

# AIRWAYS



*Hongihongi te rangi hou'  
'Smell the fresh air'*

## Newsletter of the College of Respiratory Nurses (NZNO)

November 2017

### Inside this Issue:

Chairperson Report	Page 2
Advocating for Respiratory Health in New Zealand	Page 4
TSANZ/ANZSRS Annual Scientific Meeting, August 2017, Queenstown	Page 7
The Challenges of Working in the Far North	Page 11
New Zealand Respiratory Conference, November 2017, Auckland	Page 14
Grant Application	Page 20
College of Respiratory Nurses Symposium 2018 Flyer	Page 22
Events for your Calendar	Page 23
Committee Members 2017	Page 26

## Note from the Chairperson

Kia ora koutou katoa.

Welcome to the final edition of AIRWAYS for 2017. The College of Respiratory Nurses has had a very successful year and made some outstanding achievements. As you are aware we moved from Section to College status in February this year, and we are working extremely hard to keep honouring this status.

As the representatives of you our members and as a committee we feel it to be very important to lobby for respiratory disease to be escalated to a national health target. To this end early this year the College wrote to Ministers in all the political parties outlining our concerns around appalling health outcomes in respiratory disease, inequity in health, poor housing and smoking in Aotearoa New Zealand (NZ). A report of a meeting that ensued with Labour Ministers Dr David Clark (now Minister of Health) and Annette King is enclosed in this month's Airways. Both Ministers were receptive, but at the time could make no commitments as it was an election year. They did however speak at length of encouraging nurses to move to NP status as a way forward in health. The College plans to continue to lobby government and will write to the newly elected Health Minister with the aim to further meet and strive to continue to working towards improving health outcomes for respiratory disease in NZ.

We have had some positive feedback on our SNIPS articles, and to that end have decided to keep this initiative going for another six months. We welcome all feedback to ensure we are meeting your needs.

The College of Respiratory Nurses remains small. Please invite colleagues to consider joining: a recent change to the NZNO constitution means nurses can now belong to three Colleges/Sections. It costs nothing and the stronger our representation, the stronger our voice in improving respiratory outcomes in Aotearoa NZ.

We are currently working hard on our next Symposium, which is being held in Wellington on Friday 13<sup>th</sup> April. There are going to be some outstanding speakers, and we will hold our AGM during the lunch break. We would love to see you there, at what is promising to be a great Symposium. See the flyer in this month's edition of Airways. The College is offering some scholarships for nurses to further enhance education and increase knowledge. These scholarships could be a way of assisting you to attend the Symposium! Please see our website and this edition of Airways for further details.

Thank you for all for your hard work and commitment to the College and all that you do in your daily work to improve the lives of those with respiratory disease. We welcome all feedback, and any suggestions you may have to ensure we represent your work. I am always humbled by the articles I read of all the amazing work you are doing out there. Thank you so much and please keep them coming.

I thank the committee again for all their work given voluntarily. If you feel that you would like to join and help make a difference at a national level, please contact any member of the committee (contact details back page).

It has been a challenging winter and staffing levels are stretched. Please remember to look after yourselves. As nurses our own priorities are often completely overlooked. I hope you can get some downtime in the warmer months, and celebrate all that you have achieved during 2017. Keep safe this festive season and thank you for all your hard work and support.

*Hongihongi te rangi hou'*

*'Smell the fresh air'*

Mary Gluyas

Chairperson

College of Respiratory Nurses NZNO.

## College of Respiratory Nurses NZNO: Advocating for Respiratory Health in New Zealand (NZ)

Carol George RN, Dip Business, BN, PG Cert Adv (Community Nursing), MCN

NP Candidate, Horowhenua Community Practice



In June this year the College of Respiratory Nurses NZNO had the opportunity to advocate nationally, at a parliamentary level. The journey began in April 2017 when as a College we decided that we would write to NZ parliamentarians highlighting the current state of respiratory health in NZ. Our letter drew attention to national statistics as well as international standards for respiratory health. We requested that, in light of poor respiratory outcomes, respiratory disease be escalated as a health priority in NZ. The letter was disseminated to the major political parties. As a College we were excited when in June, a response was received on behalf of Labour Ministers David Clark and Annette King requesting further discussion with the College of Respiratory Nurses on the issues presented.

