



Newsletter of the (NZNO) Respiratory Nurses Section - May 2016

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Note from the Chairperson



“...may also be the last edition from the Respiratory Nurses Section, as we are aiming to achieve College status by June 2016”.

Welcome to the May edition of ‘Airways’, this being the first edition for 2016, but the last editorial I will be writing, as at the April Annual General Meeting (AGM) I stepped down after 5 years on the committee. It may also be the last edition from the Respiratory Nurses Section, as we are aiming to achieve College status by June 2016.

The last few months have been particularly hectic as we have been organising our symposium and ensuring that all the documentation required for College status is completed.

Our bi-annual symposium “Bridging the gaps in COPD care” was held on the 15th April 2016 at the Hamilton Airport Conference Centre. We had a variety of topics and expert speakers presenting on the day. We held our AGM at this meeting and many members attended this meeting.

At the AGM we presented the 2016 New Zealand Adult Respiratory Nursing Knowledge and Skills Framework (KSF) which was accepted by the members and has also been endorsed by the Thoracic Society of Australia and New Zealand . The committee will also consider applying to the National Nursing Consortium for their endorsement of the document.



I was privileged to work alongside Marina Lambert, Victoria Perry, Liz Fellerhof, Deborah Box, and Kirsten Lassey to update this document. Expert opinion was also sought from Sally Powell on the Non-Invasive Ventilation section. Thank you for your dedication to producing a quality document that defines the expected standards for respiratory nursing.

We also presented the College rules and a new logo to reflect our change to the College of Respiratory Nurses NZNO:



*‘Hongihongi te rangi hou’
‘Smell the fresh air’*

In this edition of ‘Airways’ we have mainly conference reports from the Respiratory Conference held in Wellington in November 2015, and a report from SIREF held in February 2016; thank you to Robyn Ingleton and Mary Gluyas for writing these reports. In addition to this we have an article from Sue Ward on the COPD Foundation. Sue was also fortunate to attend their annual symposium in Paris in 2015 and she has given us a brief taste of the presentations at that symposium.

Betty Poot
Chairperson
Respiratory Nurses Section NZNO



The COPD Foundation

Sue Ward, Respiratory Clinical Nurse Specialist (CNS), Hawkes Bay DHB

The COPD Foundation is an international not-for-profit organization created in 2004, with several offices established in America. Its philosophy is that not only health professionals but also consumers have equal representation and voice at the Foundation. Its mission is to prevent and cure Chronic Obstructive Pulmonary Disease and improve the lives of all people affected by COPD.

John Walsh, the Co-Founder and President of the COPD Foundation, was diagnosed with Alpha-1 Antitrypsin Deficiency in 1989 and after discovering that there was no research for this disease, set about campaigning and organizing research which eventually led to the formation of the COPD Foundation.

It was established to undertake initiatives that resulted in expanded services for COPD, with the Foundation's activities focused on achieving these outcomes through research, education and advocacy programs that will lead to prevention, and someday, a cure for this disease. It produces the International Journal of Chronic Obstructive Pulmonary Disease, COPD Digest, COPD Pocket Consultant guide and two informative reference guidelines for people with COPD; the Big Fat Reference Guide and the Slim Skinny Reference Guide: Coping with Your Chronic Disease. It also hosts COPD Praxis (Prevent and Reduce COPD Admissions through eXpertise and Innovation Sharing), as well as hosting a blog, the COPD Patient-Powered Research Network, the Bronchiectasis Research Registry, and the COPD Gene Study.

I was contacted by the COPD Foundation to attend the 2015 2nd-Annual COPD Global Patient Leadership Summit in Paris, France to present "Don't Forget to Breathe", an online book of which I am a co-author. This was a humbling experience as I had the opportunity to be the first New Zealand presenter in this international forum. The summit, held over several days, had representatives from over 20 countries, consisting of both health care professionals, people with COPD and their carers. It was facilitated by Monica Fletcher from Respiratory Education UK, and John Walsh.



There were many different presentations, all pertaining to COPD, as detailed below.

