AIRWAYS

NEWSLETTER OF THE (NZNO) RESPIRATORY NURSES SECTION JULY 2013 EDITION

Inside this Issue:

Note from the Chairperson

Welcome to our midwinter issue of "Airways" for 2013.

I trust that this newsletter finds you all well and managing your winter workloads with grace.

Nurse prescribing has been the hottest topic for New Zealand with the Nursing Council putting out a consultation document earlier this year. The respiratory committee put forward a submission on your behalf from feedback they had received from nurses in their workplace. These processes take time but it will be very interesting to see how nurse prescribing progresses, as this affects every one of us.

"Set aside 11 April 2014 and join us in beautiful Whanganui for our biannual symposium and AGM".

Set aside 11 April 2014 and join us in beautiful Whanganui for our biannual symposium and AGM. The theme of the symposium is "Reaching Out – from hospital to community". We have an interesting and varied programme aimed at both hospital and community nurses alike. One of our excellent speakers' is Victoria Perry, Nurse Practitioner from Mid Central health who will be speaking about nurse prescribing. I am looking forward to meeting many of you there.

As a committee we have received a mandate from you our members to move our NZNO section towards becoming a respiratory college by 2016. Lorraine Ritchie has written a short article about this and will keep you updated as we move forward. This process is quite involved and the subcommittee will be seeking help at times to further this work.

Nicola Corna
ncorna@middlemore.co.nz
Chairperson, NZNO Respiratory Nurses Section

Update on Transitioning from Section to College

Lorraine Ritchie - NZNO Professional Nursing Advisor

.In the last issue of Airways I wrote about some of the ways in which the Respiratory Section could 'become' a college. The Respiratory section executive committee is of the opinion that there is no natural existing discipline to join theirs. It was decided therefore that the Respiratory section would "go it alone" to move towards a "Respiratory Nurses' College".

To this end it was decided by vote at the last committee meeting that a transitioning subcommittee should be formed. The members are to be Nicola Corna (current chair of the respiratory section), Meg Goodman (previous chairperson of the Respiratory Nurses section, seconded on to the subcommittee) and Lorraine Ritchie (NZNO Professional Nursing Adviser). This subcommittee will report to the executive committee who in turn will keep the wider section membership informed of progress.

The end date for completion of transitioning to College status is 2016. A lot of work needs to be done before this date. The Respiratory section has a great advantage in that it has a Respiratory Knowledge and Skills Framework (KSF). Other work that needs to be completed includes, but is not confined to; the development of a new College title and logo; College Rules; position descriptions of office holders; a five year strategic plan and an education policy.

The College must also contribute to national policy, demonstrate international links, demonstrate a commitment to the Treaty of Waitangi in all its policies, be financially viable and administer college business to an accepted standard, and demonstrate support for credentialing.

The above lists are not exhaustive and clearly some of the work has already been done. However, existing policies and documents will need to be reviewed and updated and others developed from scratch. The subcommittee has a big task ahead of it but will be sharing some of this load with the National executive committee and willing section members who may be seconded on to complete certain projects.

Both the Cancer nurses and the Infection Control Nurses' sections have recently been approved as achieving new College status. In the next issue of the newsletter, I will share the story of a successful transitioning journey with readers.

Lorraine Ritchie
Professional Nurse Advisor
NZNO

Is Our Teaching Effective?

Last year as part of our push to manage COPD within the community and prevent hospital admissions, I decided to look at how we manage inpatient admissions of COPD within the General Medical (GM) wards at Canterbury District Health Board (CDHB). My role as a Clinical Nurse Specialist (CNS) gives me the opportunity to easily cross between the 6 GM wards and interact with all the clinicians, so this was an ideal opportunity to learn, reflect and develop.

The majority of the strategies within the CDHB are primary care focused with prompt assessment and treatment within the community. It was noted that there were many downfalls of this system and a lack of standardisation, particularly with inhaler use. So we developed an audit tool to measure against local standards, to audit inhaler use, prescribing and documentation.

"WITHOUT BORING YOU WITH ALL THE PRETTY GRAPHS AND STATISTICS, OUR AUDIT DEMONSTRATED A POOR STANDARD OF INHALER EDUCATION"

Patients were interviewed, notes were screened and techniques observed. Without boring you with all the pretty graphs and statistics, our audit demonstrated a poor standard of inhaler education, poor technique, low rates of documentation, but good prescribing.

An incidental finding from this audit was a lack of spirometry confirming diagnosis in COPD and asthma patients plus very poor levels of clinician knowledge regarding inhaler type and use. So, where too from here; what were the learning points; and what should be done?

