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Note from the Chair

Welcome to our April 2015 edition of ‘Airways’.

This issue of ‘Airways’ has some great articles as well as a conference report from the South Island Respiratory Educators’ Forum (SIREF) held in Christchurch in February 2015. It is great to be able to inform you as members of relevant recent events, thank you Louise for writing the report.

The focus for us, as your committee is the transition from Section to College status. At our Annual General Meeting (AGM) held at the SIREF conference 3 February 2015, the membership voted in favour of our section name to change to the College of Respiratory Nurses NZNO. The membership also endorsed various position statements, alliances, guidelines and position descriptions as all of these are required for the transition from section to college, and now meet the standard set by NZNO. There is still one major document that requires a review. This is the Respiratory Knowledge and Skills Framework (KSF) and I have written a report on our progress so far, that you can find in this newsletter.

At the AGM three new committee members were elected onto the committee. We welcome Louise Weatherall (Canterbury), Peter Cole (Tauranga) and Sharon Hancock (Palmerston North). It was a pleasure getting to know you all better at our first face-to-face meeting recently in April 2015.

Sara Mason has finished her term on the committee. 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. Ann Wheat has also stepped down from the committee. Ann had been seconded onto the committee in 2014, and decided not to stand for the committee in 2015. I would like to thank Ann for the huge contribution she made to our section.

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 editor Cathy would welcome your articles.

Betty Poot
Chair
Respiratory Nurses Section (NZNO)
Our Respiratory Knowledge and Skills Framework (KSF) was first endorsed by the National Nursing Consortium in 2010 and is now due for a review. As part of our transition from a NZNO Section to a College, NZNO require us to have a valid KSF.

Since our KSF was endorsed, the Consortium has established agreed criteria and standards for KSF’s. Our review of the Respiratory KSF will need to meet these standards in order to be endorsed by the Consortium. The main changes we will need to add are patient outcomes.

Planning has been underway for sometime to review the KSF. At the Queenstown meeting of the Thoracic Society of Australia and New Zealand (TSANZ) the Respiratory Nurses Section NZNO committee approached members to be part of a group to review the KSF. Our core KSF review committee members are Marina Lambert (Secretary), Victoria Perry, Deborah Box, Kirsten Lassey, Liz Fellerhof and Betty Poot (Chair). Additional members will be called on to comment on the draft review once the initial draft review is completed. We will also be consulting with all our members and relevant stakeholders on the review before it is submitted to the National Nursing Consortium for endorsement.
Report on the Respiratory Knowledge and Skills Framework Review (Continued)

In April, the KSF review committee met for our first face to face meeting in Lower Hutt and established a Terms of Reference, developed a plan to undertake the review, and allocated tasks. We have already completed a review of current national and international guidelines pertaining to respiratory nursing. Our next face to face meeting is in May, and at this meeting we hope to review all the aspects of care in the KSF. We need to ensure that we have robust patient outcomes for each aspect of care and that the levels of knowledge required for these aspects of care are appropriate for the competent, proficient and expert nurse.

Reviews such as this rely heavily on the good will and commitment of nurses. I would like to acknowledge the commitment of the core KSF review committee, and thank them for the work they have done so far and will be doing in the future. In advance I would also like to thank you as members for your support and contribution to this review.

There are of course are costs involved in any review, and the Respiratory Nurses Section NZNO has agreed to support the KSF review committee by paying for basic costs to attend meetings. The Respiratory Nurses Section NZNO will also be applying to the TSANZ for a grant to help cover the costs of this review.

Betty Poot
Chair
Respiratory Nurses Section (NZNO)
CALLING ALL ARTISTS

The Respiratory Nurses Section is moving to College status and we need a new logo.

Here’s your chance to show off your artistic flair in our “Design a Logo Competition”

The winning designer will walk away with a $100.00 book voucher or free registration to our 2016 Symposium.