As a result Mary Gluyas (Chair, College of Respiratory Nurses NZNO and Respiratory Clinical Nurse Specialist Ashburton and Rural Health Services); Carol George (Committee member, College of Respiratory Nurses NZNO and Nurse Practitioner

(NP) Candidate Horowhenua Community Practice) and Betty Poot, Respiratory NP Hutt Valley District Health Board and lecturer Victoria University of Wellington) were delegated to speak with David Clark and Annette King at Parliament in July 2017. The plan for the meeting was to inform the Labour Members of the incidence and impact of respiratory disease in NZ with the ultimate aim being to reduce the disparities and inequities currently faced by this population group and request that respiratory disease become a government health priority.

The meeting enabled us to highlight that nurses are pivotal in reducing the incidence and impact of respiratory disease in NZ. We emphasised that nurses are often in the fore front in providing assessment, education and support to those with respiratory disease. To enhance the delivery of coal face interventions by nurses a government target for improving respiratory disease could facilitate the ability to increase nurses' respiratory skills and knowledge, as well as increasing numbers of designated Registered Nurse (RN) prescribers and NP's.

We requested the ministers consider strategies to reduce the incidence and impact of respiratory disease using Te Hā Ora: The Breath of Life, National Respiratory Strategy as a guide (Asthma and Respiratory Foundation, 2015). This included:

Te Taiao: Environment: Making health equitable (ensuring all New Zealanders with respiratory conditions are readily able to access appropriate health services), tobacco control (Smoke free, 2025) and healthy housing.

Whānau Ora: Individuals and Families: health literacy and access to education and support.

Te Hapori Hauora: The Health Community: RN's extending scopes to include designated prescribing, education to support skill development (post graduate study, respiratory knowledge and skills framework) and preventative respiratory health initiatives (vaccines).

Te Pūnaha Hauora: The Health System: having a National indicator for respiratory health, to have respiratory health as a priority, to ensure equitable health care, and to improve respiratory services in NZ.

In this context we discussed the role of nurses is to advocate on behalf of all patients, their whānau, communities, tax payers of NZ and all vulnerable peoples. This includes promoting and advocating for respiratory disease on behalf of the College of Respiratory Nurses NZNO members and all health professionals who are working with respiratory disease.

Both David Clark (now Minister for Health) and Annette King were receptive to the issues raised and interested to hear our concerns. We suggested they refer to the current information available on respiratory research in NZ, *Te Hā Ora: The Breath of Life, National Respiratory Strategy* and *The Impact of Respiratory Disease in NZ: 2016*. Although, the Ministers did not offer any firm outcomes, they did indicate that they were now more informed regarding respiratory disease in NZ and of the potential options for a way forward. It was a huge privilege to have been involved in the process and a vital opportunity for the College of Respiratory Nurses NZNO to air its voice on behalf of its members at a government level. The meeting has further invigorated and reinforced our strategy to continue to lobby parliament to improve respiratory health outcomes for New Zealanders in the form of a national target.

#### References:

Telfar and Zhang, 2017. The impact of respiratory disease in New Zealand: 2016 update. Located at: <https://www.asthmafoundation.org.nz/research/the-impact-of-respiratory-disease-in-new-zealand-2016-update>

The Asthma and Respiratory Foundation of New Zealand 2015. *Te Hā Ora (The Breath of Life): National Respiratory Strategy*. Wellington: The Asthma Foundation. Published in November 2015



**TSANZ)/ANZSRS Annual Scientific Meeting, 9-11 August 2017,  
Queenstown, New Zealand**

**Caroline Funnell, RCompN, PG Dip**

**Respiratory Specialty Nurse, Comprehensive Care Limited PHO, Auckland.**



From the moment we touched down in Queenstown, it was evident that the setting for the 2017 TSANZ scientific meeting was going to take our breath - and occasionally our attention away!

My colleague and I enjoy our work, helping primary care nurses to assess and provide management plans for people living with respiratory disease in the community setting. In primary care we have a focus on encouraging self - management and thus keeping people out of hospital. For the most part, I attended the TSANZ nurse programme and my synopsis will reflect my interest from the prospective of a primary care nurse.

Our first session of interest was led by Nurse Practitioner, Victoria Perry, Mid Central District Health Board (DHB). My colleague and I were looking forward to learning more about the contribution that a designated registered nurse prescriber can make as part of a specialty service. Victoria provided us with practical information, outlining what was required when venturing down this path and the competencies and support needed to apply for and maintain this level of prescribing practice. For

those of us working in primary care designated nurse prescribing will play an increasingly important role in removing some of the barriers to healthcare.

