



Newsletter of the (NZNO) Respiratory Nurses Section December 2014 edition

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Note from the Chairperson



“Each article in this issue of ‘Airways’ demonstrates innovative thinking and illustrates new solutions to issues we each face in our daily practice”.

Welcome to our December edition of ‘Airways’. On behalf of the Respiratory Nurses Section of NZNO we bring you ‘Christmas Greetings’, with our best wishes for Christmas and the coming year. Before you head off on your summer vacation take some time out to read ‘Airways’.

This issue of ‘Airways’ has some inspiring stories from Respiratory Nurses around New Zealand. It is heartening to read about some of the work that is being done in New Zealand and the dedication and passion that you as respiratory nurses bring to your work.

Also included are two conference reports from the August 2014 TSANZ NZ branch meeting in Queenstown and the Respiratory Conference held in September 2014 in Wellington. Thank you to those who wrote the reports.

The focus of the committee this year has been the transition from Section to College status. Our Professional Nurse Advisor Lorraine Ritchie has provided a report to keep you updated with the work that has been completed and the work that is yet to be done. We have been working on position descriptions for the main committee roles, a name for our College, guidelines for writing articles and reports for our newsletter and a statement on patient self management plans.

Our Annual General Meeting (AGM) will be held at 8am on the 20th February 2015, at the Copthorne Commodore Hotel, Christchurch. The AGM will take place during the South Island Respiratory Educators Forum (SIREF), which is being held on the 19th & 20th of February 2015. You will have received notice of the AGM and a call for remits and nominations for the committee. At the meeting there will be an opportunity to endorse the work that has been completed for the transition from section to college, and to endorse our new college name. I look forward to seeing many of you at this meeting.

Sara Mason will finish her term on the committee at the AGM. Sara has been our Vice Chair, and Newsletter Editor and we will miss her input. Sara will continue as a member of the NZNO Board. I would like to thank Sara for all her support and work she has done for the committee and wish her well in her goal to become a Nurse Practitioner.

Do email the committee if you have any suggestions for our newsletter, or wish to contribute by writing an article or conference report. Our newsletter editors Sara and Cathy would welcome your articles.

Betty Poot

Chair

Respiratory Nurses Section (NZNO)



Position Statement for Self Management Plans

Written by Sara Mason, Vice Chair

Endorsed by the NZNO Respiratory Nurses Section Committee

The respiratory section of the NZNO undertook a review of self management plans used by nurses to facilitate people managing respiratory disease in New Zealand.

This review was in response to a number of queries from nurses working in a variety of areas in New Zealand.

A respiratory self management plan is a written, individualized strategy that provides steps to best manage an exacerbation of the condition. It also provides guidance on when to call your healthcare provider or when to seek emergency treatment.

International and national respiratory guidelines advocate for the use of self management plans to decrease severity of exacerbation, decrease hospital use and emergency presentations and increase adherence to medications (Khdour, Kidney, Smyth, & McElnay, 2008). None of the national guidelines dictate who should be writing these plans, however many suggest a partnership approach between patient and healthcare provider.

In July 2010 a HealthCERT bulletin was published by the Ministry of Health in regards to transcribing of medication on charts and in particular self management plans. Within this publication the Ministry states that transcription of medications on charts and self management plans is NOT the role of non prescribers (HealthCERT, 2010).

Transcribing is not recommended by the New Zealand Nurses Organisation (NZNO, 2014) due to the risks of errors in transcribing which could be missed by the prescriber. It is also a risk that health professionals could rely on this transcribed document instead of the original source and if errors are present it would place patients at risk.

According to the Health and Disability Service Standard 1.3.12.1 and the Medicines Act (1981), transcribing by nurses would not meet the safe practice guidelines (Health and Disability Services Standard, 2008) (Parliamentary Counsel Office, 1981), and is the responsibility of the prescriber. Nursing Council stands behind the legislation and if any errors were to occur in transcribing, a nurse's practice would be called into question (NCNZ, 2009).

Standing orders do not apply to self management plans (Ministry of Health, 2012) and is only used when administering or supplying a medication. Therefore, working under standing orders is not relevant for self management plans. This has confused many nurses as they believe they are prescribing nicotine replacement therapy under standing orders but actually they are providing a voucher for an over the counter medication which is supported by the Ministry of Health (NCNZ; NZNO, 2010).