Criteria:

- The winning design will be one that is representative of Respiratory Nurses and must include the name: College of Respiratory Nurses NZNO
- The logo is used on letterheads and in various other settings
- Colours are open ended but limited to three
- The College of Respiratory Nurses NZNO will retain the copyright to the winning logo.
- Entries close 31 May 2015

Please send all entries in PDF format to: dianag@nzno.org.nz
Conference Report
South Island Respiratory Educators Forum (SIREF)
Commodore Airport Hotel, Christchurch
19-20th February 2015

By Louise Weatherall (Community Respiratory Nurse, Canterbury Clinical Network)

At the time SIREF took place, The Garden City was also playing host to the Cricket World Cup and so it had the feel of a city on the verge of something great about to happen. The delegates attending SIREF 2015 were “bowled over” with the weather, surroundings and anticipation of an informative and friendly conference with the theme “The Culture of Respiratory Health”.

Mihimihi and Cultural “Warm Up”

A Mihimihi and introductions started the day and led into the opening address and cultural “warm up”. Bobby Bryan of Bobby Bryan Consulting facilitated an inspiring and interactive session where the conference floor became a map of the world and we all placed ourselves where we felt we culturally belonged. The activity helped to create a supportive and safe environment for the rest of the conference.

Bobby went on to discuss Maori health issues using Te Whare Tapa Wha model of care. He explained the four foundation stones of our “house” must be in order to achieve good health. If one wall is weak it will put pressure on the other walls.

- Taha tinana-physical wellbeing
- Taha whanau-community wellbeing
- Taha hinengaro-emotional/mental wellbeing
- Taha wairua-spiritual wellbeing.

We were all able to complete our individual Te Whare Tapa Wha and certainly gave an insight how this simple and effective model can be used for patients and in our own personal circumstances.

Migrants Must Breathe Too!

A passionate and knowledgeable session on the theme of migrant health was delivered by Wayne Reid, who is the Refugee and Migrant Health Manager at Pegasus Health. Wayne explained the process of cultural change and psychological change that results following the meeting between cultures. His session was easy to listen to, as he told stories of his own experiences working overseas and in New Zealand with migrant groups. He illustrated the need to increase the use of trained interpreters with some hilariously mistranslated posters.
Pacific Health

Dr Api Taleimaitoga spoke about the challenges facing Pasifika people but also the successes. Challenges remain in obesity reduction, smoking, rheumatic fever and continuing lower life expectancy.

He highlighted the issue of low health literacy combined with an increased number of people with lower educational level. It brought home “one size doesn’t fit all”.

Lunch is always welcome and the opportunity to sit outside in glorious sunshine was even better. The hotel venue was aptly decorated with cricket memorabilia offering no escape if you didn’t like cricket! Over lunch the SIREF committee managed to agree on a conference theme for 2016- “Technology and Respiratory Health.

Bronchiectasis

After lunch Dr. Richard Laing, Respiratory Physician Christchurch Hospital continued with an update on bronchiectasis, which is a common condition, has significant morbidity and is easy to diagnose. It should be suspected in anyone with a chronic, productive cough and is characterized by frequent infective exacerbations. I found this informative and useful to my own practice.

Advanced Care Planning (ACP)

Jane Goodwin, Advanced Care Planning Facilitator, Canterbury DHB discussed the background and rationale for campaigns such as “Conversations that Count” and the heightened public awareness and interest in ACP. It is important those involved in health care have an understanding of what ACP is and its potential benefits. This is particularly relevant for those working with people living with chronic disease such as respiratory patients. The barriers which health professionals find difficult when initiating an ACP discussion were explored and provided healthy debate.