- Genetic COPD: Rabiya Taok, Beirut, Lebanon
- COPD in Urban Environment: Shirley Ngai, Hong Kong, China
- COPD in Rural Environment: Adel Khattab, Cairo, Egypt
- Online Community Management (COPD360social): Bill Clark USA
- Don't Forget to Breathe: Sue Ward, New Zealand
- History of the Czech COPD/Lung Patients Organization: Stanislov Kos, Prague, Czech Republic
- Pulmonary Rehabilitation: Thinking of the Patient's Needs: Jos Donkers, The Netherlands
- Report from September 17 advocacy meetings in Canberra: Ian Venamore, Australia
- How to influence government policy and advocate for better diagnosis and treatment: Lan Thi Thuyet, Vietnam
- Pulmonary Rehab and Air Travel for COPD Patients: Dan Smyth, Ireland.

As seen by the range of presenters, the COPD Foundation is a global organisation; and with a mixture of health care professionals and those with COPD represented this was a rich opportunity to learn what we are doing well and what we could do better.

A theme that was reflected throughout was the lack of facility for providing accurate diagnosis. This, alongside the barriers to access pulmonary rehabilitation, demonstrates the lack of emphasis on prioritising this disease worldwide.

Also discussed at length was the timing of World COPD Day as:

- November sees the start of 'Flu season in the northern hemisphere – not the best time for COPD patients to be out, about and active! Also days are shorter and the weather is unreliable
- It coincides with the 'months' of other conditions such 'Movember' (men's health/ prostate cancer) and also 'Pancreatic Cancer Month'. COPD tends to get overlooked and largely unnoticed outside of COPD circles. Media is largely concentrating on the cancers on an almost daily basis and has little time or interest for COPD.



Those at the Summit agreed that we do ourselves a disservice if we continue to hold COPD Awareness Month/World COPD Day in November and there is no logical reason for it to continue that way. All attendees were in favour of signing a Resolution to change COPD Awareness Month/World COPD Day to May (starting in 2017). On November 18 (COPD Day 2015) an official press announcement was made by the COPD Foundation, and submissions made to GOLD.

Outcomes and Next Steps

A number of topics were identified for action. These included:

- Seeking improvements in relation to flying with oxygen, and ease of passage through airports and major transport hubs.
- Getting involved with and supporting any clean air campaigns or directives – not just for traffic and agricultural pollution, but also domestic air pollution with the growing awareness of the shockingly high statistics for COPD in young girls and women using bio mass fuels to cook for their families
- Looking at the continuum of palliative care and provision of End of Life care for COPD patients in our respective countries, and seeking ways to sensitively engage patients in these issues
- Increasing patient involvement in COPD research
- Increasing use of social media to support people with COPD.

Going forward, I have been asked to represent New Zealand on the steering committee; as this is a Global organisation, it is essential that we continue to build on the achievements so far and continue to involve the consumer and the carer with policy formation and change. Web meetings are happening regularly now, and some members will be attending COPD10 in Birmingham, with the Foundation being successful at ensuring the consumer voice is heard at this prestigious meeting. The next COPD Global Patient Leadership Summit will be in Istanbul in September 2016; all Health Care Professionals attending will be accompanied by a consumer, and the aim is to have representation from at least 40 countries.

References:

<http://www.copdfoundation.org/About-Us/Who-We-Are/About-The-COPD-Foundation.aspx#sthash.8rW0mLJv.dpuf>



The New Zealand Respiratory Conference 5-6 November 2015

Robyn Ingleton, Clinical Programme Facilitator, Te Awakarangi Health Network

The New Zealand Respiratory Conference proved again why it is a major forum on respiratory issues in New Zealand, with over 200 delegates attending. Its long and successful history combined with the participation of both national and international experts provides the opportunity for thought provoking sessions and discussions. This year's conference was also a platform for the personal and moving stories of New Zealanders who live with respiratory diseases – helping people with respiratory disease live their lives well is of course the reason behind why respiratory health professionals do what we do.