The term 'Treatable Traits' is new to asthma and chronic obstructive pulmonary disease (COPD) management literature and it was a pleasure to listen to Professor Richard Beasley (Medical Research Institute of NZ) as he helped us to understand that asthma and COPD are complex heterogeneous syndromes with overlapping and related disorders. Treatable traits are defined as co-morbidities, overlapping respiratory conditions and environmental and lifestyle factors which contribute to our patient's respiratory symptoms and as the name suggests, can be treated or managed. Richard welcomed a precision medicine approach to assessment and management and heralded the need for a multi-dimensional assessment of clinical characteristics or treatable traits. He went on to demonstrate in practical terms, using a case study, how to take a systematic approach to deconstructing a person's disease and teasing out conditions that can be treated. For example there is no value in prescribing more and more inhaled steroid to a patient with uncontrolled asthma when there are other factors such as gastro-oesophageal reflux disease, upper airways dysfunction, obesity or poor inhaler technique that are making control elusive.

I think we all enjoyed Professor Hayden McRobbie's (Ministry of Health) approach to the 'Quitting Quandary' and his positive approach to tobacco control. He likened quitting smoking without assistance to "climbing a mountain in your undies". He had several handy hints to getting our patients started and well managed on nicotine replacements and central nervous system agents. I also liked his gentle approach with his suggestion to offer brief advice with: "Can I tell you a little bit about what I know?" acknowledging the lived realities around this population using smoking for stress release. Later on in the programme he addressed the ideal of harm reduction when he talked about E-cigarettes, quoting from the British Medical Journal that the use of E-cigarettes is helping to increase quit rates. He outlined new legislation that is imminent for regulating the provision of E-cigarettes, which will alter the landscape for smoking cessation in NZ. New Ministry of Health recommendations will include using E-cigarettes as smoking cessation aids as well as the legalisation of nicotine cartridges for E-cigarettes.



<http://www.health.govt.nz/publication/policy-options-regulation-electronic-cigarettes-consultation-document>

Day 2 began with Teresa Demetriou from the Asthma and Respiratory Foundation who holds the education portfolio. Teresa has certainly been burning the midnight oil this year working tirelessly to produce the new asthma action plans and numerous other resources, following the release of the new NZ Adult Asthma Guidelines late last year. She introduced us to the Foundation's new Chief Executive Officer Leticia O'Dwyer and the tight team that support the tremendous work that they do in championing the needs of people living with respiratory disease.

Dr James Fingleton (Medical Research Institute of NZ) explained the new and old asthma and COPD inhalers and highlighted how to choose the right medication for our patients. Nikola Ncube (Respiratory Nurse Specialist from Waitemata DHB) shared the results of her hard work through 2016 with her presentation on '02 the fix: Swimming between the flags'. Nikola had participated in a quality improvement project helping staff at WDHB to use oxygen safely and appropriately. As a result, oxygen prescribing at WDHB improved in line with TSANZ guidelines during the project by over 30%. She coined a great phrase: "When O2 is the fix aim for 92-96. When high CO2 aim 88-92".

A selection of other presentations kept us engaged as an audience. I particularly enjoyed key note speaker Professor Gary Lee (Professor of Respiratory Medicine, University of Western Australia) and his delivery of information about bacteria, fibrinolytics and the pleural space. He shared practice-changing results from clinical trials with regard to management of malignant pleural effusions. Dr Christopher Lewis (Auckland DHB) led a discussion on a NZ lung transplantation update, surprising us all by encouraging specialists to refer more patients for lung transplants. There were also varied discussions around the practices of multi breath nitrogen wash out (Professor Bruce Thompson, Head of Physiology Service, The Alfred, Australia) and spirometry (Emily Ingram, Canterbury DHB). Highlighted was the need for supported learning for technicians and spirometry certification.

On the third and final day I was delighted to listen again to Professor Richard Beasley as he captured our attention with his discussion on successful pyretic therapy used in the treatment of gonorrhea in days gone by where patients were treated with heat therapy for up to 12 hours at a time inside what could only be described as an oven. He compared this to our present day common practice of quieting nature's furnace, which is designed to protect against bacteria and viruses, by prescribing paracetamol or other antipyretics. He concluded that in his opinion the act of prescribing antipyretics has no credited basis and more research is needed to inform this premise further. Dr Sandra Hotu (Auckland City Hospital) presented her research: 'Maori respiratory health inequities – why has no progress been made?' and Bernadette Jones (University of Otago, Wellington) heralded the need to keep working hard to find a way to achieve equitable asthma outcomes for Maori respiratory health by continuing to reflect on our practice of cultural safety.

Over the three days of the conference many other topics were presented around the theme of pleural disease management in NZ. These included the management and treatment of pneumothorax, malignant pleural effusions, empyema, chronic thromboembolic pulmonary hypertension (CTEPH) and many other subjects.