Position Statement for Self Management Plans (Continued)

In conclusion, it is the responsibility of the prescriber to transcribe all medications on any chart or management plan. Nurses are not recommended to transcribe, start, titrate or stop a prescribed medication as part of a self management plan.

References:

- Health and Disability Services Standard. (2008). NZS8134.0:2008. New Zealand. Retrieved from <http://www.health.govt.nz/system/files/documents/pages/81340-2008-nzs-health-and-disability-services-general.pdf>
- HealthCERT. (2010, July). *HealthCERT bulletin*. Ministry of Health. HealthCERT. Retrieved from Ministry of Health: <https://www.health.govt.nz/system/files/documents/pages/healthcert-bulletin1-july2010.pdf>
- Khdour, M., Kidney, J., Smyth, B., & McElroy, J. (2008). Clinical pharmacy led disease and medicine management programme for patients with COPD. *British Journal of Clinical Pharmacology*, 4 (68), 588-598. doi:10.1111/j.1365-2125.2009.03493.x
- Ministry of Health. (2012). Standing order guidelines. Wellington: Ministry of Health.
- NCNZ. (2009). Competencies for registered nurses: Ki te whakarite i naga ahuatanga o naga Tapuhi e pa ana mo naga iwi katoa-Regulating nursing practice to protect public safety. Wellington : Nursing Council New Zealand.
- NCNZ; NZNO. (2010). *Advice re Nurses becoming Quit Card providers*. Wellington : New Zealand Nurses Organisation. Retrieved from file:///C:/Users/USA/Downloads/Advice%20to%20Nurses%20Becoming%20Quit%20Card%20Providers.pdf
- NZNO. (2014) *Guidelines for Nurses on the Administration of medicines*. Wellington: New Zealand Nurses' Organisation.
- Parliamentary Counsel Office. (1981). Medicines Act 1981. New Zealand. Retrieved from http://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html?search=qs_act%40bill%40regulation%40deemedreg_medicine_resel_25_h&p=1&sr=1

Respiratory Support Service (RSS), Northland

Sue Armstrong & Marilyn Dyer, Respiratory Nurse Specialists / Educators working in Northland (Manaia Health PHO & Te Tai Tokerau PHO)



From Left: Chris Farrelly (CEO Manaia PHO), Angela Francis (CEO Asthma Foundation), Mary Carthew (Associate Director of Nursing PHC), Teresa Demetriou (National Education Service Manager- Asthma Fdn), Sue Armstrong (Respiratory Nurse Specialist/Educator Manaia PHO), Marilyn Dyer (Respiratory Nurse Specialist/Educator Te Tai Tokerau PHO), Juliet Espiner (Former Asthma Society Operations Manager)

WHAT WE DO: Building the confidence, competence, capacity and capability of the primary health care nursing workforce is a key focus of the newly established Northland Respiratory Support Service. We provide training for primary health care nurses in the fundamentals of Asthma / COPD management.

We love what we do, and we are passionate about our work because we know we are making a difference. The key to long-term and sustainable change to the health of our Northland tamariki/children is enabling easy access to expert advice and empowering parents to manage, with confidence, the health needs of their children. We never under-estimate the power knowledge gives to people, and how understanding and simplifying health information puts people in charge of their health, enabling self-management.

Standardising essential asthma resources, in particular the asthma emergency plan and instructions on spacer technique, ensures health professionals and patients all have knowledge and understanding minimising the confusion which conflicting advice causes. As well as lifting the respiratory skill and knowledge of every nurse in Northland we are working towards a universal 'gold standard' for spirometry testing with a commitment to train and certify registered nurses to provide diagnostic spirometry in general practices and easy-to-access hubs in local communities across Northland. We very much appreciate the guidance, advice and oversight given to us by our nursing and medical colleagues who are members of the RSS Governance Group.



Clinical Nurse Specialist Respiratory, Wellington

Jill West, MN (clinical), RN.



Photo by Jill West; Efate, Vanuatu

I am based in secondary healthcare with a predominant outpatient focus combined with some inpatient visits. Previous experience includes working in primary care and the community district nursing service.