To date we already know that people with asthma and COPD are frequently shown to have poor technique and do not take their inhalers as health professionals and guidelines suggest they should (Coutts, Gibson & Paton. 1992, Gallefoss, & Bakke, 1999, Lareau & Yawn, 2010, Bender, Pedan, & Varasteh, 2006). Because of this, we have a lot of resources within primary care to enable effective education, but what about the hospital setting? Nursing in the acute setting is getting busier, our population demographics are changing and like most OECD countries we are moving towards an era where we will experience a huge demand on healthcare due to the aging population and a shortage of Registered Nurses (RN) (IOM 2011, ICN, 2004).

A longitudinal study performed by Westbrook, Duffield and Creswick (2011), demonstrated that nurses spend about 35% of their time engaged in direct patient centred tasks of which some would be education. This is similar to my own experience. As ward nurses we would love to spend time teaching and instructing but we are continually trying to react to the 'right now' requests and 'just in time' tasks that affect our ability to bring a resemblance of peace to the ward.

The complexities of care from co-morbidities and acuity mean that it is difficult to find time to teach, but is not an excuse for not knowing.

Is Our Teaching Effective? Cont.

When we do find time? What are we actually teaching?

Baverstock et al (2010) in a study of 150 healthcare professionals in the community and hospital settings, found that only 7% were able to demonstrate competence regarding inhaler education and use, and of these 70% were doing this incorrectly. Kishore et al (2006) found that not one of 143 hospital healthcare professionals were able to demonstrate correct technique across the range of inhalers.

Resnick et al (1996) in their study asked 38 physicians to demonstrate inhaler technique with a placebo MDI, 10 demonstrated perfect techniques. An education programme was put in place and 2 months after this was completed 10 physicians out of the 38 demonstrated perfect technique. Unfortunately of the 10 physicians who originally demonstrated correct, only 6 could repeat this correct technique after education.

So, where to from here? I believe it is to continue our education of health professionals.

Thanks to the support of GSK, Boehringer and Astrazeneca, we are developing excellent ward resources which include an inhaler identification guide as well as placebos of all the devices. Knowing what inhalers are funded through Pharmac is useful and our pharmacists are excellent resources for this information.

It is also important for nurses to know what supports are available in the community. The expectation that a nurse on a general medical ward will commit to memory every community resource is self defeating. Having information such as the referral process to pulmonary rehabilitation; community physiotherapy; charitable and non-governmental organisations who educate and support people with asthma and COPD; in one place is a must. We have ensured that inhaled medication is now within our care planning documentation so that our systems will prompt us to remember to teach and intervene.

The World Health Organisation (2003) describes adherence as:

> *"the extent to which a person's behaviour taking medication, following a diet, and executing lifestyle changes, corresponds with agreed recommendations from a healthcare provider"*

I challenge this statement. I believe that adherence is also a measure of how well the health professional has explained why behaviour change would benefit the person and motivated them to make the change. We don't get to empower people. That's what they do to themselves when we allow them to have knowledge and control.

I remember working alongside Glenys Martin, who was our asthma educator and specialist nurse at CDHB. She would spend time calmly explaining again and again best practice to people with asthma, knowing that a proportion would walk out of her door and disregard her education. She would point out that it was frustrating but it was about finding the right balance for the person you were working with.

What I witnessed and learnt was how to tailor my interventions so that they are patient centred not practitioner centred and how to start a brief intervention by asking one question; then listening rather than judging.

Nursing is not going to get any easier, asthma and COPD are not going away. So it is our responsibility to ensure that the simplest things get done well. For some of us our responsibility lies in giving nurses the skills, tools and knowledge to enable them to do this. The Respiratory Knowledge and Skills Framework enables us to benchmark our clinic skills and knowledge against a New Zealand standard. My challenge to you is to check whether you measure up to this standard.

Is Our Teaching Effective? Cont.

References:

Anderson, R.M., Funnell, M. M. 2010 Patient empowerment: myths and misconceptions. Patient education and counselling 79.3 (2010): 277-282

*Baverstock, M., Woodhall, N., Maarman, V.. 2010, Poster 94: Do healthcare professionals have sufficient knowledge of inhaler techniques in order to educate their patients effectively in their use? Thorax 2010;**65:**A117-A118 doi:10.1136/thx.2010.150979.45*

Bender, B.G., Pedan, A., Varasteh, L.T. 2006. Adherence and persistence with fluticasone propionate/salmeterol combination therapy. Journal of Allergy Clinical Immunology. Vol 118 p899–904.

Westbrook JI, Duffield C, Li L, Creswick NJ. 2011. How much time do nurses have for patients? A longitudinal study quantifying hospital nurses' patterns of task time distribution and interactions with health professionals. BMC Health Serv Res. 2011 Nov 24;11:319. doi: 10.1186/1472-6963-11-319.