The launch of the National Respiratory Strategy in November 2015 was discussed in detail in the last issue of Airways. The conference highlighted the goals of the strategy, which was presented to delegates as a practical tool and a call to action for respiratory health to be recognised as a national health strategy. All speakers linked their presentations to a strategy goal and presented innovative ways we can all work together to achieve them.

The conference was opened by former New Zealander of the Year, Dr. Lance O'Sullivan who shared his family's personal story. Lance's youngest son has recently been diagnosed with muscular dystrophy, and on the morning of conference was admitted to Starship Children's Hospital; but Lance felt so strongly about the appalling statistics of respiratory disease in this country that he took time out from his family to open our conference. He called respiratory disease the "rheumatic fever of the lungs" but the difference being that rheumatic fever has a high and political profile.

We heard from the parents of two Asthma Achievers winners - Tomairangi Pihema-Brown who lives with severe, brittle asthma and bronchiectasis and Ester-Jordan Muriwai whose dream it was to establish the Bronchiectasis Foundation. The Foundation was launched in April but sadly Ester-Jordan did not survive her disease to see her dream fulfilled. There were very few dry eyes after these extremely honest and moving presentations.



Both families emphasised that health professionals need to “Listen”. People living with respiratory disease need to be heard. This theme - to listen - was repeated by many presenters throughout the conference and is one that resonated with me.

A highlight was the lunchtime concert from the Sing Your Lungs Out (SYLO) choir and the Wellington College Choir. SYLO is a community choir for people living with chronic lung disease. Singing and participating in a choir has been shown to improve respiratory function as well as the mental and physical health of the choristers.

Over the two days of conference we were introduced to current New Zealand and international research and reminded that the management of asthma today is guided by research conducted over the past 50 years. We were urged not to let go of the basics such as the importance of checking inhaler technique. Projects were presented that are working towards addressing the striking inequalities in health outcomes seen for Maori and Pacific people with respiratory illnesses. The issues of respiratory diseases of poverty and the impact of deprivation on respiratory outcomes were also raised.

This very short report cannot discuss in detail and do full justice to the wide range of excellent presentations. However, all the presentations are available on the Foundation’s website:

<http://asthmafoundation.org.nz/news-and-events/2015-new-zealand-respiratory-conference/>

Congratulations to The Asthma Foundation for another excellent and stimulating conference.

I am already looking forward to The New Zealand Respiratory Conference 2016.



SIREF February 2016. “THEN & NOW”

Mary Gluyas, Respiratory Nurse, Ashburton Hospital

The South Island Respiratory Educator Forum (SIREF) celebrated thirty years of ‘innovation, education and research’ in respiratory services and was held over two days at The George Hotel in Christchurch. The conference began with a Mihimihi by Eru Waiti, Team Leader Maori Health Services CDHB.

Alison Wilkie, Honary Life Member of CanBreathe and organiser of the first educator forum, was the opening speaker and provided an historical account of the early years of respiratory services and factors that influenced patient education and the establishment of the South Island Respiratory Educators Forum, which began in 1996. These early years saw Alison work tirelessly to achieve goals of research, advocacy at a local and national level, and education for patients and families to help reduce the morbidity and mortality of asthma. SIREF remains an important means for updating and sharing of knowledge for nurses and other health practitioners with an interest in respiratory health.

Jai Chung, BN/MHealSc Nursing Student at Christchurch Polytechnic Institute of Technology CPIT, presented a literature review of compassion fatigue and burnout in nursing. This phenomenon has only recently been recognised in New Zealand (NZ), noticeably in stressful environments such as the Christchurch earthquakes. Jai suggested that an increase in understanding of compassion fatigue requires more research and appropriate interventions to fit the NZ context, along with education to prevent nursing burnout and thereby enhance patient safety.

Katie Verd, who is the product and programme manager for Pegasus Health, introduced the Patient Portal. This is a secure on-line website which would allow the patient to access their personal health information. It also streamlines information between primary and secondary care. This approach encourages patient engagement and responsibility for their health.