I am part of a multidisciplinary team looking after patients with a range of respiratory conditions including; cystic fibrosis, sleep related breathing disorders, COPD & asthma and, palliative patients with indwelling pleural catheters (IPC) for malignant pleural effusions.

The IPC is used to drain recurrent fluid accumulation in patients with malignant pleural effusions, a complication of advanced cancer. An evolving part of my nursing work is establishing a care pathway and support for patients with an IPC, and nurses in the community providing their ambulatory care. The IPC can assist with improving quality of life by relieving symptomatic breathlessness. One patient commented “the benefit is, now being able to walk around the supermarket without becoming breathless”. Another spoke of having the continuity of regular nurses managing her care as invaluable. Being involved in the journey of palliative patients is an enriching area of my practice.

My role offers the opportunity for me to use and further develop my skills to help care for patients, their families and whānau in a collaborative environment.



Asthma Otago,

Jo Torrance, Community Educator and Lynda Paris, Community Nurse Educator



Jo Torrance, Ruth Gardner (Asthma Otago Committee Chairperson) and Lynda Paris at WOW, Wellington, 2014

Asthma Otago is a not for profit community organisation, we receive no government funding and have no government contracts. Our focus is providing education and support for our community on lung conditions. We are governed by a board that have expertise and an interest in respiratory health and its focus is the needs of the local community. We have a number of services including: education in the clinic or at home, allergy protection, nebuliser hire, smoking cessation and exercise classes.

We see our service as quite unique, we provide free services not only focusing on lung conditions but focusing on improving quality of life. We have a close working relationship with the Respiratory Specialist Nurses at the DHB resulting in excellent follow on care for our clients.



OceanaGold Mine, East Otago

Pauline Carruthers, Health Nurse

In my capacity as the onsite health nurse at the OceanaGold Mine in East Otago I routinely perform spirometry testing. Primarily this is for annual health screening/ exposure purposes but I also rely on these results to highlight the impact smoking has on lung function. Although our work site has been smoke free since January of this year many of the workers still smoke outside of work hours and I find the visual impact of showing these people how their results are declining over successive lung functions is a powerful tool to support smoking cessation. Conversely for those who have stopped smoking completely seeing the improvement in their lung function is invaluable. An example of this was the 58 year old man who had smoked 20/day for 30 years and produced a mild obstructive result with a FEV1/FEV6 of 85% in 2013, 10 months after completely stopping smoking he has a normal spirometry with a FEV1/FEV6 of 91%.

Over the time I have been in this position I have also identified several people with various respiratory conditions. These people are referred onto either their GP or a Respiratory Nurse for a more comprehensive respiratory assessment. However, I do a lot of follow up screening/ education in conjunction with GP's /Practice Nurses because it is not always easy for employees to get to their GP's, sadly too, they also often don't see GP visits as a priority on their days off.

Practice Nurse, Christchurch

Ronnie Ellis, RN

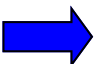


Photo by Ronnie Ellis, Seville, Spain, 2014

I am a practice nurse in Christchurch, and have been interested in respiratory care for many years.

Nursing is a dance isn't it, sometimes a stately minuet (lots of respectful bowing and slow careful predictable movements, e.g. blood pressure review), sometimes the Gay Gordons (lots of hurtling up and down the room cannoning into others e.g. unstable chest pain and going off) and sometimes a waltz (dreamy synchronicity and harmony e.g. um, an example escapes me just now).

A recent COPD review of a man with no spoken English was more of a ragtime affair – out of step with one another (me actively courting him, him passive, reserved) which left me sad and frustrated at the end. By dint of his daughter I'd covered the basics - his feedback on two recent hospitalisations for COPD, how he is now, how I could help today, his physical data, his inhaler technique, his medications, an exacerbation plan, a brief demonstration of exercises as Pulmonary Rehabilitation classes were not appropriate for him (no English, uncomfortable outside the whanau), his diet, and his mood. He only relaxed once I said we'd finished!



