

AIRWAYS



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

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Note from the Chairperson

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

Nurse prescribing continues to be an important topic for New Zealand nurses, and I'm sure that most of you will have seen in the latest "Kai Tiaki" that the Nursing Council of New Zealand has given a preliminary analysis of the almost 200 submissions which were received regarding nurse prescribing. Council decision is to ...*"progress the specialist nurse prescribing proposal ahead of the community nursing proposal. A specific timeframe has not been developed as the Council wishes to ensure that the prescribing framework is viable and sustainable. The Council's objective is to develop a framework for registered nurse prescribing which meets the Council's statutory responsibility to protect public safety, fit with relevant legislation and has the support of a broad section of the health sector."*

This is a very encouraging development for specialist nurses around the country. Community nurse prescribing hasn't been excluded, but the Nursing Council will concentrate on the framework and processes for specialist nurse prescribing initially. All the submissions and the report can be read on the Council website <http://nursingcouncil.org.nz/Publications/Consultation-documents/Analysis-of-submissions-concerning-registered-nurse-prescribing>.

Sara Mason (Hawkes Bay) and I were fortunate enough to attend the NZNO College and section day, and the NZNO AGM and conference held in Wellington in September. It was a very interesting few days and we met nurses from all over New Zealand. I really enjoy the networking opportunities that arise, and the chance to see our organisation work for the benefit of us the members. Ngāhuia Murphy was a fascinating keynote speaker sharing her Masters research on *Te Awa Atua, Te Awa Tapu, Te Awa Wahine: An examination of stories, ceremonies and practices regarding menstruation in the pre-colonial Māori world*. Prior to hearing Ngāhuia speak, I wasn't sure that her talk would have any relevance to my practice in South Auckland, happily I was proven very wrong! If you ever have an opportunity to hear this very talented lady, I'm sure that you will find her insights have a very positive impact on your practice.

"Reaching Out – from hospital to community" is the theme of our symposium and AGM, so set aside 11 April 2014 and join us in beautiful Whanganui. We have an interesting and varied programme aimed at both hospital and community nurses alike. One of our speakers is Josephine Davis Wheaton, Nurse Practitioner in Taupo, who will be speaking about telehealth in rural practice. I am looking forward to meeting many of you there.

Nicola Corna

ncorna@middlemore.co.nz

Chairperson, NZNO Respiratory Nurses Section

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Update on Transitioning from Section to College

The Respiratory Section is committed to moving towards College status by 2016. Recently, several sections have achieved this status (Infection Prevention and Control College, Diabetes Nurses' College, Cancer Nurses' College). These groups act as an inspiration to us. The Respiratory Section committee endorses the formation of a small working party comprising Nicola Corna (current chair), Meg Goodman (ex-committee member) and Lorraine Ritchie (Professional Nurse Advisor NZNO), to progress this work in consultation with the wider committee and membership.

Their first planning meeting is scheduled for November this year in Auckland. Any Respiratory Section members who have a desire to be involved in this work, please contact me at lorrainer@nzno.org.nz.

Lorraine Ritchie
Professional Nurse Advisor
NZNO



Lorraine Ritchie - NZNO Professional Nursing Advisor

The effects of heated humidification in patients on non-invasive ventilation (NIV) for acute ventilatory failure – poster presentation at European Respiratory Society Conference, Barcelona, Spain 2013

Diana Hart¹, Dr Conor O'Dochartaigh¹, Ms. Susan Beaumont-Orr¹, and Joanne Lorimer². ¹ Dept of Respiratory Medicine, Middlemore Hospital, Auckland, New Zealand, ² Fisher and Paykel Healthcare, Auckland, New Zealand.

During NIV patient airways experience high pressures and flows of dry gas. This, combined with an already compromised airway commonly causes drying of the upper airway mucosa and may lead to a loss of comfort, dry mouth, nose and throat and nasal congestion.

The objective of this study was to determine whether heated humidification (HH) improves patient comfort and alleviates the side effects of NIV in acute ventilatory failure.