Tory Crowder, Dietitian Christchurch Hospital for Adult Cystic Fibrosis, presented on the advantages of in-home telehealth for patients, especially those that would have to travel large distances. This approach was trialled in 2015 to provide “better, sooner, more convenient” access to the specialist team, reducing the frequency patients had to travel to see the team.

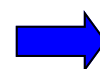


This reduced travel time, cost, risk of cross infection and facilitated better self-management. This has the future potential for management of patients with other chronic conditions, along with pulmonary rehabilitation.

Dr Paul Chin, Clinical Pharmacologist, Department of Pharmacology for Otago University at Christchurch District Health Board (CDHB), discussed Health Pathways in the hospital environment. These pathways provide online guidance and agreement on treatment management for inpatient management. A hard copy publication for condition management (The Blue Book) was printed and distributed to all new doctors. This will be incorporated into the pathways and presented in a more user friendly and accessible format, and also enable real time updates without the need to reprint and redistribute a hard copy. The Blue book is still available, but will gradually be phased out by these pathways. There is a feedback option on the web page for comments.

John Hewitt, Clinical Nurse Specialist, Project Clinical Lead Quality and Patient Safety at Christchurch, presented on 'Technology in Clinical Practice', discussing the CDHB project on moving towards an electronic interface in wards to replace patient charts. In the Observations Project currently run in Ward 28 observations are digitalised, resulting in patients being seen in a timely manner, an appropriate care plan, and improved care. The pilot phase of this project will be completed at the end of February, and will gradually be rolled out to other departments in the hospital and the rest of Canterbury. The Ministry of Health Statement of Intent for 2014-2018 identifies three high-level outcomes: New Zealanders to be healthier and engaged with their own health care, high quality health delivered in a timely manner, and sustainability. The progress towards having Patient Portals and a single electronic health record which consolidates health information are progressive steps towards this goal.

Maureen Swanney, Scientific Director of Respiratory Physiology Laboratory at Christchurch Hospital, provided an interesting history of spirometry and other lung function tests. She discussed the importance of robust quality spirometry in order to correctly diagnose some respiratory conditions, especially COPD. This includes training of staff and then demonstrating competency, and encouraged those wishing to provide spirometry to attend a course to attain competency. The Gold Lung Initiative 2012 has advocated a global and new statistical approach to spirometry.



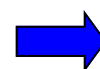
Sally Powell, CNS Sleep Health and Judy Jones, Community Respiratory Nurse gave an account of the development of sleep medicine, with the first Sleep CNS being appointed in 2004. In 2009 primary care become involved in assessments for excessive daytime sleepiness, and the serious health implications of having Obstructive Sleep Apnoea (OSA) is now well recognised.

Dr Amanda Landers and Dr Rachel Wiseman discussed the unique management challenges patients with advanced COPD demonstrate. Current 'gaps' in the literature include difficulties in identifying patients with advanced disease, prognosis, coordination of care, accessibility of services, difficulties with transition points, advance care planning and the role of specialist palliative care.

Dean Ramage, fifth year medical student at Christchurch School of Medicine completed a research project with the Canterbury Clinical Network investigating the factors associated with non-attendance to Pulmonary Rehabilitation (PR). Despite GOLD listing PR as an essential non-pharmacological management tool for COPD, only a small number of people with COPD are referred for this, and over 50% of patients referred do not attend a single session. Dean's research found that patient buy-in is critical. Enhancing information sharing that is "relatable, relevant and really good" throughout the referral process is important. 'Out of hours' programmes and rebranding the title 'Pulmonary Rehabilitation' are further suggestions.

Trish Goulter, Senior Respiratory Physiotherapist at Christchurch Hospital and David Chen, Community Respiratory Physiotherapist, discussed the history and development of respiratory physiotherapy and subsequent pulmonary rehabilitation was presented by Trish Goulter. David Chen went on to talk about the future of providing services, including through Telehealth.