**Conference Report:
TSANZ Annual Scientific Meeting, 2014
Hilton Hotel, Queenstown
6 - 8 August 2014
By Zoe Briggs (Team Leader & CNS Res-
piratory BOPDHB)**



Having never been to Queenstown I was amazed by the splendour of the scenery coming in to land at the airport. It was an enjoyable and eventful few days with some delegates having their flights home cancelled due to the snow and the most expensive pair of underwear bought at the airport for \$69 due to a delegate's suitcase going astray!

The first day kicked off with a Karakia and Waiata before the official opening by GlaxoSmithKline for the Nurses Section Programme on the Wednesday afternoon. There were many speakers presenting on various topics.

An inspiring presentation was given about Ambulatory Care of Malignant Pleural Effusions with Indwelling Pleural Catheters (IPC's), a form of treatment that is on the increase across the country with improved outcomes for management of patients and cost savings too, something that in my department we have started doing recently.

We also received an update from the TSANZ new chair Ana Hutchinson who was looking for volunteers for a NZ representative and informed us that the 2017 TSANZ conference will be in NZ!

After afternoon tea Clinical Nurse Specialist Robyn Beach presented her research results on Accessing Specialist Care from Afar- the Experience of Adults with Cystic Fibrosis (CF). of which there are approximately 5000 adults nationally with CF. She summarised that patients felt health professionals were interested but had little knowledge of CF, that continuity of care and familiarity was important to them and that patients wanted alternative communication options (text, email, video conferencing). However they did prefer face to face consultations despite having to travel.

The day then came to a close with a session on Advance Care Planning (ACP) in Practice, something that I have been trying to incorporate into my outpatient clinics and Pulmonary Rehabilitation Programme. Carla (ACP Level 3 & 4 trainer) discussed her role as a Nurse Practitioner in Palliative Care for Presbyterian Support where she has implemented ACP for cognitively impaired residents, which has resulted in residents and their families being more informed about end of life care, as well as reducing unnecessary hospital transfers, GP visits and reduced complaints about end of life care. ACP isn't huge or complex, we need to normalise it, include it in relevant education sessions, patient appointments, clinics and use it as part of our assessment www.advancecareplanning.org.nz

Thursday morning kicked off with a welcome from the President of TSANZ NZ followed by the first informative symposium of the day, Multidisciplinary Care in Advanced Lung Disease. Offering Hope and Managing Death-Lung Transplant was discussed by Tanya McWilliams, someone that I have had correspondence with but never met in person before so that was great. 196 lung transplants have been performed up to 2014; Cystic Fibrosis & COPD the preceding diagnosis, 53% of patients were female, median age 48 years, median survival 7.7 yrs. The waiting list average is 184 days but is variable from 3 days – 2 years. Is lung transplant provided for survival or great palliation, a provoking thought, however all pre transplant patients need to be referred to palliative care, pulmonary rehabilitation and have an ACP in place.



Conference Report (Continued)

TSANZ Annual Scientific Meeting, 2014



Next we had Palliative Care in Advanced Lung Disease, which discussed the physical & psychological symptoms, carer burden, and bereavement phase. Interestingly the stats show that up to 50% of patients who have severe COPD won't die of COPD, we must also focus on goals rather than prolonging life, symptom control and quality of life.

Nutrition and End Stage Lung Disease: Challenges and Realistic Goals gave us food for thought; a BMI < 18.5 indicates nutrition failure. Complex end stage lung disease, gastrointestinal complications, depression/anxiety all increase energy expenditure and therefore, all can lead to dramatic weight loss. Gastrostomy can be used as a bridge to transplant; TPN can be used but short term only and there can be a significant increase in CO₂ production that results when excessive calories are provided, something I had never heard of before.

The afternoon symposium focused on The Lung in Pregnancy featuring OSA & Pregnancy. 23 % of all women will snore in the last week of pregnancy. Many factors influence sleep in pregnancy as there is a reduction in the upper airway cross-sectional area due to weight gain, reduced lung volumes and hormonal induced airway oedema, something I will consider when assessing pregnant ladies in my clinic. The Managing Lung Disease in Pregnant Women presentation reiterated the advice my colleagues and I give to GP's, avoid the tendency to under diagnose and undertreat, and if asthmatic, treat as though they are not pregnant- the benefits outweigh the risks as uncontrolled asthma is associated with low birth weight and early delivery.