We recruited patients with type II respiratory failure caused by an acute exacerbation of Chronic Obstructive Pulmonary Disease (COPD) or obesity hypoventilation syndrome (OHS) requiring NIV and these patients were randomized to an open-label, parallel study to receive a 4 hour 'washout' period of NIV, followed by 8 hours of NIV with either heated humidification (HH) or without heated humidification (No HH). Patients on domiciliary NIV were excluded.



The effects of heated humidification in patients on non-invasive ventilation (NIV) Cont.

Patient comfort was assessed using a visual analogue scale, ranging from 0 to 100, where 0 was 'poor' and 100 was 'very good'; facial skin temperatures (measured on the body, cheek (outside of mask) and chin (inside of mask)); and a NIV side effects questionnaire.

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33 patients were recruited into the study and data was obtained for 31, 15 in the HH group and 16 in the No HH group. There was no statistical significant difference in the change in comfort scores, from the end of the washout NIV to 8 hours of treatment NIV, between HH and No HH groups. However, at 4 hours of treatment HH was significantly less comfortable ($p=0.01$). For our secondary endpoint (facial temperature; breaks and side effects), we have evidence that the change in patient comfort score from baseline at 4 hours of treatment (visit 3) reduced in the HH group compared to the No HH group.

For facial skin temperatures, the difference between body temperature and chin temperature was significantly lower in the HH group compared to the No HH group (mean difference of 3.2°C for HH and 5.4°C for No HH; $p=0.03$), indicating that the facial skin temperatures within the mask were higher with HH.

Our conclusion from this study is that using HH during NIV increases facial skin temperatures within the mask which had a varying effect on patient comfort. Further studies are required.



Report from TSANZ meeting

**Written by: Adie Riddell, Asthma Nurse, Wellington Asthma Society
Held in Queenstown August 7th- 9th 2013**

The ASM (Annual Scientific meeting of the New Zealand branch of the Thoracic Society of Australia and New Zealand) is considered to be New Zealand's premier respiratory event attracting respiratory physicians, advanced trainees, respiratory nurses and respiratory and sleep physiologists from throughout the two countries.

I can't imagine that its popularity could possibly have anything to do with the meeting being hosted in the most beautiful part of the country Queenstown and at a venue that must surely surpass all others - the 'Hilton' on the shore line of Lake Whakatipu!



Report from TSANZ meeting Cont.

Day one was dedicated to Respiratory Nurses with the programme starting off with Professor Neil Barnes, a Respiratory physician from the UK, with the topic 'Severe asthma or poorly controlled'. He discussed the difficulties in assessing whether a patient has severe asthma which is poorly controlled or if the issue is that of poor adherence to control therapies.

We then had the honour of listening to some of our colleagues who lead us in innovation with respiratory nursing practice. Betty Poot (Hutt Valley District Health Board) runs up a very successful nurse led chronic 'Cough' Clinic and took us through the criteria for patients accessing this service. Clients need to have had a cough for at least eight weeks. The clinic has gained a great deal of respect within the medical profession and has rated very highly with clients and health professionals.

John Stephenson Hewitt (Canterbury District Health Board) provided an excellent overview of policy and the sustainability of nursing in New Zealand. Jenny McWha (also from Canterbury District Health Board) talked us through the impact of the Christchurch earthquakes had on their oxygen reliant clientele, their resilience and the changes and review of policies that have positively come out of this event.

One of the highlights of this first day of the meeting – the 'patients' perspective. Meg Lodge (national manager for GSK) provided a very powerful presentation from the ex-smoker's point of view when engaging with health services and the associated stigma and in many instances critical judgement involved. From this we gained some insight into the stigma that is attached to the diagnosis of COPD. For example; you've chosen to smoke, so why do you expect to be provided with medical treatment now? She reminded us to reflect upon the fact that smoking was once encouraged by health professionals to 'calm the nerves' and our esteemed war veterans were provided with tobacco by the government to reduce stress. Role models were most likely to have been smokers, and of course smoking was promoted as being very 'sexy and sophisticated'. Give this some thought next time as to how your COPD client may be feeling when talking to you as they will well know how their actions have impacted on their health and probable outcomes.

