses Aotearoa NZ. Kelly Robertson kindly offered to organise this event and details will be available in the near future.

Review of the National Foot Care Forum for Regulated Health Professionals.
Held in Nelson on 14th My 2022, and streamed to participants who joined online.

By Heather Woods
RN;BN;CCPC;Dip.Coun. of Mobile Foot Care Ltd.

Presentation by Bobbie Hutton RN.
Bobbie is a very senior nurse and presented her views on Infection Control as it applies to Foot care Nursing, from the perspective of an Infection Control Nurse, which is one of the many hats she wears. She is writing nursing standards on this topic and will share them with us. She discussed various infection control methods pertinent to the Foot Care Nurse Role. She encouraged us to review our practice frequently, because if we do not observe infection in our regular clients that is the best evidence we have regarding the effectiveness of the infection control methods that we use.

The New Zealand Health Care Standards can be used as guidance in this topic, a summary of which is: "AS/NZS 4187:2014 Re-used Medical Devises. Page 7: (ii) Semi-critical RMD's require cleaning followed by high level disinfection at a minimum; however, sterilization of these items is strongly recommended. Page 8: (iii) Non-critical RMD's require cleaning, and this can be followed by low or intermediate level disinfection. Critical and semi-critical RMD's are typically reprocessed in designated reprocessing environments in HSOs. However non-critical RMDs…are processed at the point of use. These standards were updated in 2019 as they pertain to HSOs only."

Relevance to provision of Basic Foot Care: instruments used (plier type clippers, nail file, scalpel, & blacks file) most appropriately come under the category of semi-critical RMDs or non-critical RMDs depending on the level of care provided. For example, trimming and filing of toenails can be considered a non-critical activity, however attention to an ingrown toenail can be considered semi-critical because the skin may be broken."

Presentation by Heather Woods,RN
The first presentation described Heathers journey, from learning how to be a Podiatry Assistant for a Podiatrist, to setting up a Mobile Foot Care Service, to training and supporting other Registered Nurses to provide an independent Foot Care Service. Currently in Canterbury there are eight Community Foot Care Clinics that Heather has set up, and more that the nurses now running them have set up in other parts of Canterbury. The cost to clients is $35 per consultation, which can take from 20 to 60 minutes. Home Visits are available to all parts of Canterbury, usually provided by nurses that Heather has trained. Podiatrists and Foot Care Nurses collaborate very well, each recognising what the other has to offer. Heather also provides an ad in the Yellow Pages, where anyone in Canterbury can call her number if they are seeking help with their feet. She will ascertain what their concerns and needs are, and what area of Canterbury they live in. She can then refer them to an appropriate Foot Care Nurse or a Podiatrist in their area. There is no fee or income for this information service.

As Heather is over retirement age, she is doing less foot care, and more promotion of it. She is working with Podiatry NZ as they explore the new role of Foot Care assistant, and education to support it. She has also been working with the *Canadian Foot Care Nurses Assn*. who has now made two of their on-line theory courses available to students in NZ. One course is for Foot Health Support Workers, and the other is Foot Care Nursing for Registered nurses. They have a textbook, but no course or videos re: the clinical skills required for the job.
The *American Foot Care Nurses Association* offers courses, plus free videos of excellent content & quality demonstrating the clinical side of providing Foot Care, nail diseases, etc.
Heather feels the time has come for NZ to have an accredited Foot Care Course for nurses.

Also in February Heather wrote to the Honorable Dr Ayesha Verrall who is a Medical Doctor, Associate Minister of Health, and

Minister for Seniors. This email addressed concerns regarding the level of Foot Care being offered in Residential Care as part of Personal Care – it's not happening as it should be. Heather explained that foot care affects comfort, demeanor, mobility, mood, functioning, and quality of life. Basic Foot Care - especially regular cleaning and inspection of the feet and trimming of toenails – is essential. Without it there is the risk of an increase in foot problems especially for Diabetics, and amputations. And we have an aging population, many of whom need help with their foot care.

Hon. Verrall replied to Heathers email on 11th May 2022 and agreed that Foot Care is a very important part of Personal Care, that Residential Care Facilities should be providing on a very regular basis. And that Personal Care is an essential service, not a luxury. She gave Heather contact details of who organizes auditing of Rest Homes, and Heather is currently working with them to raise awareness and discuss how audits include and acknowledge foot care.