Overall we all had a fabulous time and learnt valuable information that can be applied to our everyday practice. We were surrounded by a beautiful and dignified environment that helped us reflect on our reason for being there. We want to continue to offer effective and appropriate management options for our people living with respiratory illness. We enjoyed bounteous amounts of good food and were encouraged by the wealth of knowledge that was shared at the scientific meeting. Many of us left the conference to air our lungs on the mountain peaks nearby and all of us can't wait for next year's conference already.

## The Challenges of Working in the Far North

**Marilyn Dyer, RN, PG Cert Chronic Respiratory Conditions, PGDip (Adv Nsg) Rural  
Respiratory Nurse Specialist, Te Tai Tokerau Primary Health Organisation (PHO)**

My name is Marilyn Dyer. I work for Te Tai Tokerau PHO in the Far North, as a Respiratory Nurse Specialist (RNS) and Educator. I am the only RNS for this area with my nearest respiratory colleague based in Whangarei at Manaia PHO.

In 2014, the Northland Asthma Society was closed and in partnership with Manaia PHO a 'Request for Provision' to the Northland District Health Board (DHB) was made, to continue providing a Respiratory Service for the whole of Northland. Thus, the Respiratory Support Service commenced with the contract being shared by Manaia PHO and Te Tai Tokerau PHO.

The Far North is a low socioeconomic area with an average annual income of less than \$20,000. There is very limited public or private transport and this makes it extremely difficult for patients to come into town. I hold a small case load of patients with complex problems, particularly those that are unable to travel and have difficulties of access to health care. Many of these patients have multiple health providers visiting which can often cause confusion. I utilise a holistic assessment framework and report back to the multi-disciplinary team to ensure positive health outcomes are gained for the patients under my care.

Demographically Northland's boundaries are huge with a small population spread over large areas, requiring long driving distances on second and third grade roads. There is very limited cell phone coverage and global positioning services are not part of the phone system. I am very grateful to my husband who has taught me the basics in car mechanics and how to change a tyre (most essential on these roads)!

My demographic area is from Cape Reinga in the Far North down to north of Whangarei and includes both coasts. The total population of the area is 55,731 of which 22,110 are Maori (Far North District Council, 2013). According to the Asthma Foundation in their document: The Impact of Respiratory Disease: 2016 Update

(Telfar & Zhang, 2017), Northland along with Tairāwhiti, Hutt Valley and Counties Manukau DHB's has the highest rates of respiratory disease over the life span.

The main objectives of the Respiratory Support Service provided by Te Tai Tokerau and Manaia PHO's are:

- 1) To provide up to date education to Practice Nurses (PN's).
- 2) To establish spirometry services within the GP practices.
- 3) Be a resource and support person for the GP practices.



**Marilyn with patient Eva Lawry**

The service has now been running for five years. Eighty percent of the PN's within Te Tai Tokerau PHO have completed the Asthma and COPD Fundamentals programme made available by the Asthma and Respiratory Foundation. Five larger practices now have accredited spirometry technicians providing spirometry service for their registered patients. I provide free spirometry services/nurse-led clinics for

those smaller GP Practices. I also hold a spirometry clinic in the local correctional facility.

I take part in organising and facilitating Pulmonary Rehabilitation Programmes at Kaitaia and Bay of Islands hospitals. The majority of referrals I receive are from GP practices but I also receive referrals from Northland DHB to follow up respiratory patients who have been recently discharged from hospital for assessment and follow up spirometry. In this situation I phone the patient first to check that they are improving post discharge and if not ensure they are seen by their GP. I will then defer spirometry until they are six weeks post exacerbation.

As a support and resource nurse for the GP practices, I have observed how the skills and knowledge the nurses have gained from the fundamentals programme are being utilized in their day to day practice. The feedback I have received from GPs is that there is a reduction in acute visits and less hospital admissions which they feel is a direct result from the consistent and better management that their patients' are receiving.

I have found this job very wide ranging. There is always something different cropping up which keeps this role so enjoyable and satisfying. Yes, there are challenges, such as distances travelled, lack of resources to help patients in need and ensuring patients with no money get the medications they need, but it does feel gratifying to see a patient improve using the advice and skills I have given them.

