

AIRWAYS



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

Newsletter of the College of Respiratory Nurses (NZNO)

March 2018

Inside this Issue:

Chairperson Report	Page 2
Congratulations to Carol George on Gaining Nurse Practitioner Status	Page 4
Taking the Care to the People – Spirometry Services in the Far North	Page 5
The Pulmonary Rehabilitation Programme at Northland DHB's Bay of Islands Hospital	Page 7
Reflections on my first year of Registered Nurse Designated Prescribing	Page 10
SIREF – The Lung Environment, 15 th and 16 th February 2018	Page 13
Asthma Auckland and Asthma New Zealand Merger	Page 18
Grant Application Form College of Respiratory Nurses NZNO	Page 20
Events for your Calendar	Page 22
Committee Members 2018	Page 25

Note from the Chairperson

Kia ora koutou katoa

Welcome to the Autumn edition of AIRWAYS. The committee has had an extremely busy start to 2018. Our first meeting for 2018 was a teleconference on Monday 12 February where items for discussion included submissions, a financial update and planning for the coming year. By now you will have received a survey we are conducting on the SNIPS articles service we are providing to see if this is meeting your needs.

The symposium sub-committee led by Carol George has been working hard behind the scenes with the organisation of this bi-annual event to be held in Wellington on Friday 13 April: 'Taking Respiratory Care Beyond the Rhetoric – Less Talk, More Action'. This has been widely advertised and Carol and the co-opted sub-committee have organised excellent speakers.

This edition of AIRWAYS provides articles which demonstrate some of the outstanding work and challenges faced by nurses and allied health staff working in respiratory health throughout Aotearoa New Zealand. I am sure many of these issues will resonate with you and the commitment undertaken to make a difference in improving respiratory outcomes. Sharon Hancock from Palmerston North describes her experience to date as a Registered Nurse prescriber from a respiratory perspective. There are articles from Northland on the challenges and barriers in primary care with providing respiratory support and spirometry services. There is also an article on pulmonary rehabilitation in Northland from a physiotherapy perspective. Louise Weatherall gives us an excellent synopsis of the recent SIREF education day held in February of this year.

The College of Respiratory Nurses NZNO is one of the smallest colleges and your committee works extremely hard to maintain this prestigious status. Mary Cox from Whangarei has been seconded on in January of this year, so we now have a full committee of eight. Each member plays an invaluable role and you can read in this

edition the details and responsibilities of involvement in participating in the national committee.

Michelle Hopley, current editor of AIRWAYS has now completed four years on the committee and is stepping down. Michelle organised the 2016 symposium in Hamilton and for the past two years has held the AIRWAYS editor position. She has managed this extremely ably and worked tirelessly to ensure that the articles are relevant, timely and provide a wide representation of work undertaken in those, not only working with respiratory disease, but also those afflicted with respiratory conditions. I thank Michelle for her commitment over these four years; her support of the committee members and gentle, wise guidance. Thank you Michelle, we will certainly miss you.

The new editor for AIRWAYS will be Carol George from Levin supported by Co-Editor Marilyn Dyer from Kaitaia. Both Carol and Marilyn have big shoes to fill, but I know that you are both embracing this role with enthusiasm and that the very high standard of AIRWAYS will continue.

Dawn Acker joined our committee last year and during that time has provided huge energy and commitment in her role of membership and treasurer on the symposium sub-committee. Dawn has recently undertaken a new professional role and has made the difficult, but totally understandable decision to stand down from the committee. At the AGM to be held at the Symposium in April we will appoint new members to the committee. We are constantly looking at succession planning. Should you be interested in working at a national level, please contact a committee member, whose details are on the back of AIRWAYS and on our website.

Thank you for your ongoing commitment and support of the committee and College. We always appreciate feedback on what we are doing well, but also if there are any gaps. Winter is looming. Please look after yourselves, as the demands of illness typically escalate in these months and can place enormous stress on staff.