Heathers second presentation was a video of how Basic Foot Care can best be delivered, with considerable emphasis on the dialogue used, observations & evaluations made, education provided regarding care of the feet including hygiene, footwear, and prevention of injuries, and the importance of regular planned care. The quality of the rapport and the social interaction determines the willingness of the client to agree to regular foot care, and their own involvement in the process. Specific circumstances were discussed, such as the approach required for clients who may have an intellectual or other disability, or English as a second language. Specific clinical situations were discussed such as when to refer to a Podiatrist, with an explanation regarding how they can help, and why it was important that the client followed through with the referral. Speakers were available at the end of their presentations to answer questions.

Presentation by Lyn Harris, RN

Lyn lives near Hamilton and received her Foot Care Training from visiting Heather enough times to feel confident enough to establish her own Feet Retreat 4 U Foot Care Business.

As well as providing foot clinics and home visits in her area, Lyn described how she also works for the NZ Artificial Limb Service. She works closely with Podiatrists, one of whom runs a High Risk Foot Clinic for a DHB. Claire O'Shea, who also gave a presentation, on high risk feet. With the aging population, and the increase of Diabetes, foot problems, and amputations, the job people like Lyn & Claire do is critically important.
Lyn introduced the "Podiclave" that she uses in her work with high risk feet.

Presentation by Charlotte Russell, Podiatrist

As well as running a Podiatry Practice in Christchurch, Charlotte also set up THE SHOE ROOM, which is managed by two very pleasant and experienced assistants. This idea grew out of the need Charlotte has observed over many years of practice, for appropriate, comfortable, affordable, footwear which enhances the well-being of anyone who wears them.
This is not a regular shoe shop where you buy what you like the look of and hope it will be suitable. It is a place where you are warmly welcomed, you discuss your feet in detail and what kind of footwear you are seeking, and your feet are examined and measured. Then you will be presented with a variety of shoes that will best meet your needs and go out the door feeling comfortable and very pleased. THE SHOE ROOM HAS AN ONLINE SHOP TOO.

Other presentations were made regarding natural products, and cultural awareness.

A huge thank you was given to Dianne MacDonald and Karen Davidson, who did a wonderful job of arranging the venue, and the streaming service. They also worked hard on the Committee together with Heather and Lyn. Dianne and Karen previously arranged a Foot Care Training Day with Heather for all their nurses at Te Piki Oranga in Nelson.

Thanks was also given to our sponsors, supporters, & attendees, for making this day possible.

PLUNKET – Adverse Childhood Experience's and Wellbeing consequences for children across the lifespan

By: Whānau Āwhina Plunket Nurse, Ashleigh Karreman, MN (Hons) RN

I am Registered Nurse who is passionate about providing families with client centred and strength-based interventions to empower clients for improved health outcomes. Working as a Plunket Nurse, I have the privilege of working day to day in partnership with whānau within the first 1000 days of their pēpi's life. Working in a culturally and socio-economically diverse caseload sparked my postgraduate study journey, with the desire to improve my own practice and support others in their working knowledge of childhood adversity.

Working as a Well Child/Tamariki Ora Nurse (WCTO) for several years, I have observed in practice the significant increase in social inequities for families alongside the ever-growing demand for healthcare. In 2020 as part of my Master of Nursing degree I chose to complete an Integrative Review; "Could Social Determinants of Health and Adverse Childhood Events Screening Tools support Plunket Nursing Needs Assessment?" to see if practice change could improve health service delivery and ultimately, health outcomes. This article will briefly explore the importance of the first 1000 days, state of child wellbeing in New Zealand, Adverse Childhood Experiences (ACEs) and the role nurses can have in addressing ACEs.

1st 1000 days

The first 1000 days is the time from conception through a child's first two years of life. It is a crucial period of growth and development that is substantially influenced by environmental factors such as social disparities (Moore et al, 2017).

State of Child Wellbeing in New Zealand

The 2020 United Nations International Children's Emergency Fund (UNICEF) Report card ranked New Zealand 35th out of 41 European Union and Organization for Economic Co-operation and Development (OECD) countries for child wellbeing. The report identified one in five children live in poverty and compared to other nations, New Zealand has the second highest rate of childhood obesity and youth suicide (Gromada & Gwyther, 2020).

Poor child health outcomes are especially significant for Māori and Pasifika, who are disproportionally subjected to inequities and consequently poorer wellbeing. The Growing Up in New Zealand cohort studies reported that both Māori and Pacific children were more likely to be at risk of cumulative risk factors for vulnerability, such as deprivation compared to New Zealand European and Asian children (Morton et al, 2014; 2015). For Māori, a significant cause of persistent inequities is the entrenched effects from colonization, such as differential access to health care (Reid & Robson, 2015).

What are Adverse Childhood Experiences (ACEs)?