Smokefree 2025

Vivien Daley, Smokefree Manager for Canterbury DHB explained how the government has set a goal of achieving a smokefree New Zealand/Aotearoa by 2025, which means we have around ten years to reduce our national smoking rate (currently around 15%) to 5% or below. Achieving this goal is ambitious, but achievable if we work positively to create and extend smokefree environments, ensure that few young people start smoking and support those who do smoke to quit. Vivien presented a range of initiatives and ideas, national and local, which support progress towards Smokefree Aotearoa and create a smokefree nation for our future generations.
Pulmonary Rehabilitation — the Consumer Perspective

Nothing about us, without us

(L-R) Pauline Boereboom, Louise Weatherall, Anne Pike, Karen Stevens, Mike Rooney, Derek Ingold, David Chen, Norm Mora

Louise Weatherall, Community Respiratory Nurse and members of the Christchurch pulmonary rehabilitation consumer group presented a celebration of their achievements and how the group came together to guide and improve the service. It was the first time for the consumers to present at a conference and though they admitted feeling nervous (which did not show), they were a hit with the audience because of their honesty and down to earth approach.

As a conclusion to this last presentation and to round off the first day of the conference, Louise had invited Cathy Andrew, Head of School at CPIT to remind the delegates of the significance of the term Cultural Safety and its origins. Hinerangi Mohi was the Christchurch student nurse who first introduced the concept of cultural safety at the Hui Waimanawa in Christchurch. Irihapeti Ramsden used this to form the basis of the development of the cultural safety framework. There is a moving account of this significant part of nursing history in New Zealand in the February 2015 issue of Kia Tiaki. I would highly recommend reading this.

At the end of a full and enjoyable day the antipasto hour was very welcome with an opportunity to network with new and old friends.
DAY TWO

The second day started early with the Respiratory Nurses Section (NZNO) AGM. A breakfast was provided and the left overs were welcomed by the conference delegates!

Sensing City-COPD Management

There is a new COPD project underway in Christchurch, which has been developed by the Integrated Respiratory Service and Canterbury Respiratory Research Group in conjunction with Sensing City. Malina Storer is the research manager for this project and gave a brilliant overview of this exciting research. I am indirectly involved with this research, so it was exciting to hear the latest updates and continue to be amazed how technology can have such an influence on our practice.

COPD Update

Dr. Mike Epton is a Community Respiratory Physician in Christchurch and has a wealth of knowledge of all things COPD. His update gave an overview of the “hotspots” in Canterbury where patients with COPD live. It is interesting to note the majority of those who have a diagnosis of COPD live by main roads where lower socio-economic populations live and work.

Sit to stand assessment for pulmonary rehabilitation

Mike continued his session discussing the change in an objective assessment tool for pulmonary rehabilitation participants. The Six Minute Walk Test (6MWT) has been replaced with the sit to stand test at assessment days in the Canterbury Community Pulmonary Rehabilitation Programme. This has shortened the time a participant has to stay at an assessment and reduced costs (always a bonus!).

Research Update

Dr. Lutz Beckert is a SIREF institution. He always ends the conference with an update of respiratory research and he never fails to disappoint his audience. His humour and current knowledge are a great way to end an action packed conference.

SIREF offers value for your time and money. It has always delivered high quality speakers and content. SIREF 2015 did not disappoint and I would recommend anyone interested in respiratory issues attends in 2016.
Smartinhaler for COPD Management in the Sensing City Project

By: Malina Storer, Research Manager, Canterbury Respiratory Research Group.

This project is a new Chronic Obstructive Pulmonary disease management project (http://www.ccnweb.org.nz/Activities/LongTermConditions/IntegratedRespiratoryService.asp) that the Integrated Respiratory Service and Canterbury Respiratory Research Group (CRRG) have been developing in conjunction with Sensing City (sensingcity.org), Callaghan Innovation Ltd and the University of Canterbury.