Coutts, A., Gibson, A., Paton, Y. 1992. Measuring compliance with inhaled medication in asthma. Arch Dis Child. 67:332-333 doi:10.1136/adc.67.3.332, FRODE

DiMatteo, M.R. 2004. Variations in patients' adherence to medical recommendations: A quantitative review of 50 years of research. Med Care. 42:200–209.

Gallefoss, F.,Sigvalde Bakke, P. 1999. How Does Patient Education and Self-management among Asthmatics and Patients with Chronic Obstructive Pulmonary Disease Affect Medication? Am. J. Respir. Crit. Care Med. December 1, 160:6; 2000-2005,

International Council of Nurses. (2004). The global shortage of registered nurses: an overview of issues and actions. Geneva.

Institute of Medicine. (2011). The future of nursing: leading change, advancing health. Health (San Francisco). Washington, DC. Retrieved from www.iom.edu

Kishore et al, 2008. Correct Use Of A Metered Dose Inhaler: A Prospective Interventional Study Among Healthcare Professionals In A Nepalese Teaching Hospital. Journal of Clinical and Diagnostic Research. 2008Apr;2(2):720-725

Lareau, S.,Yawn, B. 2010. Improving adherence with inhaler therapy in COPD. International Journal of Chronic Obstructive Pulmonary Disease. 5: 401–406.

Resnick et al, 1996. Resnick DJ, Gold RL, Lee-Wong, et al. Physicians' metered dose inhaler techniques after a single teaching session. Ann Allergy Asthma Immunol. 1996;76:145–8. [PubMed]Ann Allerg Asthma Immunology, vol 76, 145-8

World Health Organisation. 2003. Adherence to long term therapies: a policy for action. Meeting report 4-5 June. www.who.int/chronic-conditions/adherence/en/

Article By
John Hewitt
Clinical Nurse Specialist,
General Medicine
Acute Medical Assessment Unit
Christchurch Public Hospital

La Petite E-Chamber Spacer

La petite e-chamber spacer

The 'la petite e-chamber' is a 220ml, anti-static, single patient use spacer. It can be used with a metered dose inhaler (MDI) by both children and adults.

This spacer now is the spacer of choice for paediatric use at Whakatane and Tauranga Hospitals and consideration is being given to extending the supply to adults.

This spacer was first seen at the last NZNO Respiratory Nurse's Conference in Tauranga in April 2012. Of particular interest to us was the auditory valve and the ability for the inhaler to be stored within the spacer. The auditory valve enables easy assessment of the delivery of the inhaled medication and the storage capacity meant your inhaler was always with the spacer. Other benefits include that it doesn't need to be primed. It still need to be washed weekly in soapy water and replaced every twelve months.

As Respiratory Nurses we were given permission to trial the 'la petite e-chamber' in the Paediatric areas of both Tauranga and Whakatane Hospitals. From November 2012 to April 2013 spacers were given to children admitted to hospital and requiring a spacer. Along with this we developed a questionnaire for the parents to complete and post back to us using a pre-stamped and addressed envelope.

In total we gave out 40 spacers and questionnaires, 25 in Tauranga and 15 in Whakatane. Of these 11 were returned, 4 from Tauranga and 7 from Whakatane.

Our questions included;

Were you shown and educated how to use spacer?
Was support available during the use of the spacer?
Did you have any problems with the spacer during its use?
Would you use this spacer again?
What did you like about this spacer?

All of the responses were positive. These included:-
"You don't have to watch this spacer to know he's breathing in it you can hear it."
"Small, easy to clean and easy for my son to use. Wish they had them when I was a child."
"Kid friendly good design".
"Like that it comes apart to put the blue inhaler in the middle when your not using it".

We took these results to the Bay Of Plenty District Health Board Products Committee and they have approved a change of spacer for Paediatric use.

Article By
Steph Parker and Judith Quinlan-logan
Respiratory Clinical Nurse Specialists
Tauranga and Whakatane Hospital

Regional News – Waitemata District Health Board

The AIRS respiratory nursing and physiotherapy service took its first patient 5 years ago on 8th April 2008. As a new innovative model of care our service initially provided acute 'hospital-at-home' care for patients admitted to hospital with an acute exacerbation of their COPD. Patients' were discharged early from hospital and closely monitored at home over a 10 day to 2 week period until the patient recovered from the acute phase of their illness. Since our beginning we have evolved into chronic disease management and education for a wide range of patients' with chronic respiratory conditions in the community.

On the 8th April 2013 we celebrated our 5th anniversary with our very first patient Mr Colin Ardern. Colin benefited from the early discharge service on several occasions and continues to benefit from our input in the community with our transition to chronic disease management. He has not had an admission to hospital for COPD for over 4 years now.

"FOR PATIENTS WITH CHRONIC RESPIRATORY ILLNESS THIS MEANS THE BEST QUALITY OF LIFE ..."