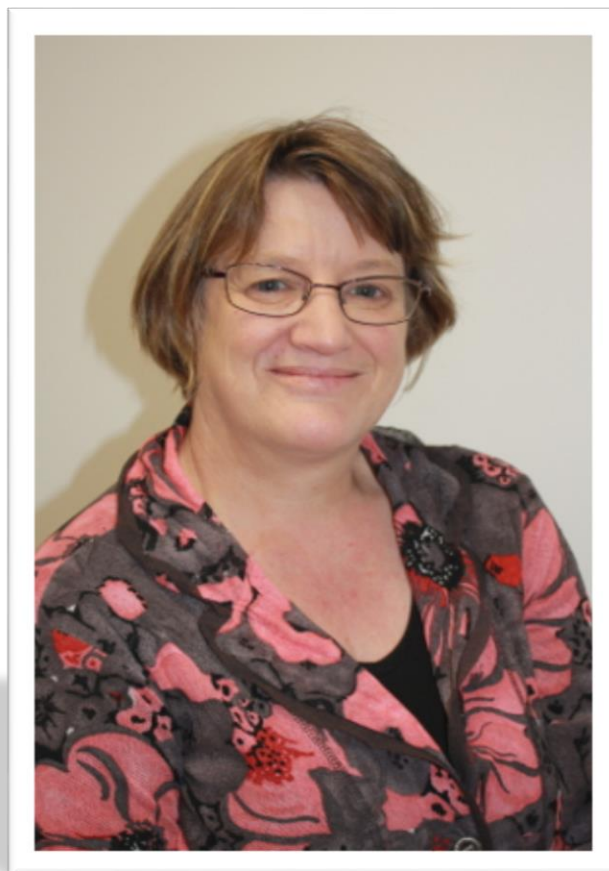
Hongihongi te rangi hou'
'Smell the fresh air'

Mary Gluyas
Chairperson

Congratulations to Carol George on Gaining Nurse Practitioner (NP) Status

The College of Respiratory Nurses NZNO committee would like to celebrate and congratulate Carol George from Wellington who received NP status 2nd February 2018. Carol has worked extremely hard and this achievement is a reflection of her passion, dedication and commitment to delivering high quality nursing care. Carol is an extremely caring person, and the patient has always been central to her practice. Horowhenua Community Practice is extremely lucky to have her on their team!

Carol is a current member of the Respiratory College committee and at the same time as ensuring all the requirements were met to achieve NP status, she was organising the upcoming April 13th 2018 Symposium – ‘Taking Respiratory Care Beyond the Rhetoric – Less Talk, More Action’. Carol we, the committee, are extremely proud of you and wish you well in your NP role. You truly are an inspiration for all nurses in Aotearoa New Zealand.



Taking the Care to the People – Spirometry Services in the Far North

Louise Larsen, RN, Whakawhiti Ora Pai Community Health Centre

My name is Louise Larsen. I work as a Practice Nurse for Whakawhiti Ora Pai (WOP). Being a newly Registered Nurse working in an isolated and rural area brings a whole new learning to nursing that books cannot fully describe. WOP is a health and social service provider situated in the beautiful Far North. We have 3 clinics based throughout the peninsula in Te Hapua, Te Kao and Pukenui staffed by two managers, five nurses, one doctor, the health promotion team, social worker and an administration team.



Louise with patient

Situated in such an isolated and rural area requires staff to be extra attentive and versatile as resources are often limited due to either lack of availability, financial limitations or access to appropriate services. One of the challenges as kaimahi (frontline workers) is getting other services not only onboard but also to follow up on progress. If services are having trouble getting to these outlying areas, then have a thought what whanau are faced with! Spirometry is one of the services that come to the community, delivered by Marilyn Dyer, Respiratory Nurse Specialist, Te Tai

Tokerau Primary Health Organisation. The referral process is reliant on effective communication between doctor, nurse, Marilyn and the patient. We are fortunate that WOP has a good relationship with Marilyn who accommodates many of the patients needs to the best of her ability.