An intriguing Pulmonary Hypertension case study was presented by one of my Respiratory Physician colleagues who herself was pregnant; she has since given birth to a beautiful daughter Iris. This case study of a 39 yr. who presented to ED at 19/40 weeks pregnant with shortness of breath highlighted how complex and time consuming these patients can be and how they require very close monitoring.

Next up was something I have never come across, Diving Medicine. The pieces of panty hose on the delegates chairs caused great amusement and enquiry. Apparently 16 breath hold divers & 40 SCUBA divers died between 2000-2006. Diving specific diseases include: gas toxicities, thermal injuries, barotrauma descent/ascent, high nitrogen load and The Bends.

To close the day a Pro/Con debate: Medical Therapies for COPD do more harm than good. This had the entire room in fits of laughter as the four presenters provided us with humorous Jib Jab videos of each other to spice up the debate. The cost to NZ for inhaled COPD therapies in 2012 was \$18.9 million but is placebo the most cost effective or should we be following the GOLD guidelines? There are currently 2106 trials worldwide for COPD with evidence that in advanced lung disease opioids reduce dyspnoea and all patients should be referred for Pulmonary Rehabilitation. Overall it was agreed that risk must be weighed against the benefits.

The last day didn't disappoint either. Doctor it's My Metabolism! Presented by Prof Sally Poppitt was the first presentation of the day. Over 2 billion people were overweight + obese in 2013, 30% of the world population. In NZ 37% of the population are overweight, 28 % obese, and 35% lean in 2011/12. Myths about metabolic rate were clarified as overweight/obese people have a higher metabolic rate than lean people & some people will never feel full as the regulation of appetite is complicated, some facts I wasn't aware of. Sally pointed out that you can lose weight on any diet providing intake is less than expenditure providing it is long term.



Conference Report (Continued) TSANZ Annual Scientific Meeting, 2014



The Young Investigator Award presentations were up next with a variety of topics covered: Can the One Minute sit-to stand Test Replace the six-minute Walk Test, the Association Between Heart Rate Variability and the Response to Hypertonic Saline Challenge, Limited Generalizability of UPLIFT Study to Hospital Practice, Description of Emphysema in South Auckland.

After morning tea, The lungs Through the Ages was the last symposium of the day. Laying the foundations in childhood for healthy or diseased adult lungs, optimising adolescent health and behaviour and our ageing society and respiratory disease were the topics discussed, summarising that all these factors are influenced by low lung function, early infection in childhood, low birth weight and airway hyper-responsiveness.

I had never attended the TSANZ Annual Scientific Meeting before but I found it one of the most enjoyable informative meetings that I have attended and great for networking with colleagues from across the country too. I look forward to attending again next year!



Update on Respiratory Nurses Section to College Transition

The Respiratory Section Committee is working steadily on towards College status. Just to recap, this process must be completed by 2016, so next year, 2015, is going to necessitate a lot of work from the committee to this end.

At the last committee meeting earlier this month, the committee reviewed certain draft documents which individuals have been working on. These included: Guidelines for writing Airways articles and Report, a Respiratory Education Policy, a submissions position for the Respiratory committee, a secretary position description, a treasurer position description, a newsletter position description and a chairperson position description. The Respiratory nursing Standards of Practice are being reviewed as is the Asthma self-management Plan. These documents were discussed and changes have now been made and sent back to the committee. Another document which is being worked on is a recruitment poster which has involved some innovative artwork. This poster will appear in editions of the Airways newsletter and other places where nurses may take note and be encouraged to join the section!

The next step is to bring these documents to the AGM for membership approval in February 2015. They will be circulated along with other material well in advance of the AGM, so Respiratory section members will have time to peruse them and give feedback, discuss and vote on them. Once approved, the committee will move on to other work which needs to be completed to gain College status. This will be a priority for the section committee in 2015.



Lorraine Ritchie
NZNO Professional Nursing Advisor



The New Zealand Respiratory Conference 2014 ‘ A Breath of Hope’, Wellington

By Ruth Gardner and Jo Torrance

This year's respiratory conference hosted by the Asthma Foundation breathed some new life into issues around management and education of people with respiratory disease.

The conference was opened by Peter Dunn MP, who highlighted the impact of respiratory disease in New Zealand.