References:

Far North District Council, 2013. A Community Profile. Located at:  
<http://profile.idnz.co.nz/far-north>

Telfar and Zhang, 2017. The impact of respiratory disease in New Zealand: 2016 update. Located at: <https://www.asthmafoundation.org.nz/research/the-impact-of-respiratory-disease-in-new-zealand-2016-update>



## The New Zealand Respiratory Conference, November 2017, Pullman Hotel, Auckland

Laura Campbell, RN, MN (Hons)

Respiratory Nurse Specialist, Comprehensive Care Limited PHO, Auckland



Once again we had the opportunity to learn and be inspired as we attended this conference hosted by the Asthma and Respiratory Foundation. A wide range of topics was discussed, of particular interest was the focus on social determinants of health and a range of different approaches to healthcare delivery to bring about effective change and improved outcomes.

### **Opening Address: Hon Julie Anne Genter - Associate Minister of Health**

Julie demonstrated how she walks the talk by cycling from a prior meeting in Parnell. She holds the portfolios for transport and associate Minister of Health. She sees the connection between health and transport and has a vision that exercise will be part of everyone's daily life. She introduced some of the measures the current government is taking to improve the health of all New Zealanders' (NZ): cheaper GP visits and free for under fourteen year olds, a commitment to healthy homes with the healthy homes guarantee bill, a net zero target on emissions to improve our air quality and a continuation of smoking cessation programmes to achieve smoke free Aotearoa by 2025.



**An overview of the Respiratory Impact Report – Lucy Telfar Barnard**

We were warned about the disturbing content in this report and that:

“By far the most relentless and disturbing pattern was the high degree of inequality across both the social economic spectrum and different ethnic groups”.

Most of us are familiar with this report which discusses respiratory disease as a whole as well as a breakdown of the more common respiratory conditions – asthma, Chronic Obstructive Pulmonary Disease (COPD), pneumonia, bronchiectasis and bronchiolitis. Lucy informed us that if we want to reduce respiratory disease then we need to focus on reducing smoking, improving housing and pay particular attention to children's health.

**Poverty/Housing/Social Determinants – Prof. Phillippa Howden-Chapman**

Prof Howden-Chapman shared some “home” truths with us as she outlined the systematic problems with NZ housing. Cold damp housing increases the risk of (re)-hospitalisations (mainly respiratory) and death in children and older people.

Home ownership is dramatically declining so a greater percentage of New Zealanders are renting and private rental housing is in worse condition than state housing and owner occupied housing. Strong evidence was presented from community trials showing that improving housing by making homes warmer and dryer improves health outcomes and reduces hospital admissions.

The World Health Organisation recommends minimum indoor temperatures of 18-21 degrees. Warm is better because viruses survive longer on cold surfaces; cold stresses the immune system and blood thickens when colder making the formation of atherosclerotic plaques more likely.

**Bronchiectasis – its effects on the NZ population and what we can be doing to address this – Dr Conroy Wong**

After briefly reviewing the pathology and aetiology of bronchiectasis Dr Wong shared with us that NZ is in the process of setting up a NZ registry that will be linked to the EMBARC Australian arm. This will provide valuable information going forward that will help us better manage bronchiectasis. It is recognised that there is a large and increasing burden of disease in NZ and worldwide – particularly in Maori and Pacific people. Research and knowledge is growing rapidly and to date physiotherapy and antibiotics remain the main pillars of treatment. While there is optimism for the future of bronchiectasis research there remains uncertainty about new options for

treatment; macrolides, new antibiotics and anti –inflammatory agents are showing some promise.

### **Bronchiectasis – a community perspective – Dr Sarah Mooney**

Sarah gave an overview of the physiotherapist's role in managing bronchiectasis with sputum clearance, exercise training and inspiratory muscle training. She spoke of engaging with youth and connecting individuals with their community, resources, and services. Sarah spoke of ideal management versus realistic management, system measures versus individual goals. She mentioned an excellent resource: the bronchiectasis toolbox which can be accessed via <http://bronchiectasis.com.au/>

### **The recognition and assessment of sleep disordered breathing in children – Dr Liz Edwards**

Dr Edwards reminded us to keep paediatric sleep on our radar remembering that snoring is not normal and needs to be taken seriously. Obstructive sleep apnoea (OSA) is under recognised and under reported. Those at risk include those with obesity, large tonsils and cranio facial changes and of course habitual snoring. Adenotonsillectomy is first line treatment and other treatments include nasal steroids, montelukast, continuous positive airways pressure and other otorhinolaryngology/airway surgeries. The paediatric sleep medicine network gives the latest guidelines on sleep disordered breathing and can be accessed via: <https://www.starship.org.nz/for-health-professionals/new-zealand-child-and-youth-clinical-networks/paediatric-sleep-medicine-clinical-network/>

### **Sleep apnoea - resources for whanau and Maori – Dr Angela Campbell**

Dr Campbell outlined the work she has undertaken to improve uptake in recognition and treatment of OSA in Maori. Pictorial and culturally sensitive resources were developed in a variety of formats including posters brochures and video's depicting patients' stories. The individuals who shared their stories became role models for their community.