Although the nurses are passionate about ensuring their patients are able to access and utilize the spirometry services provided, there are still barriers that impact on whanau due to a social environment that is out of the nurses' control. One of the main barriers is travel. Being a low socio-economic area with the nearest main township being 100km away whanau are at times unable to afford the fuel to attend appointments. If they are lucky enough to live close to a clinic even walking can be a barrier. If it rains they will not attend. Some patients forget they have an appointment or explain it is not a priority for them at that stage. This suggests patients' put their health on the back burner while other matters are addressed first. Some patients tend to decline because of past experiences of poor spirometry results and are too scared to attend to discover if they have deteriorated even further.

There are also many positives to having the spirometry service. Patients' gain new knowledge and education on what is available or more effective for their needs. They can be educated of the unknown and the cause and effect of their breathing patterns. Patients' are included in all discussions and plans are developed with the inclusive input of patient and/or whanau in a truly partnership model.

It is services like the spirometry that Marilyn provides to the outlying areas that keeps whanau involved providing opportunities for managing their own health. For WOP accessing the best service possible is something we continually strive for. It is about 'bringing the service to the people not making the people go to the service.' For me it is about continuing to learn which can only strengthen my practice in supporting the services that engage with this rural and isolated community.



The Pulmonary Rehabilitation Program at Northland DHB's Bay of Islands Hospital

**Nateele Howarth, Senior Physiotherapist, Bay of Islands Hospital, BHSc
(Physio), PGD (Manips), MHPrac (Hons)**

The Pulmonary Rehabilitation Program running out of the physiotherapy department of Northland DHB's (NDHB) Bay of Islands Hospital was set up two years ago by senior physiotherapist Nateele Howarth and physiotherapy assistant Michele Watene. Its primary purpose is to help decrease the frequent hospital admissions of COPD patients, by empowering, educating and increasing their activity levels. Operating twice a week for eight weeks, the classes comprise of one hour exercise, building up to 30 minutes of walking and 30 minutes of strength training followed by an education session.

Factors that influence patient commitment to this program include travel distance, socio-economic status, and health literacy. Unfortunately there are very few, if any, similar programs or even exercise classes operating in the district. For some clients, managing to consistently attend this program twice a week for eight weeks requires quite an effort. This year Broadway Health Medical Centre in Kaikohe are transporting their clients in their van – free of charge. This has drastically improved access to our programme.

We are fortunate to be able to run this program out of the Community Health building, rather than the main hospital building as it is well set up for our classes. There is easy parking outside, a gym and a long corridor for the walking aspect and understanding staff that now look both ways before leaving their office on class days! And don't forget the lovely "cuppa and kai" between exercising and learning.

Teamwork has been integral to the program's success. Michele and I have run the class together with excellent engagement from the local multi-disciplinary team including a Northland DHB social worker and occupational therapist and a PHO respiratory nurse. Also on the team are Whangarei Hospital-based pharmacist, dietician and speech language therapist. As many of the attendees are diabetic or pre-diabetic we have added an education session to the programme which is provided by the diabetes nurse. NDHB's Smokefree service is also used.



The

Dragon's Club and that long hallway!

The class has been a great success. One patient who had had 15 admissions in four years stayed out of hospital the entire winter after graduating from the class and only had one hospital admission in the following 12 months. Many patients report they now feel more empowered to better manage their condition and are more likely to seek appropriate and timely advice from health professionals. Many patients have returned to household tasks, walking to letterboxes, digging in their gardens, walking around town to complete jobs and even walking the beaches to pick up rubbish.

Due to the lack of exercise classes in the community, we were finding that patients who had attended the class were struggling to maintain their progress long term so we set up a weekly one hour maintenance exercise class called “Dragon’s Club” for graduates from the program. This provides not only exercise, but fun social interactions and comradeship which motivate the patients to stay more active independently between classes.

We also link in with Sport Northland through Green Prescription to help people stay active. Community classes are the next stage. I look forward to seeing how the program progresses in the future and the positive impact this has on the patients in our community.