One of the international speakers Dr Chris Worsnop, respiratory and sleep physician at Austen Hospital in Melbourne, gave a number of interesting and entertaining presentations.

His first session focused on obesity and breathing and the implications it has on respiratory health. He discussed the close relationship with obesity and sleep apnoea and reinforced the need for correct diagnosis as symptoms of breathlessness in obesity may be for other reasons other than asthma.

A later session discussed COPD and preventing exacerbations, highlighting the management guidelines of stopping smoking, medications, exercise, and vaccinations.

There was a presentation from Dr Tristram Ingham and Tu Williams, members of the Maori Engagement Strategy team, who together with the Asthma Foundation Board are committed to establishing and maintaining partnership with Maori communities and health providers to improve respiratory health. Bernadette Jones (RGON, Dunedin Public Hospital) highlighted the importance of health literacy and its relationship with improving Maori health.

There was an interesting and lively panel discussion on how each would spend \$50 million dollars to improve NZ Health.

Dr Nikki Turner, Child Poverty Action Group, discussed data from the SHIVERS project, and its implications internationally and for NZ in understanding the burden of influenza and vaccination strategies.

Dr Jacqueline Horn, clinical psychologist, reminded us of the increase of anxiety and depression of those living with chronic disease, and the importance of treatment.

Dr Kyle Perrin, medical director Asthma Foundation updated us on some aspects of modern COPD management.

Dr Bob Hancox, physician/researcher fellow, enlightened us on the effects of smoking cannabis and its effects on the airways.

Both afternoons were spent on concurrent sessions on a wide variety of topics including, “parent-experts”, living with cystic fibrosis, pelvic floor dysfunction in COPD, nutrition, and spirometry.

We congratulate the Asthma Foundation on an excellent and informative conference, and would encourage all those who work in respiratory health in attending next year.



CONFERENCES/COURSES/SEMINARS**South Island Respiratory Educators' Forum (SIREF)**
"The Culture of Respiratory Health"

Respiratory issues and perspectives across different cultures and communities in NZ
Annual conference for health professionals in the respiratory field run by the Canterbury Asthma Society

19 - 20 February 2015

Venue: Copthorne Hotel Commodore, 449 Memorial Avenue, Christchurch

For registration form and further details contact

office@canbreathe.org.nz

Link to flyer:

http://www.nzno.org.nz/groups/sections/respiratory_nurses/conferences

TSANZSRS Annual Scientific Meetings

The Australia and New Zealand Society of Respiratory Science: 27 -29 March 2015

The Thoracic Society of Australia and New Zealand: 28 March - 1 April 2015

Venue: Gold Coast Convention & Exhibition Centre, Queensland, Australia

Check website for further details

www.tsanzsrs2015.com

PHARMAC Seminar Series

Venue: PHARMAC, Level 9 Simple House, 40 Mercer Street, Central Wellington

Check website for any relevant seminars and registration

www.pharmac.health.nz/seminars

Distance Learning: Asthma & COPD - Level 7 Nursing Courses
Asthma New Zealand/Unitec**Asthma Nursing Course**

February 2015, closing date -30 January 2015

COPD Nursing Course

April 2015, closing date - 10 April 2015

For further information contact:

Ann: 09 623 4777 annw@asthma-nz.org.nz

Swarna: 09 623 4771 swarnah@asthma-nz.org.nz





Spirometry Courses

Auckland District Health Board

19 - 20 March 2015

18 - 19 June 2015

17 - 18 September 2015

Further information is available by contacting

resplab@adhb.govt.nz

Ph: 09 630 9918 Extn. 26234

Bay of Plenty

16 – 17 April 2015

1 – 2 October 2015

Revalidation/accreditation refresher course

11 March 2015

Spirometry portfolio needs to be submitted to physiologist by 6 February 2015

Contact: Lyn Tissingh, Nurse Manager

Ph: 07 577 6738

lyn@asthmabop.org.nz

Asthma Waikato

11 and 12 March 2014, 9-4pm

Ruth Taylor

Ph: 07 838 0851

info@asthmawaikato.co.nz

Canterbury District Health Board

Further information is available by contacting

Emily Ingram

emily.ingram@cdhb.health.nz

Southern District Health Board

Further information is available by contacting

Sue Filsell

Ph: 03 470 9831 or 470 9742

sue.filsell@southerndhb.govt.nz





2015 Asthma and COPD Fundamentals Training Courses for health professionals

Run by a Regional Trainer the course covers all the asthma and COPD basics including management and practice. All participants receive a comprehensive resource manual with material on asthma and COPD. A typical course, held over two days, involves around 10 participants in an interactive learning environment. For further information and to express your interest contact a Regional Trainer