**Pharmac – Ventolin prescribing/dispensing - Tony Wang and Dr Bryan Betty**

A recent study showed fifty two percent of overall market share for short acting beta agonist goes to Ventolin and forty percent of scripts in high deprivation areas are for Ventolin. Ventolin has a part charge and we need to ask ourselves “how can I prevent unnecessary costs for patients’ particularly for those in financial difficulty”.

**Panel discussion: What does shared care mean to you? - Betty Poot, Te Puea Winiata and Jo Smiley**

Each of these nurses shared with us how they are working alongside other health professionals and organisations to make a real difference in the lives of their patients. Betty Poot shared how she works in a joint clinic with a physio to make a difference in the lives of people with bronchiectasis co-ordinating care, appointments and support and illustrated this with a case study of one man’s journey to wellness. Te Puea spoke about Turuki Healthcare and their way of delivering shared care and the organisations they partner with. She outlined the structure of their clinic which has approximately one hundred staff that speak eight different languages and include everything from lactation consultants to Mental Health and Addiction services. She reminded us we “don’t have problematic clients and hard to reach communities we have systems that don’t put whanau in the centre; poor engagement and communication and services that are hard to access”.

Jo Smiley shared how with just 1.5 FTE they have made a difference in Hawkes Bay reducing hospital admissions through asthma education and the upskilling of primary care nurses as well as working with Maori health providers. They have utilised community resources including schools and preschools (asthma friendly schools programme) to empower patients and address their health and social issues.

**Wrap around services - patient centred actions – Dr Ruth Gammon, Clinical Psychologist**

Dr Gammon spoke of how wrap around is a research based model of care planning and not just a package of services or funding stream. Wrap around is a model that comes from a strength based perspective – identifying patient’s strengths and with these strengths helping them make sustainable changes. It involves four phases. 1) Engagement and support and team preparation. 2) Initial plan development. 3) Implementation. 4) Transition. It is unique for every individual, outcome based and gives individuals and families a voice and choice.

**Wrap around services - Kaupapa Maori - Rhonda Zielinski**

Rhonda and her team work tirelessly to help their people who are affected by alcohol and drug addiction among the core business of cervical screening and immunisations etc. Their presentation was gloriously 'wrapped' with music and song and highlighted the achievements of their organisation in helping their people who are now free of drugs and alcohol. It was a moving and tears provoking session that was the highlight of the conference.

**Changing landscapes in COPD - Dr Rob Young**

Dr Young gave a quick overview of what is new in the updated Global Obstructive Lung Disease (GOLD) 2017 guidelines. Spirometry is no longer part of the treatment class grid (ABCD) but remains the gold standard for diagnosis and prognosis. There is greater emphasis on individualised treatment and choices of treatment. Long Acting Beta Agonist/Long Acting Muscarinic Antagonist dual therapy has a place in a number of patient groups. With non pharmacological interventions GOLD continues to recommend vaccinations, exercise and pulmonary rehab (PR), diet high in fruits and vegetables and to treat underlying coronary artery disease. Goals remain in managing symptoms and preventing exacerbations including prophylactic macrolides in selected patient groups.

**Australian and NZ Pulmonary Rehabilitation Guidelines - Prof Jennifer Alison**

PR is a key component of COPD management and there are well documented benefits from PR both in stable COPD and within two weeks of an exacerbation. Recommendations include that home based PR can be beneficial but needs to have regular clinician contact and there is limited benefit to structured education. PR is recommended in COPD and in other respiratory conditions including bronchiectasis – including an airway clearance component; pulmonary hypertension and interstitial lung disease with oxygen provided.

**Your patient with Idiopathic Pulmonary Fibrosis - Dr Ben Brockway**

Dr Ben Brockway gave a great overview of interstitial pulmonary fibrosis (IPF) pathology, diagnosis and management. Unlike other respiratory diseases IPF is an equal opportunities killer and it is one respiratory disease where Maori and Pacific are not over represented when compared with other ethnic groups. While diagnosis can be made on clinical and radiological findings subtyping can be difficult and review at multi disciplinary management meetings can be useful. Management includes anti fibrotic treatments which require special authority, lung transplant and palliation of symptoms. Forced vital capacity is the best marker to use in prognosis. The Asthma and Respiratory Foundation moving forward will maintain the IPF support group founded in 2011 by a patient's wife. The support group can be accessed via <http://www.pulmonaryfibrosis.org.nz/>