Nateele (2nd from L) and the Dragon’s Club members enjoying kai and a cuppa

Reflections on my first year of Registered Nurse Designated Prescribing

Sharon Hancock, RN, MN, Nurse Practitioner Candidate
Respiratory Service, MidCentral Health

I am a registered general and obstetric nurse employed by Mid Central Health District Health Board (DHB) as a Clinical Nurse Specialist (CNS) within the adult (over 16 years of age) Respiratory service. I practice within a nationally endorsed Respiratory Knowledge and Skills Framework (The Thoracic Society of Australia and New Zealand & The New Zealand Nurses Organisation Respiratory Section, 2016). The patients I review and treat have a potential or definitive diagnosis of chronic obstructive respiratory disease (COPD), asthma, bronchiectasis, pneumonia or interstitial lung disease. They may also have multiple complex conditions and the associated complications and socio-economic issues many of these diseases accompany. I am also responsible for the management of the DHB wide domiciliary oxygen service and support the Sleep Service with the management of patients' prescribed bi-level ventilation either in the community or in a hospital setting.

I registered as a nurse in the UK in 1983 and practised in a variety of hospital and community settings there and subsequently in New Zealand. I was fortunate enough to have my post graduate education fully funded and graduated with a Masters in Clinical Nursing in 2012, completing a post graduate prescribing practicum in 2014 in anticipation of the upcoming legislation for Registered Nurse (RN) designated prescribing. I can appreciate that the time required and difficulty in gaining funding for education may be a barrier for some nurses. This year I have continued to expand my professional practice by commencing a position as a Nurse Practitioner (NP) Candidate within the Respiratory Service.

RN designated prescribing was promoted to remove another barrier for patients in receiving appropriate and timely care, leading to overall better health outcomes. The Misuse of Drugs Amendment Regulations 2014 and the Medicines (Designated Prescriber – Registered Nurses) Regulations 2016 legalised RN designated prescribing. This differs from authorised prescribing. I can prescribe from a specified

list but must work in a collaborative team with an authorised prescriber who is available for clinical supervision and case review. I have ongoing yearly competence assessments and a mentorship relationship with an authorised prescriber. It was important to gain both management and team support for this extension to my practice due to the requirement for supervision and audit and I have been fortunate to achieve both. As a CNS in Respiratory Services, I was the first RN at Palmerston North Hospital to become a designated prescriber in primary health and speciality teams, although Diabetes Nurse prescribing has been available since 2013 and has been proven to be safe and of high quality (Wilkinson, Carryer, Adams 2014).

In reflecting on the last (nearly year) of practising as a RN designated prescriber there are themes apparent. Other health professionals` (nurses included) opinions on RN prescribing can be diverse, sometimes from ignorance. I have been congratulated on being proactive in wanting to improve timely care and so the health status of the population we serve. A small minority have berated me for 'selling out'. Some do not understand the difference between an authorised NP prescriber and RN designated prescriber. This was not unexpected and was predicted to be something of a culture change (Wilkinson, 2015). However, with the enthusiastic Respiratory team and management support the reception has generally been very positive and as other RN`s become prescribers there has been improved awareness and understanding of the role. There are some frustrations; for example being unable to prescribe the 24 hour acting inhalers or differing types of nasal spray (Fluticasone but not Alanase – even if the patient is happy to pay the part charge). It would be more helpful if the generic class of medication i.e. long acting beta agonist, rather than a specific named medication were listed. I surmised that this may partly be due to funding charges on some medications. However positive aspects by far outweigh the negatives. Once I have explained my role, patients have been very positive and supportive about receiving prescriptions, or de-escalating prescribing, from a RN and appreciate the timely treatment. I have found my practice has been enhanced and it is more personally rewarding to be able to give a more complete episode of care. As we work holistically however prescribing is not the main part of my role, it is another tool in the ever expanding tool box we all use as nurses.

References

Ministry of Health (2014). *Misuse of drugs amendment regulations 2014*. Wellington, New Zealand; Author.