When asked his thoughts on the AIRS service Colin remarked:

> *"I think the AIRS service must save the hospital money as I can call them when I am in trouble and they come and sort me out and help keep me at home. The whole team really seem to care about me and my family. They listen to my problems and give me advice and how to manage them."*

Colin also commented that he looked forward to the next celebration in another 5 years time – a testament to how well he has progressed and his positive outlook for the future.

As a team we continue to connect with our patients, their whānau/families and communities and continue to traverse the primary/secondary interface. We are privileged to work in partnership with patients' in ensuring they achieve the best possible health outcomes by empowering them to self manage their disease process in preventing hospital admission. For patients with chronic respiratory illness this means the best quality of life by promoting wellness and ensuring that their illness trajectory is relieved of unnecessary suffering.

Back Row: *Michelle Hopley (Resp CNS, AIRS), Brian Millen (Medical Services Manager, WDHB), Robyn Goonan (Senior Resp Physio, AIRS).*
Front Row: *Liz Salmon (Resp CNS, AIRS), Mr Colin Ardern, Shirley Clover (Resp Nse Consultant and Team Leader, AIRS), Laura Campbell (Resp CNS, AIRS).*

Article by Michelle Hopley (Resp CNS, AIRS)

Events for your Calendar

CONFERENCES

Thoracic Society of Australia and New Zealand Annual Meeting - Queenstown
Wednesday 7th August 1300 Nurses meeting (finger food from 1200)
Thursday 8th August
Friday 9th August – closes at 1230 (followed by luncheon)

Our thanks to GSK who are supporting the Nurses special interest group (SIG) at the TSANZ meeting. An exciting programme is being put together including:-

Professor Neil Barnes from the U K is speaking on:
"Severe Asthma….or Just Poorly Controlled?"

And
Victoria Perry NP is speaking on:
"*Nurse Prescribing"*

A selection of vignettes from our peers will brings diversity to the day.

Betty Poot - "Chronic cough from the Nursing Perspective"
John Stephenson Hewitt - "Policy and Sustainability of Nursing in NZ".
Jenny McWha - "Effects of an Earthquake on Respiratory patients"
Meg Lodge (GSK) – "From a patient perspective".

A flyer will be circulated very soon, and registration opening closer to the date. Further information is available from:

Meg Goodman megoodman@middlemore.co.nz
DianaHart Diana.Hart@middlemore.co.nz

Or

http://www.thoracic.org.au/meetings/nz-branch-meetings/

Asthma Foundation - New Zealand Respiratory Conference
19 & 20 September, 'Making a Difference'
Wellington, New Zealand

the asthma foundation
Better respiratory health for New Zealanders

For further information about this conference contact: www.asthmafoundation.org.nz

Events for your Calendar Cont.

REGIONAL EVENTS

Auckland

Respiratory Nurses in Auckland
Next meeting: July 29th 4-5pm
Venue: Diabetes meeting room, Level 1, Building 4, Greenlane Clinical Centre
Contact: KarenSt@adhb.govt.nz

Bay of Plenty

REPS (Respiratory Educators Peer Support)
Next Meeting: 4th September & 4th December
Contact Reception Desk: Ph: 07 577 6738
Email: Lyn Tissingh: lyn@asthmabop.org.nz

Wellington

Wellington Regional Respiratory Nurses Forum
Next meeting: 5th September, 1.30pm – 4pm
Venue: Karori Medical Centre, Karori, Wellington
Contact: Betty Poot, ph 04 5709771
Betty.poot@huttvalleydhb.org.nz

Editors Note - If you have regular meetings for Respiratory Nurses in your area, email me with the group's name, place of meeting, date and contact person and I can put the information in the next newsletter. Betty.poot@huttvalleydhb.org.nz

Your Committee 2013

ROLE	NAME	E-MAIL
Chairperson	**Nicola Corna**	Nicola.Corna@middlemore.co.nz
Vice Chairperson & Newsletter Editor	**Betty Poot**	Betty.poot@huttvalleydhb.org.nz
Treasurer National	**Judith Quinlan Logan**	Judith.quinlan-logan@bopdhb.govt.nz
Secretary	**Steph Parker**	Steph.parker@gmail.com
Membership Secretary and Web Site Editor	**Liz Fellerhoff**	Elizabeth.fellerhoff@wairarapadhb.org.nz
Committee Member	**Janis Warburton**	jwarburton@scdhb.health.nz
Committee Member & Symposium Organiser	**Chris Rothman**	Chris.rothman@wdhb.org.nz
Committee Member & Newsletter Assistant Editor	**Sara Mason**	usnursenz@hotmail.com
NZNO Professional Nursing Adviser (Liaison)	**Lorraine Ritchie**	lorrainer@nzno.org.nz