The day finished on a high note with Victoria Perry (Nurse Practitioner, Mid Central District Health Board) who discussed the context of Registered Nurse prescribing in New Zealand, the history, what's happening, and where to in the future. A strong message that we all need to be involved in progressing this and that through joining the respiratory nurses section of NZNO we can do this.

The final two days saw our medical respiratory colleagues join us. The morning sessions covered reflux and cough and the investigation and treatment of GORD. Professor Neil Barnes discussed the overlap of Asthma/COPD and Dr Joyce Fennel enlightened us to the role of the psychologist in long term respiratory disease and dealing with difficult patient interactions.

Dr Brenton Eckert (Princess Alexandra Hospital in Brisbane) provided us with a history of the cigarette trade, the very slick advertising that has always prevailed and how the sale of cigarettes still continues to increase - a very sombre thought.

If you haven't yet had the opportunity to join your colleagues at one of these meetings, then I strongly suggest you do. Start looking at how you're going to get to next years meeting.

Adie Riddell
Asthma Nurse
Wellington Asthma Society



Keep Calm and Breathe

Written by: Jenny McWha, Clinical Nurse Specialist Respiratory, CCDHB

The 4th of September 2010 earthquake measuring 7.1 on the Richter scale was the beginning of life changing events in Canterbury. There was significant damage to property and land, thankfully there was no loss of life. However the February 2011 aftershock earthquake was smaller in magnitude, centred closer to the city but the destruction was greater, changing the Canterbury landscape and its people.

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This article is a summary of a presentation given at this year’s Thoracic Society of Australia and New Zealand, New Branch meeting at Queenstown. The presentation outlined the effects the earthquakes have had on respiratory patients known to the Cardio Respiratory Integrated Specialist Service (CRISS), Christchurch Hospital. It also described the response by the team and discussed some of the lessons the service has learnt in managing in an emergency. It was based on personal observation and speaks about personal experiences. With the aim of initiating thoughts on how your services would respond should you experience a natural disaster, and how you would prepare your patients. I believe everyone should be aware of their organisations policies for natural disasters and have a plan in place for their area of work.

The CRISS team are involved in patient care for those with Cystic Fibrosis, Heart Failure, Lung Cancer, Sleep, Tuberculosis and home oxygen in community and hospital settings. In 2007-2008, the service identified that loss of power was an issue for patients requiring home oxygen which was provided by an oxygen concentrator.

As a result, work had been completed in developing guidelines in identifying vulnerable patients and reducing their risk in the event of power outages. It was envisioned that the main cause of loss of power would be due to snow. We had put in place strategies to cope with short term loss of power from snow, we had never envisaged the impact a major earthquake would have on our health system or our patients. The effects of the continuing earthquakes significantly impacted on the infrastructure of the city and disruption to essential services often reoccurred with the aftershocks. Buildings were down or badly damaged, silt from liquefaction in homes, power/sewage and water broken and no longer functioning, communication was difficult and roads were hazardous due to damage and closure, making travel difficult.

As a result many doctor surgeries and pharmacies were closed or gone. A number of rest home were damaged and residents relocated around the country. Keeping track of oxygen patients and equipment was difficult as some patients left Christchurch; others moved in with friends/families or found alternative venues that had power. Stress and anxiety was high as a result of the ongoing aftershocks. Not only were patients dealing with damaged homes but staff were as well.



Keep Calm and Breathe

What the service learnt from these events was that the contingency plans for most oxygen patients appeared to have worked. It emphasised the importance of ensuring your service undertakes regular review of patient's lists to make certain that the most vulnerable have alternative oxygen supply and that patients understand what they should do in a disaster.

It highlighted the importance of a paper copy of patient's contact details and brief relevant health information, as access to computers was not always available due to aftershocks. As our office building was extensively damaged we were unable to have ongoing access, but managed to get appropriate documentation out, so your disaster plan needs to take this into consideration.