The seminal piece of ACE research by Felitti et al in 1998 established a childhood exposure (before the age of 18) dependant link to adult health status. The seven original ACEs studied were "psychological, physical, or sexual abuse; violence against mother; or living with

household members who were substance abusers, mentally ill or suicidal, or ever imprisoned" (Felitti et al, 1998, p. 245). Internationally, research has since expanded ACE screening to include ten components including discrimination and natural disaster (Cronholm et al, 2015). However, development of the expanded ACEs has occurred predominantly within America in populations with demographics and historical contexts different from Aotearoa New Zealand. It is again imperative to consider for the New Zealand population the impacts of colonisation (Reid & Robson, 2015).

Impacts of ACEs

Most people (around two-thirds) in the original ACEs study had experienced at least one ACE. But continued research into ACEs has reinforced the exposure dependant link to negative long-term impacts on wellbeing. For example, children who experience four or more ACEs, are more likely as adults to develop mental illness, cancer, chronic respiratory and cardiovascular conditions (Hughes et al, 2017).

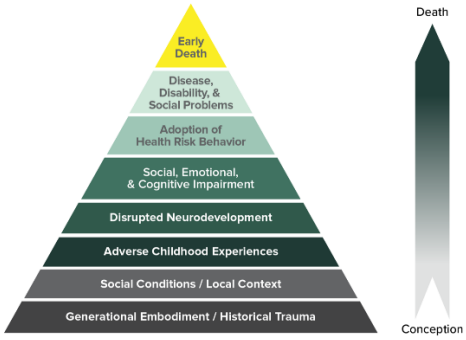
risk of mood disorders, a lower ability to form and maintain healthy relationships; and reduced educational and vocational achievement (Shonkoff et al, 2012). A combination of these factors can lead to a variety of risky outcomes including, increased risk of gang connection, homelessness, single parenting, risk-taking behaviours (gambling, promiscuity, alcoholism, smoking and substance abuse), and crime and imprisonment (Shonkoff et al, 2012).

Figure 1. Mechanism by which ACEs influence health and well-being throughout the lifespan.

Intergenerational ACEs

Within WCTO practice the intergenerational transmission and impacts of ACEs in families can be observed and research has identified the role of ACEs in perpetuating intergenerational trauma (Le-Scherban et al,

The accumulation and persistence of ACEs during childhood can lead to a state of toxic stress. Toxic stress is the body's response to severe and prolonged adversity. Children who experience toxic stress during their 1st 1000 days have substantially higher risk of poor health outcomes, due to the sensitive and developing nature of biopsychosocial processes (Moore et al, 2017). Toxic stress causes abnormal hormonal regulation and neurological development, having vast long-term effects. Physical changes associated with toxic stress include hyperresponsive inflammation, impaired immunity and disrupted metabolic functioning, causing increased risks of chronic illness and obesity (Moore et al, 2017). Toxic stress also diminishes both short and long-term memory creating learning difficulties, known to negatively impact psychosocial wellbeing outcomes (Moore et al, 2017; Shonkoff et al, 2012). Evidence suggests impacted individuals have reduced coping mechanisms increasing



Note. From Centers for Disease Control and Prevention (CDC) - *Kaiser Adverse Childhood Experiences Study, 2021* (https://www.cdc.gov/violenceprevention/aces/about.html) .

2018). For example, parental ACEs especially maternal, are associated with higher incidence of neglectful parenting and the inability to foster resilience (Moore et al, 2017; Le-Scherban et al, 2018). Children not only have an increased likelihood of continued ACE exposure but also poorer health outcomes

such as a sedentary lifestyle, asthma diagnosis, poor nutrition, and reduced dental care (Le-Scherban et al, 2018). In New Zealand, its crucial to recognise the fundamental role colonization has had in causing intergenerational trauma and disadvantage and fuelling persistent health inequities for Māori whānau (Reid & Robson, 2015).

Incidence of ACEs in New Zealand

Adverse childhood experiences have not been extensively studied here but one study so far, identified that 55% of respondents disclosed at least one ACE whilst 11.6% experienced four or more ACEs with significant increased risk of experiencing violence in adulthood (Fanslow et al, 2021). Prevalence was higher for people who were socioeconomically disadvantaged, younger and Māori (Fanslow et al, 2021). The Growing Up in New Zealand cohort study reported that by four and half years old, 52.8% of children identified as exposed to one ACE whilst 2.6% were exposed to 4 or more, with incidence increasing with deprivation (Walsh et al, 2019). The highest occurring ACE was emotional and physical abuse at 23.6% (Walsh et al, 2019).