Asthma Waikato

Asthma Fundamentals Refresher – 23 February, 9.00am-2.00pm

Asthma Fundamentals – 2 and 9 March, 9.00am-4.00pm

Vanda Watson

vanda.watson@asthmawaikato.co.nz

Bay of Plenty

Wendy McBride

wendy@asthmabop.org.nz

Asthma Hawke's Bay

Jo Smiley

jo.asthma@xtra.co.nz

Canbreathe, Canterbury Asthma Society

Teresa Chalecki

office@canbreathe.org.nz

South Canterbury District Health Board, Timaru

16 and 23 March 2015

7 and 14 September 2015

Deborah Box

dbox@scdhb.health.nz

Southern District Health Board

Carol Fitzgerald

carol.fitzgerald@southerndhb.govt.nz





Hutt Valley District Health Board Respiratory Courses

For nurses working in acute, non-acute, secondary or primary health care settings The courses will enable nurses to have a better understanding of asthma and COPD including diagnosis, treatment and management. It also helps nurses provide better education and support and care for their patients.

Venue: Hutt Valley DHB, Learning Centre, Meeting Room 2.

COPD Course

Thursday 30 April 2015
8.25am—4.30pm

Asthma Course

Thursday 4 June 2015
0825-1630hrs

For further details and booking information please contact
HVDHB, Respiratory Department

Melinda McGinty Ext: 2995 Page: 699 Melinda.mcginty@huttvalleydhb.org.nz

Kirsten Lassey Ext: 8279 Page: 583 Kirsten.lassey@huttvalleydhb.org.nz

Dunedin Respiratory Study Day

Applicable to nurses and allied health working in acute and non-acute settings.
Content will include a variety of respiratory conditions and treatments.

Dates yet to be confirmed for 2015.

To register expressions of interest please contact

Carol Fitzgerald, Respiratory Clinical Nurse Specialist, Dunedin Hospital

Ph: 0274 989218, carol.fitzgerald@southerndhb.govt.nz

PEER GROUP MEETINGS

Bay of Plenty

Asthma & Respiratory Management, BOP Inc

REPS (Respiratory Educators Peer Support) 2015

25 March, 24 June, 23 September, 2 December

10.00am meeting (9.30am-10.00am cup of tea)

Venue: 254 Chadwick Road, Greerton, Tauranga

Contact: Lyn Tissingh, Nurse Manager, Ph: 07 577 6738, lyn@asthmabop.org.nz

Wellington

Wellington Regional Respiratory Nurses Forum

1-4pm on 4th December 2014 (1.00pm for shared lunch)

Venue: Te Awakairanga, 4th Floor, Levin House, 330 High Street, Lower Hutt

For 2015 dates, contact Betty Poot 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.

Sara Mason

Email: usnursennz@hotmail.com



Respiratory Nurses Section (NZNO) Committee Members 2014/2015

Role	Name	Email
Chairperson	Betty Poot	betty.poot@hutvalleydhd.org.nz
Vice Chairperson	Sara Mason	usnursennz@hotmail.com
Newsletter Editor		
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Secretary	Chris Rothman	chris.rothman@wdhd.org.nz
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Membership Secretary	Michelle Hopley	michelle.hopley@korowai.co.nz
Web Site Editor		
Symposium Organiser		
Submissions Coordinator	Ann Wheat	AnnW@asthma.org.nz
NZNO Professional Nursing Advisor	Lorraine Ritchie	lorrainer@nzno.org.nz



Happy Holidays from the Respiratory Nurses Section (NZNO)

(Left to right)

Front Row: Ann Wheat, Zoe Briggs, Sara Mason, Lorraine Ritchie

Back Row: Michelle Hopley, Betty Poot, Cathy Modrich, Chris Rothman