It is important in an emergency that someone coordinates the team; field's patient calls, is on call and is the point of contact. This may be required for a number of days or weeks so rotating this role is one way of dealing with the stress. It is vital for team members to support each other and be aware of personal safety when visiting patients at home.

Other practical advice includes; have alternate ways to charge cell phones, keeping a torch in your car, keeping work cars full of petrol, money in your wallet only for emergencies, and be prepared at home with an emergency kit and plan.

While the stress of acute events is subsiding, we are finding that the rebuild brings its own stress and problems. The effects of the earthquakes continue three years down the track.

Canterbury is not alone in experiencing natural disasters as this year has shown. It is hoped that as a result of this article, you will think about and get prepared for a disaster. You never know when or where it will strike!

Jenny McWha

Clinical Nurse Specialist Respiratory, CCDHB



Report on 2013 New Zealand Respiratory Conference, Wellington

Written by: Teresa Chalecki, RN/Manager Canbreathe, Christchurch

The New Zealand Respiratory Conference, organised by The Asthma Foundation, was held in Wellington on 19th and 20th September. The theme of the conference was Whakanui Oranga – Making a Difference. The Hon. Tariana Turia set the scene in her opening address by sharing her own experiences of asthma and how learning about her condition made a difference to self management of her condition.

With the theme Whakanui Oranga speaker presentations included causative and contributing factors of asthma, Maori and Pacific perspectives on health and wellbeing, current approaches to the management of asthma and bronchiectasis, a client's perspective and new ways of looking at asthma management.

Professor Sir Mason Durie, Deputy Vice Chancellor at Massey University and Chair of the Whanau Ora Governance Group, presented on how Maori understanding of human wellbeing emphasised the importance of a flourishing mauri (life principle) and dependence on compatible environments to achieve this for example a sense of belonging/connection with whanau and community, in addition to a healthy physical environment.

Associate Professor Nikki Turner, an academic General Practitioner and the health spokesperson and executive member for the Child Poverty Action Group, discussed child poverty and its relationship to chronic illness. In particular she discussed the risk and increasing prevalence of bronchiectasis in New Zealand children and challenged the delegates to take action against this national shame.

In a concurrent session, Professor Jonathan Boston, Professor of Public Policy and Director of the Institute of Governance and Policy Studies at Victoria University continued this theme with the nature, causes and consequences of child poverty.

Dr Marewa Glover, director of the University of Auckland's Centre for Tobacco control research, provided a session on 'Smoke, smoking and cessation: The view of Maori and Pacific children with respiratory illness' concluded this theme for the day. In Dr Glover's study 27 Maori and 13 Pacific children (aged 6-11) were asked about their attitudes towards smoking, how second hand smoke affects them, their fears and concerns for themselves and their parents, how to reduce their exposure to smoking and their experiences asking parents to quit smoking.

Professor Peter Gibson, Respiratory Specialist and Research Fellow from Australia, gave two informative presentations. Asthma phenotypes: *How asthma can vary between people and how preferred treatment approaches may vary accordingly*; He also presented another interesting topic, *Three risk factors; smoking, diet and physical inactivity and how they contribute to the four most common chronic diseases; diabetes, cardiovascular disease, some cancers and lung diseases*. The first session provided the perspective that current inhaled treatment options do not suit all asthma sufferers and alternative treatment options were under development. The second session confirmed the importance of good nutrition, regular exercise and being smokefree in reducing the incidence of the four major chronic diseases.

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Report on 2013 New Zealand Respiratory Conference, Wellington Cont.

The panel of Members of Parliament offered the delegates the opportunity to question and hear from representatives from the three main political parties on their response to respiratory needs.

Presentations from Phillippa Elwood, Research Manager for the International Study of Asthma and Allergies in Childhood (ISAAC) provided some findings from the study results on the relationship between fast foods asthma, rhino-conjunctivitis and eczema. Professor Innes Asher, Professor of Paediatrics University of Auckland and Chair of ISSAC then followed with the Global perspective on asthma around targets for prevention based on ISAAC results.

The additional informative concurrent sessions throughout the conference provided something for all delegates to take back to their respective areas of work.