The aim is to identify exacerbations of COPD to general practice teams at an earlier stage. The proposed study will have two phases. Initially patients with COPD are being issued with Nexus6 Smartinhalers™ and smart phones, making it possible to monitor their medication use in real time. The patient reliever inhaler data will be incorporated with other data sets (including air pollution data provided as part of the Sensing City project) to develop an automated exacerbation prediction/ alert model using Bayesian network techniques. CRRG is currently recruiting COPD patients in the Christchurch region who have been hospitalized in the last 3 years to take part in this project. Exacerbation events that occur during phase one of the study will be captured during monthly phone contact with the participants. Technical issues with the phone or Smartinhaler will be addressed by phone or additional visits as required. The Smartinhaler™ data will be collected, compiled and analysed to develop the exacerbation alert.

In addition, the community respiratory services will work with enrolled patients and their primary care providers to generate a personalised COPD care plan, which will be lodged on HealthOne. This process will follow CDHB recommendations for the management of COPD (www.healthpathways.org.nz). If participants do not already have a personalised plan, including baseline assessments and healthcare wishes (The COPD “Blue Card”) for COPD management, one will be requested.

Phase two will be the development of the primary care response, aiming to be put in place prior to winter 2016. Over this coming year researchers and the Community Respiratory team will work with GPs, the 24 Hour Surgery and other after hours providers, and technology partners to develop and test a robust response process. Focus groups will contribute to this development to ensure the response is sustainable, and agreeable to all stakeholders. Consultation will take place with stakeholder focus groups to discuss, model and test appropriate response scenarios, and to determine the funding models to support such responses. The aim is to develop responses that are safe, sustainable and acceptable to the patient and the patient's primary care team triggered by the tele-health alert.

As part of the wider Sensing City project, pollution data in Christchurch is being collected with greater spatial detail and granularity than previously has been possible. The available data from the environmental sensors and the patient inhaler use data will be used for cluster analysis by the GeoHealth Laboratory at the University of Canterbury. This analysis may identify where events recorded by the technology are clustered together in space or identify similarities in the characteristics of the areas (i.e. high pollution with frequent inhaler use) in locations, which may not be in close geographical proximity. This may highlight areas suitable for public health interventions in future projects.

It continues to be an exciting time for COPD management in Canterbury. The research team welcomes feedback about this project and is happy to discuss patient eligibility, please get in touch.

Malina Storer: malina.storer@cdhb.health.nz
Since September 2013, the Community Pulmonary Rehabilitation Consumer Group has provided a consumer viewpoint and on-ground support to improve quality of life for patients with respiratory conditions in Canterbury.

The group contributes to the efforts of the Canterbury Clinical Network’s Pulmonary Rehabilitation Working Group, aimed at supporting chronic respiratory disease patients to manage their condition and stay well in their own homes.

They are involved at all levels of service delivery, providing consumer-driven advice and guidance for planning, delivering and evaluating community pulmonary rehabilitation programmes.

The group meets monthly to identify, investigate and discuss service delivery improvements, reporting recommendations to clinicians in order to guide the delivery of services that best meet patient needs. They lead the promotion of the services, providing invaluable consumer-designed strategic communications that reach out to people with respiratory conditions and help health professionals better understand the audience, appropriate key messages and communication channels to reach.

Just as importantly, the volunteers are active on the ground, supporting respiratory patients day-to-day by sharing information, moral support and guidance to manage their condition. As Pulmonary Rehabilitation graduates, they have come from having an often poorly managed respiratory condition themselves, to being the “faces” and “stories” of living with a well-managed condition.

The Consumer Group is making real and measurable differences to quality of life for people with respiratory conditions.
COPD can have debilitating effects, where difficulty breathing can make going to the bathroom, walking to the car and even eating extremely difficult. Many people panic and disbelieve pulmonary rehabilitation will help their breathing problems. The consumer group plays an essential role in engaging, supporting and gaining their trust. As people with respiratory conditions themselves, they become role models of good self-management and someone that participants can trust and relate to.