The role of primary health care nurses in ACE screening and care

Although formal screening is not consistently practiced in New Zealand, there is a movement towards more trauma informed care. Primary health care nurses have the privilege of working with families in various community settings and could utilize their knowledge of ACEs to support more holistic assessment of health needs when the opportunity to discuss in partnership arises. This opportunity for enhanced assessment could lead to further and timelier implementation of interventions. Such interventions include supporting positive parenting practice to decrease risk and increase resilience and mitigate ACEs long-term negative health impacts. Further reading is provided below.

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Further ACEs reading and links to resources

A comprehensive article published in 2020 by Brainwave that reviews the evidence on ACEs including from the original study, reflects on the role of protective factors and a beginning look at the New Zealand context

https://brainwave.org.nz/article/adverse-childhood-experiences-understanding-their-effects/

Follow this link for useful downloadable ACES resources like the poster below
https://www.pacesconnection.com/g/Parenting-with-ACEs/blog/flyers-understanding-aces-and-parenting-to-prevent-and-heal-aces

A dive into the Growing Up in New Zealand (~~GUINZ~~) data with two research projects funded by the Ministry of Social Development. One focuses on ACEs and school readiness and the other on protective factors for children who are at high ~~risk of~~ ACEs

https://www.msd.govt.nz/about-msd-and-our-work/publications-resources/research/adverse-childhood-experiences/index.html

NZNO PROFESSIONAL NEWS

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Karanga ki Runga Maranga Mai: A call to rise up, a call to action

Introduction

In the last edition of LOGIC, I promoted the treasure trove that the Nursing Education and Research Foundation (NERF) has to benefit nurses education and research and concluded by asking readers *'Who can you recruit to the workforce as your successor?*

Recently I was asked to respond to an enquiry about NERF scholarships from a single mum of three, who wanted to do a return to nursing course having not practiced for 8 years. She expressed bewilderment that the provider of the return to nursing course she planned to do, would charge her tuition fees of thousands but her sister doing a wine makers course with the same provider, could study for free! With the nursing workforce crisis looking like a slow train wreck, something must change and the Maranga Mai campaign is about achieving this kind of change. The campaigns purpose is *'To win the necessary political and resourcing commitments needed to address the nursing shortage crisis **permanently** across the whole health sector.'* – an ambitious and unequivocal task.

The *Maranga Mai Rise up* campaign was launched on May 12th, International Nurses Day and will be based on this simple charter of demands (or 'The Five Fixes'):

1. te Tiriti actualised within and across the health system
2. more nurses across the health sector
3. pay and conditions that meet nurses' value and expectations
4. more people training to be nurses
5. more Māori and Pasifika nurses.

Campaign goals include:

- Patient outcomes that are culturally safe and equitable across the whole health sector
- That every nurse has the power and resources to do their job safely
- Every member across the sector is engaged and actively participates – the campaign is asking each of us to become involved.

The *Government needs to know that we expect them to:*

- *factor nurses into their planning as a new health system is set up;*
- *be aware of our charter of demands because without us there is no system or healthcare;*
- *and develop policies that will address and fix these issues.*

Find out more here: https://maranga-mai.nzno.org.nz/

The paradox is that nursing has achieved a profile in recent years that only a global pandemic could generate. The pandemic

response has depended in large part on nursing and nurses and at a time when the workforce is experiencing unprecedented demand for its skills and knowledge. Across the entire nursing workforce ongoing systemic failure has resulted in moral injury and distress, fatigue and burnout. There is no higher health priority or better long-term investment than the health and wellbeing of frontline workers.

The Maranga Mai campaign aims to generate a response to this recognition and create our profession as a 'destination' career. 'Every nurse everywhere' can contribute by speaking and writing about what you do in your work day to make a difference to the health and wellbeing of individuals and their whanau.

Conclusion

There are some parallels with responding to the climate crisis. Its big and complicated and individuals struggle to confidently respond and are perhaps left wondering what difference one person (one nurse) can make. The answer, while avoiding the now inappropriate 'eating an elephant' analogy, is, one conversation at a time. Conversations with neighbours, in the supermarket checkout queue, on social media, at kōhanga and kura, sports practice and church. A sustainable supply of nurses is in everyone's interests. In Aotearoa New Zealand in the short to medium term our workforce will continue to depend on migrant nurses. However, the last two years has taught us that we need to be more self-sufficient and we need to develop some succession planning for ourselves and our profession. The question is the same: *'Who can you recruit to the workforce as your successor'?* Now we need to come up with the answers.