Copies of many of the conference presentations are available to view on The Asthma Foundation website:
<http://asthmafoundation.org.nz/news-and-events/new-zealand-respiratory-conference/>

Teresa Chalecki
RN/Manager Canbreathe
Christchurch



Introducing a NEW resource for COPD patients: “Don’t forget to breathe”

Written by: Sue Ward, CNS Respiratory, Hawkes Bay District Health Board

Carol Cooper-Taylor (patient) was on her third go on Sue Ward’s and Carole Donnelly’s pulmonary rehabilitation course when it struck her that all the information she was being presented with should be in a book for all people like her to read. Not a book written by healthcare professionals for patients but one written as a partnership between patient, carer and the healthcare team. So she asked us “how do you feel about writing a book?” Thankfully the question met with enthusiasm; the idea became reality and two years of hard work began.

The book addresses the diagnosis of COPD, a journey with the chronic disease, through to advanced care planning and end of life care. The book is titled after a phrase that is often heard in pulmonary rehab sessions “Don’t forget to breathe”.

It is hoped that the book will be used by any health care professional working with people with COPD, to guide them through the journey, as well as patients who may be curious to find out more about their disease. Printed copies have been produced by departments within the Hawke’s Bay District Health Board (HBDHB), and Hawke’s Bay primary care sector by nurses and physiotherapists keen to work with clients and enhance their own knowledge at the same time.

A decision was made early in the development that it would be web based, making it free and available for all. A website www.dontforgettobreathe.org.nz has been set up, and the book loaded to this making it freely accessible. By making it web based the authors hope to remove the barrier of cost.

Sue Ward
CNS Respiratory,
Hawkes Bay District Health Board



Events for your Calendar**CONFERENCES****South Island Respiratory Educators Forum (SIREF) - Christchurch**

20th-21st February 2014

Theme: 'Respiratory Conditions in the Community'

Contact: Teresa Chalecki, Manager CanBreathe.

Email: office@canbreathe.org.nz

Link to flyer: http://www.nzno.org.nz/groups/sections/respiratory_nurses/rns_conferences

Respiratory Nurses Section NZNO Symposium – Whanganui

11th April 2014, 9am – 4.30pm

Topics include: Respiratory Assessment; Pulmonary Rehabilitation; Telemedicine; Nurse Prescribing; Oxygen therapy; Obesity hypoventilation

Contact: Judith Quinlan-Logan, Treasurer Respiratory Nurses Section (NZNO).

Email: Judith.quinlan-logan@bopdhb.govt.nz

Link to flyer: http://www.nzno.org.nz/groups/sections/respiratory_nurses/rns_conferences

Thoracic Society of Australia and New Zealand – 2014 Annual Scientific Meeting

4-9th April 2014 in Adelaide, Australia

Theme: Rare Lung Diseases

Nurses special interest group meeting: 5th April. International speaker for the Nurses Day is Kathy Lindell, CNS Interstitial Lung Disease, Pittsburgh USA.

Contact: Diana Hart, Nurse Practitioner Respiratory, Convenor TSANZ nurses special interest group.

Email Diana.Hart@middlemore.co.nz

Registration Information: <https://secure.tcc.co.nz/ei/getdemo.ei?id=938&s=8Y40PR94G>

Events for your Calendar Cont.**REGIONAL EVENTS****Auckland**

Respiratory Nurses in Auckland

Next meeting: November 25th 4-5pm

Venue: Greenlane Clinical Centre, Greenlane Rd West, Auckland.

Contact: Karen at KarenSt@adhb.govt.nz

Bay of Plenty

REPS (Respiratory Educators Peer Support)

Next Meeting: 4th December

Contact Reception Desk: Ph: 07 577 6738

Email: Lyn Tissingh at lyn@asthmabop.org.nz

Wellington

Wellington Regional Respiratory Nurses Forum

Next meeting: 5th December, 1pm – 4pm

Venue: Asthma Society, Level 1 Salvation Army Building, 125-137 Johnsonville Road, Johnsonville.

Contact: Betty Poot, ph 04 5709771

Email: 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

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