**Child and adolescent asthma guidelines - Dr David McNamara**

The new paediatric guidelines are drawn from international guidelines (British Thoracic Society/Global Initiative for Asthma (GINA)/Australian Asthma Handbook); the asthma health literacy for Maori children in NZ report and the United Kingdom report on why asthma still kills. The guidelines review disparities between Maori and Pacific peoples and set goals to address this. It begins with non-harmacological ways that health professionals can help including relationships, wellness, smoke exposure, housing, income, health literacy, adherence and access. It draws on the GINA management cycle of assessment and management- assess, adjust and review. It covers diagnosis including in the under fives with flow diagrams to aid this process, and management: the right step of medicine with the right device is tailored for the age and symptoms of the child. The guidelines will shortly be available to access via the foundation website

**The Asthma and Respiratory foundation** staff reviewed some of the foundations' achievements and initiatives including the new guidelines for adults and children, new action plans, the 'my asthma app', the revamped asthma and COPD educational series with e- learning and master classes, sailor the puffer fish school programme and the breathe better September campaign to name a few. The conference came to a close after two full days of education, inspiration, and networking.

## Grant Application Form NZNO Respiratory College

Reproduced from the NZNO College of Respiratory Nurses web page is the following application form when applying for a scholarship grant. See also the Terms and Conditions for Education Grant Applications. We encourage members to engage with this process.

Surname
First Name
Organisation
Position/role
Postal Address
Email Address
Work Phone
Home Phone/Mobile No.
NZNO No.
Number of years you have been a member of the respiratory college/section:
<b>EDUCATION/CONFERENCE DETAILS</b>
Name Conference/Course/Education Opportunity
Date
Location
Paper Presentation    Yes/No
Presentation Title:



<b>COST DETAILS</b>
Amount (Max \$250.00)
Registration/Course Fees
Accommodation
Travel
Other (please specify)
TOTAL COSTS
Briefly outline what you hope to learn/achieve from your participation/attendance:
Have you received an education grant from Respiratory College in the past two years?
Yes/No
<input type="checkbox"/> I have read and accepted the terms and conditions for education grant applications
Signed

Application form also can be found here:

[https://www.nzno.org.nz/groups/colleges\\_sections/colleges/college\\_of\\_respiratory\\_nurses/scholarships\\_and\\_grants](https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_respiratory_nurses/scholarships_and_grants)

## Taking Respiratory Care Beyond the Rhetoric- Less Talk More Action



College of Respiratory Nurses NZNO Symposium 2018

Keynote Speaker: Dr Lance O'Sullivan

Topics: Challenging current respiratory paradigms, new models of community care, bronchiectasis, eosinophilic asthma, prescribing in respiratory care, Māori engagement in pulmonary rehab.

Date: 13<sup>th</sup> April 2018

*Registration Time: 0800-0830hrs*

*Start / Finish Time: 0830hrs-1630hrs*

*Numbers limited to 120*

*Venue: ASB Sports Centre, 72 Camp Street, Kilbirnie, Wellington*

Register online now: <http://www.eiseverywhere.com/crn2018>



*Hongihongi te rangi hou'*

*'Smell the fresh air'*

## EVENTS FOR YOUR CALENDAR

### Conferences/Seminars/Courses

#### South Island Respiratory Educators Forum (SIREF)

'The Lung Environment'

15-16 February 2018

The George, 50 Park Terrace, Christchurch

[www.canbreathe.org.nz](http://www.canbreathe.org.nz)

[Teresa@canbreathe.org.nz](mailto:Teresa@canbreathe.org.nz)

Phone: 03) 3860278

Fax: 03) 3860657

Canbreathe, PO Box 13-091, Christchurch

#### TSANZSRS Australian Annual Scientific Meeting for Leaders in Lung Health & Respiratory Science

23-27 March 2018

Adelaide Convention and Exhibition Centre

Early bird registrations (payment before 20 January 2018)

<http://www.tsanzsrs2018.com/>

#### College of Respiratory Nurses (NZNO) Respiratory Symposium

13 April 2018

'Taking Respiratory Care Beyond the Rhetoric – Less Talk More Action'

ASB Sports Centre, Kilbirnie, Wellington

Registrations now open via e-touch

<http://www.eiseverywhere.com/crn2018>

#### National Asthma Council Australia

Provides a list of various respiratory focused conferences for health professionals.