Ministry of Health (2016). *Medicines (Designated prescriber; registered nurses) regulations 2016*. Wellington, New Zealand; Author.

The Thoracic Society of Australia and New Zealand (New Zealand branch) & New Zealand Nurses Organisation Respiratory Nurses Section. (2016). *New Zealand adult respiratory nursing knowledge and skills framework 2016*. Palmerston North, New Zealand: Author

Wilkinson, J. Carryer, J. Adams, J. (2014). Evaluation of a diabetes nurse specialist prescribing project. *Journal of Clinical Nursing*; 23: (15-16) 2355-66.

Wilkinson, J. (2015). Proposals for registered nurse prescribing: perceptions and intentions of nurses working in primary health settings. *Journal of Primary Health Care*; 7:4, pp 299-308.

SIREF - The Lung Environment, 15th & 16th February 2018

Louise Weatherall, RN, PGDipHSc, BSc(Hons), Clinical Nurse Specialist
(Community Respiratory), Canterbury Clinical Network



Consumer engagement and integrated ways of working were just two of the topics that brought health professionals to the South Island Respiratory Educators Forum (SIREF). Hosted at The George Hotel with Hagley Park providing a beautiful backdrop to a capacity audience, it was a busy and productive day and a half, full of respiratory related information and ideas.

The opening address from Teresa O'Connor, Co-Editor, Kai Tiaki New Zealand, set the scene as she gave a spirited and hugely entertaining review of her impressions and views on nurses and nursing from her 25 years of observing the profession. She had interviewed a range of respiratory nurses for the June 2017 issue of Kai Tiaki and was impressed with the good work and progressive ideas from all over the country.

Consumer engagement was a theme evident in two of the presentations and in poster submissions. A presentation by Megan Karena RN (Rehua Marae) and Louise Weatherall RN (Canterbury Clinical Network-Community Respiratory Service) along with Kaumatua from the Marae, explained how an adaptive rehabilitation programme had been delivered and the positive outcomes achieved. The weaving together of two cultural approaches to health care delivery required special attention to flexibility and collaboration of everyone involved. A Marae based nurse who understands the needs of Kaumatua and Marae protocols was crucial to the success of the programme.



L>R: Louise Weatherall, Megan Karena and Rehua Marae Kaumatua

A presentation by Robyn Baird, Adult Cystic Fibrosis Clinical Nurse Specialist, Christchurch Hospital and Lisa Borkus, transplant recipient, continued the theme of consumer engagement in health care. The session gave an overview of lung transplant in New Zealand and the moving story of Lisa's personal experience of life before and after lung transplant. Lisa grew up with cystic fibrosis (CF) and discussed the huge change in management over the years using her personal story illustrated with photographs. A moving and compelling account of transplantation improving her quality of life.

Jenny McWha, CNS (Cardio Respiratory Integrated Specialist Services-CRISS) and Teresa Kilkenny CNS (Community Respiratory-Canterbury Clinical Network) presented an update on the Community Respiratory Nursing Pathway. There are three separate services providing specialist community based respiratory services in Canterbury and there has been some duplication of services as well as confusion for both clients and referrers. The development of a clear pathway for adults with lung

disease is important to prevent these issues and to ensure timely and appropriate care provided. To achieve this the Integrated Respiratory Nursing Services (IRNS) Work Group was established in May 2016. The purpose of this working group and resulting service is for people with respiratory conditions to be diagnosed early, and be supported to live and stay well in their preferred home. A year on from the launch date, referrals and outcomes are encouraging and justify the implementation of this vital service. An evaluation of the service is now underway to further improve the process and ensure outcomes for patients have been met.

A subject of great interest to the SIREF audience was interstitial lung disease (ILD). ILD refers to a collective group of lung disease affecting the lung parenchyma. Dr. Adrienne Edwards, a Christchurch Hospital Respiratory Physician with extensive experience in ILD and Donna Thomason CNS, (CRISS) with a particular interest in Idiopathic Pulmonary Fibrosis (IPF) are working together to improve the journey for patients with ILD. In the last 12 months, they have worked to develop an ILD multidisciplinary team meeting process to formalize the diagnosis and ongoing plan for patients with ILD. It is their vision to develop a pathway specifically for patients with IPF from diagnosis to End of Life in Canterbury. Development is going according to plan and it will be interesting for SIREF to re visit this topic at a future date.