Jeanette Dallas, Nurse Clinical Lead Practice Development Unit at Christchurch Hospital presented on Healthlearn, an on-line learning platform for staff developed by CDHB. This platform can provide a range of education topics and allows staff to complete or commence education for various competency requirements from anywhere; this includes staff orientating before moving from overseas. A four hour on-line Respiratory Fundamentals session for nurses is under development, based on the Knowledge and Skills Framework, and will shortly be available.



The Healthlearn platform is currently available in Canterbury and the West Coast and plans are underway for access to be extended across the South Island DHBs.

Dr Lutz Beckert, Respiratory Physician and Professor of Medicine, Otago, challenged our thinking about COPD. Not all patients who smoke develop COPD, and not all patients with COPD have smoked. Some people start life with small lungs, and five factors of childhood disadvantages are thought to be as bad as a 30-pack year history of smoking to have COPD at the age of 60: Childhood respiratory infection, parental smoking and a mother, father or sibling with asthma. In the future we will look forward to two major projects bringing us new insight: RASP-UK, and U-BIORED. From 1st March LAMA/LABA combination medications will be available for patients with COPD, along with new inhaler options, new medication combinations and generics. For asthma control, GINA Guidelines recommend using the term 'flare-up' rather than 'exacerbation' for asthma. This is to signal to the patient that their asthma hadn't "gone away".

The last 30 years have laid the foundations for the way of the future in Respiratory Medicine. We celebrate those who have paved the way and embrace the future, which is both exciting and challenging, as we keep pace with technology.

A huge thank you to the SIREF crew for all their time and energy in organising this conference.





EVENTS FOR YOUR CALENDAR

Conferences/Seminars/Courses

TSANZ/ANZSRS New Zealand Annual Scientific Meeting 17-19 August 2016

17 August – Nurse and Trainee Day

Hilton Hotel, Queenstown

For further information: <http://www.thoracic.org.au/events/category/nz-branch-events>

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

2016 Hutt Valley District Health Board Respiratory Course

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.

Next course 23rd June 2016

For further details and to register your interest contact:

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.

To register expressions of interest please contact

Carol Fitzgerald, Respiratory Clinical Nurse Specialist, Dunedin Hospital

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





2016 Distance Learning: Asthma & COPD - Level 7 Courses

Nursing

Asthma New Zealand/Unitec

Semester Two: Asthma Course starts July 18th 2016

For further information contact: Ann: 09 623 4777 annw@asthma-nz.org.nz

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

2016 Asthma New Zealand

1 Day – 6 hours 'Neat' Asthma Course for Registered Nurses

June 15th, September 21st,

School NEAT - July 6th

COPD ½ day - July 19th, October 19th

Further enquiries for any of these events phone (09) 630 2293

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 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





2016 COPD and Asthma 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 on your nearest course email the national education services manager, Teresa Demetriou: teresa@asthmafoundation.org.nz or call (04) 499 4592

Peer Group Meetings

Bay of Plenty

Asthma & Respiratory Management, BOP Inc.

REPS (Respiratory Educators Peer Support) 2016

13th July, 28th September, 7th December

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

Wellington

Wellington Regional Respiratory Nurses Forum

For 2016 dates contact Betty Poot

Contact: Betty Poot:

betty.poot@huttvalleydhb.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 I can put the information in the next newsletter.



Respiratory Nurses Section (NZNO) Committee Members 2016

Role	Name	Email
Chairperson	Louise Weatherall	Louise.Weatherall@ccn.heal
Secretary	Chris Rothman	chris.rothman@wdhb.org.nz
Treasurer	Sharon Hancock	sharon.hancock@midcentraldhb.govt.nz
Committee Member	Michelle Hopley	mish-mash@clear.net.nz
Committee Member	Peter Cole	peter.cole@bopdhb.govt.nz
Committee Member	Mary Gluyas	mary.gluyas@cdhb.health.nz
Committee Member	Erin Morris	erin.morris@xtra.co.nz
Committee Member	Carol George	carol.george@ccdhub.org.nz
NZNO Professional Nursing Advisor	Annie Bradley-Ingle	annetteb@nzno.org.nz