This includes giving their time to tell their stories, standing side-by-side at exercise classes, keeping in touch to encourage perseverance through the programme and generally providing a listening ear and a shoulder to lean on. Our participants have reported feeling better equipped to tackle their condition as a result.

Considering they are dealing with their own health difficulties and that their story is often hard to tell, particularly when it means admitting to poor decisions such as cigarette smoking in their past, the unsung heroes of the Community Pulmonary Rehabilitation Consumer Group are a huge asset to the health workforce of Canterbury.

The Canterbury Clinical Network is a health alliance working towards transforming services to support people to take greater responsibility for their health and stay well in their own homes. The Consumer Group has contributed considerably to this aim and has helped individual Cantabrians, but also made a contribution to outcomes for the health system overall.

Chronic respiratory conditions are responsible for thousands of hospital admissions annually. Every individual that the volunteers support is helped to stay well in their own homes, ultimately reducing respiratory-related hospital admissions and the long-term burden of their condition on the health system.

Supporting reduced burden, roll out of community-based pulmonary rehabilitation, which was previously available solely as a specialist hospital service, would not have been nearly as successful without the Consumer Group. As one of the consumer group members said:

“We are continually looking for ways to improve the awareness of COPD, to support the exercise, and walking groups that are out there helping in our community Being a COPD Volunteer gives me the opportunity to give something back to support the programmes knowing we have been there”
Hello my name is Irene Allen; I am 63 years old and married to Steve, with five children and 11 grandchildren.

We live in Rangiora, I am semi retired and my hobbies include family time and soccer, of which I retired from 13 years ago after playing soccer for over 20 years.

I was diagnosed with asthma in my thirties, and was hospitalised many times over the years. Three years ago I was feeling very unwell and visited my doctor, as I was sick of feeling breathless and tired, struggling to do the daily housework, keeping up with the grandchildren, and unable to walk very far before I became quite breathless. Of course, this was getting me down. After tests were done I was diagnosed with COPD. What on earth was this? Never heard of it. Was told it was caused by smoking, but I only smoked socially, sometimes a packet a week, never more. I struggled with the fact that my lungs were no longer functioning as before, but was relieved to have found the reason why I was feeling the way I was.

Through my doctor I was referred to the Pulmonary Rehabilitation Programme for an 8-week course, again not sure what this was and how it was going to help me. My husband attended the first assessment with me for support. First, there was the six minute Walk Test and I didn’t know how I was going to complete this, but it was explained to me it was no race and I was able to do it in my own time. I was also shown some breathing techniques that would help me. I continued with my 8 week programme, that taught me ways to manage simple daily tasks, such as, it was OK to leave the vacuum cleaner on the floor and come back to it when I felt able, and to do things in moderation.

Most of all I started to enjoy the exercise part of the session, it consisted of a series of stations where we paired up and did stretches, breathing control, moving parts of my body that had not been moved for a while. Then there were the speakers that came to talk every week and help us with goal setting, medication use, and learning about knowing what were entitled to in the way of help. I found these talks were very beneficial to us all. What I liked about the Pulmonary Rehabilitation Programme was the support we received from one another and the friendships that were forming, because at the end of the day we were all suffering from the same problems, some worse than others.
Irene’s Story (Continued)
Member of Community Pulmonary Rehabilitation Consumer Group

As the programme was coming to an end, I started to worry where my support was going to come from, so I decided I needed to put in place a programme of my own. I couldn’t swim so discounted this out for a form of exercising, but then found myself signing up to learn to swim. This was a huge step for me but it gave me the confidence I needed to succeed. After that, I did Zumba for the mature persons. I am also a member of the North Canterbury Classics Marching Team, where we trained twice a week earlier in the year in preparation for attending the NZ Nationals Competition in March 2015.

I truly believe going to Pulmonary Rehabilitation has helped me to manage my condition, and enjoy life.

A one off meeting was set up for us to come back to give ideas to help future programmes, from there we continued to meet monthly and that is how our Consumer Group formed.