Experiences of respiratory medicine in Tanzania was presented by Dr. Michael Maze, Respiratory Physician, CDHB. He provided an interesting guide to working in an environment which can be challenging with limited resources. His explanation of using 500ml plastic bottles as spacer devices demonstrated ingenuity and the necessity to adapt to unforeseen working conditions. He was positive about the future of respiratory medicine in Tanzania and despite challenges, is hoping to introduce pulmonary rehabilitation programmes, induced sputum training facilities and bronchoscopy training.

Throughout the Forum diverse speakers provided interesting and formative information on many aspects of respiratory healthcare. Air Quality in the Environmental and Occupational Environment was presented by Frank McDonald - Principal Environmental Scientist. A focus on New Zealand, the issues of air pollution was explained. The quality of our air is essential for good respiratory health.

It is a relief to know the air quality in New Zealand is good, and Christchurch air has improved since the regulation of domestic fire places.

Breathing Pattern Disorder presented by Patricia Goulter, Senior Respiratory Physiotherapist, Christchurch Hospital was another aspect of respiratory healthcare and provided an insight of hyperventilation syndrome. By using case studies of patients who had been treated, it highlighted how hyperventilation syndrome causes such a variety of symptoms that patients can go from one speciality department to another until someone recognises the abnormal breathing pattern and the patient can be better managed.

Respiratory nurses in general practice often encounter children with asthma. Issues in managing childhood asthma is straightforward in the majority of children, however asthma continues to be a common problem and management is difficult in a large number of patients. Associate Professor Philip Pattemore, Department of Paediatrics, University of Otago and Paediatrician, Canterbury DHB presented his view of the recent Asthma and Respiratory Foundation NZ child and adolescent asthma guidelines (2017). The useful algorithms for diagnosing and managing children at different ages with asthma as well as a stepwise approach to treatment is in line with most guidelines.

There was discussion about the recent debate whether stepwise guidelines encourage overtreatment of children with milder asthma as it is usually easier to step up than step down. Others have argued that attacks/exacerbations of asthma should be considered and managed in a different way from interval symptoms, and that stepping up therapy for this group may be inappropriate, because the issue is risk from attack, rather than overall control of asthma. New biological treatment agents like omalizumab and mepolizumab are increasingly used, but are expensive and still do not change the natural history of asthma. He concluded we may see changes in emphasis and approach in the future, but we will never get away from doing the basics right - education, checking adherence, technique, lung function, re-checking the diagnosis if necessary, having a clear plan for worsening asthma, minimising interference with daily living through appropriate use of symptom control medications and considering

the role of allergies and the upper airway. Checking the school and home environment is often helpful to understanding why things are not going as planned.

Other respiratory physicians concluded the forum with an update on TB by Dr. Teurai Chikura, Respiratory Physician, Canterbury DHB and a Research update by Associate Professor Lutz Beckert, FRACP, MD, MRCP (UK) Respiratory Physician, Associate Professor in Medicine, Otago. The research cited by Dr. Beckert included chronic breathlessness in COPD, tunnelled drains and lung cancer. All research is freely available at www.researchreview.co.nz.

Throughout the Forum all delegates were encouraged to move, exercise and breathe! Melissa McCabe DpSptSt Community Respiratory Programme Assistant, Community Respiratory Services, Canterbury Clinical Network provided exercise and fun during the breaks which kept everyone entertained and refreshed.



SIREF always provides good value from the venue to amazing speakers with passion and experience in respiratory care. If you missed out this year, come along in 2019. You will not be disappointed.