For further information: [www.nationalasthma.org.au](http://www.nationalasthma.org.au)

#### 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](http://www.pharmac.health.nz/seminars)

#### Asthma and Respiratory Foundation, NZ

COPD & Asthma Fundamentals

Comprehensive training programme for the education of health professionals in how to provide asthma and COPD management, education and support.

Two half-day workshops.

Contact: Teresa Demetriou, [teresa@asthmaandrespiratory.org.nz](mailto:teresa@asthmaandrespiratory.org.nz)

2017 Asthma New Zealand – The Lung Association1 Day – 6 hours 'Neat' Asthma Course for Registered Nurses

21 March 2018 Auckland

20 June 2018 Auckland

11 July 2018 Auckland (School nurses)

19 September 2018 Auckland

½ day COPD Course for Registered Nurses

18 April 2018 Auckland

15 August 2018 Auckland

17 October 2018 Auckland

<http://www.asthma.org.nz/news-and-events/>

Dunedin Respiratory Study Day

19 November 2018

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

To register expressions of interest please contact

Carol Fitzgerald, Respiratory Clinical Nurse Specialist, Dunedin Hospital

Ph: 0274 989218, [carol.fitzgerald@southerndhb.govt.nz](mailto:carol.fitzgerald@southerndhb.govt.nz)

Asthma NZ in partnership with Unitec, School of Health & Community Studies also offers:

The Asthma Nursing Course &

The Chronic Obstructive Pulmonary Disease Course

These are distance learning Level 7, 24 credit courses available to Registered Nurses who work in the community at primary and secondary care level with people who have asthma or COPD. <http://www.asthma.org.nz/resources/courses/>

**Spirometry Courses**Auckland District Health Board

Further information is available by contacting:

Ph: 09 630 9918 Extn. 26234, [resplab@adhb.govt.nz](mailto:resplab@adhb.govt.nz)

Bay of Plenty

Contact: Lyn Tissingh, Nurse Manager

Ph: 07 577 6738, [lyn@asthmabop.org.nz](mailto:lyn@asthmabop.org.nz)

Asthma Waikato

Further information is available by contacting: The Manager

Ph: 07 838 0851, [info@asthmawaikato.co.nz](mailto:info@asthmawaikato.co.nz)

Canterbury District Health Board

Further information is available by contacting Emily Ingram: [emily.ingram@cdhb.health.nz](mailto: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](mailto:sue.filsell@southerndhb.govt.nz)

**Peer Group Meetings**Bay of Plenty

Asthma & Respiratory Management, BOP Inc.

REPS (Respiratory Educators Peer Support) 2017

Fridays: March 10th, June 9th, Sept 8th, and December 8th

10.00am meeting (0930-1000 cup of tea)

Venue: 254 Chadwick Road, Greerton, Tauranga.

Contact: Lyn Tissingh, Nurse Manager: Ph: 07 577 6738, [lyn@asthmabop.org.nz](mailto:lyn@asthmabop.org.nz)

**Editors Note – If you have regular meetings for Respiratory Nurses in your area, email [secretaryrn.nzno@gmail.com](mailto:secretaryrn.nzno@gmail.com) with the group's name, place of meeting, date and contact person and the information can be put in the next newsletter.**

## College of Respiratory Nurses (NZNO) Committee Members 2017

Role	Name	Email
Chairperson	Mary Gluyas	<a href="mailto:mary.gluyas@cdhb.health.nz">mary.gluyas@cdhb.health.nz</a>
Secretary	Laura Campbell	<a href="mailto:lcampbell@comprehensivecare.co.nz">lcampbell@comprehensivecare.co.nz</a>
Treasurer	Sharon Hancock	<a href="mailto:sharon.hancock@midcentralthb.govt.nz">sharon.hancock@midcentralthb.govt.nz</a>
Committee Member	Michelle Hopley	<a href="mailto:mish-mash@xtra.co.nz">mish-mash@xtra.co.nz</a>
Committee Member	Marilyn Dyer	<a href="mailto:marilynd@ttpho.co.nz">marilynd@ttpho.co.nz</a>
Committee Member	Carol George	<a href="mailto:carol@hcp.co.nz">carol@hcp.co.nz</a>
Committee Member	Dawn Acker	<a href="mailto:dawn.acker@southernthb.govt.nz">dawn.acker@southernthb.govt.nz</a>
Committee Member	Vacant	
NZNO Professional Nursing Adviser	Annie Bradley-Ingle	<a href="mailto:annetteb@nzno.org.nz">annetteb@nzno.org.nz</a>



**Back Row: L>R, Mary, Annie, Laura, Marilyn, Dawn**  
**Front Row: L>R, Carol, Sharon, Michelle**