We are continually looking for ways to improve the awareness of COPD, to support exercise, and walking groups that are out there helping in our community. Being a COPD volunteer gives me the opportunity to give something back to support the programmes knowing we have been there.

I personally would like to see other health professionals instigate more groups like ours, as I believe we can help you to understand our condition and our needs.

Thank you for taking time to listen to my story.
EVENTS FOR YOUR CALENDAR

Conferences/Seminars/Courses

TSANZ (NZ) Branch Annual Scientific Meeting 2015
6 - 7 August 2015
Nurse Meeting Wednesday 5 August
Venue: Hilton, Queenstown
Registration Open: 20 April 2015
Register Interest: tsanz@outshine.co.nz
For more information: www.thoracic.org.au

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
0825-1630hrs

Asthma Course
Thursday 4 June 2015
0825-1630hrs

For further details and booking information please contact HVDHB, Respiratory Department
Melinda McGinty: Melinda.mcginty@huttvalleydhb.org.nz
Kirsten Lassey: 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
Email: carol.fitzgerald@southerndhb.govt.nz
EVENTS FOR YOUR CALENDAR

The University of Auckland School of Nursing

Nursing 730-Knowledge Science in Specialty Nursing – Respiratory; Semester 2

This 30 points course aims to give nurses the opportunity to extend their specialty knowledge in caring for clients in specialty clinical areas.

The focus is on two main areas:

• Scientific concepts and pathophysiological process
• Application of specialty knowledge and skill to client care

For further information, contact:

Course Co-ordinator: Diana Hart  e-mail: dehart@middlemore.co.nz
Course Administrator: Tressy Menezes e-mail: t.menezes@auckland.ac.nz

Distance Learning: Asthma & COPD - Level 7 Nursing Courses

Asthma New Zealand/Unitec

Asthma Nursing Course - July 2015
COPD Nursing Course – contact Ann or Swarna for dates of next course

For further information contact:

Ann: 09 623 4777   annw@asthma-nz.org.nz
Swarna: 09 623 4771  swarnah@asthma-nz.org.nz

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

ResMed NIV Training

For expressions of interest contact: Annelise La Roche, Business Manager NZ
annelise.laroche@resmed.com.au
Spirometry Courses

Auckland District Health Board
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
1 – 2 October 2015
Contact: Lyn Tissingh, Nurse Manager
Ph: 07 577 6738
lyn@asthmabop.org.nz

Asthma Waikato
Further information is available by contacting
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
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
7 and 14 September 2015
Deborah Box: dbox@scdhb.health.nz

Southern District Health Board
Carol Fitzgerald: carol.fitzgerald@southerndhb.govt.nz
Peer Group Meetings

Bay of Plenty
Asthma & Respiratory Management, BOP Inc
REPS (Respiratory Educators Peer Support) 2015
24 June, 23 September, 2 December
10.00am meeting (0930-1000 cup of tea)
Venue: 254 Chadwick Road, Greerton, Tauranga
Contact: Lyn Tissingh, Nurse Manager, Ph: 07 577 6738
Email lyn@asthmabop.org.nz

Wellington
Wellington Regional Respiratory Nurses Forum
Venue: Capital and Coast DHB
Next meeting: 4th June 2015
Contact: Betty Poot
betty.poot@huttvalleydhb.org.nz

Editors Note – If you have regular meetings for Respiratory Nurses in your area, email the Secretary chris.rothman@wdhb.org.nz with the group’s name, place of meeting, date and contact person and I can put the information in the next newsletter.
Respiratory Nurses Section (NZNO) Committee Members 2015

Standing L-R Michelle Hopley, Sharon Hancock, Peter Cole, Cathy Modrich, Chris Rothman
Sitting L-R Louise Weatherall, Zoe Briggs, Betty Poot and Lorraine Ritchie (Professional Nursing Adviser)

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(From 20 April 2015)