Asthma Auckland & Asthma New Zealand – The Lung Association

A letter to Professional Nurse Adviser NZNO Kate Weston re Merger



6 December 2017

Dear Kate

I am writing to let you know that Auckland Asthma Society Inc. (known as Asthma Auckland) and Asthma New Zealand - The Lung Association Inc. (known as Asthma New Zealand) have signed a memorandum of understanding to merge. The merger's purpose is to:

- Provide more asthma, chronic pulmonary obstructive disease (COPD) and respiratory-related services to more people in more places by consolidating asthma advocacy efforts throughout New Zealand
- Spend less on administration and more on reducing asthma, COPD and respiratory-related harm
- Reduce brand confusion in asthma and COPD health promotion and support
- Improve accountabilities

Both organisations are planning Special General Meetings in Auckland early in the New Year to approve the merger and the associated arrangements with the aim of the new entity coming into being before the start of the new financial year in April. The key steps in the process are as follows:

- Asthma New Zealand will be wound up and its assets distributed to Asthma Auckland.
- Asthma Auckland will amend its constitution to remove the restriction to the Auckland district.
- Asthma Auckland will change its name to Asthma New Zealand. The trust deed of the Asthma Education Charitable Trust (which is a charitable trust whose trustees are appointed by Asthma Auckland) will be amended to clarify that Asthma Auckland had changed its name.

The merger is being done in this way (rather than Asthma Auckland folding into Asthma New Zealand) because technicalities relating to each organisations' constitutions mean this will be the less complicated (and therefore more cost-

effective) process.

Following membership approval of the merger, the new entity will be governed by an inaugural board comprising the current members of the combined boards of Asthma New Zealand and Asthma Auckland. The inaugural board will then work with management to develop a strategy for the new entity and also determine the board's makeup for the longer term.

At this stage, there are no plans to change the organisational structure and operations. And should the merger gain members' assent, we look forward to working with you to ensure a seamless transition to the new entity.

Asthma New Zealand and Asthma Auckland have a strong track record of preventing asthma COPD and other respiratory conditions, and helping affected New Zealanders to live the best possible lives. The new entity will continue to focus on these goals and extending our record of success.

We value your ongoing support so please don't hesitate to let me know if you have any questions. Otherwise, we will be back in touch as the process unfolds over the coming months.

Yours sincerely

Robert Muir

President, Asthma Auckland and Asthma New Zealand

Grant Application Form College of Respiratory Nurses NZNO

Reproduced from the College of Respiratory Nurses NZNO 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 in furthering their education.

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

COST DETAILS	
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	Date

EVENTS FOR YOUR CALENDAR

Conferences/Seminars/Courses

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>

TSANZ New Zealand Branch Annual Scientific Meeting

15-17 August 2018

Heritage Hotel Queenstown

Online Registrations Open: March 2018

Young Investigator Submissions Open: March 2018

Earlybird Registrations Close: July 2018

Young Investigator Submissions Close: July 2018

<https://outshine.eventsair.com/QuickEventWebsitePortal/tsanz-2018/web>

National Asthma Council Australia

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

For further information: 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

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

2018 Asthma New Zealand – The Lung Association

1 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

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

Bay of Plenty

Contact: Lyn Tissingh, Nurse Manager

Ph: 07 577 6738, lyn@asthmabop.org.nz

Asthma Waikato

Further information is available by contacting: The Manager

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

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

Editors Note – If you have regular meetings for Respiratory Nurses in your area, email 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 2018

Role	Name	Email
Chairperson	Mary Gluyas	mary.gluyas@cdhb.health.nz
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Treasurer	Sharon Hancock	sharon.hancock@midcentralthb.govt.nz
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Committee Member	Dawn Acker	dacker@Enlivensld.nz
Committee Member	Mary Cox	mary@hauorawhanui.co.nz
NZNO Professional Nursing Adviser	Annie Bradley-Ingle	annetteb@nzno.org.nz



Back Row: L>R, Mary G, Annie, Laura, Marilyn, Dawn
Front Row: L>R, Carol, Sharon, Michelle. Absent: Mary C
Stepping down: Michelle & Dawn