



# The Outlet

*New Zealand Stomal Therapy Nurses*

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MARCH 2015

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# The Outlet

*New Zealand Stomal Therapy Nurses*

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### ENCOURAGING MEMBERSHIP

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EASY MEMBERSHIP SUBSCRIPTION CAN NOW BE GAINED ON THE WEB SITE  
[www.nzno.org.nz](http://www.nzno.org.nz)

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

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# NZNOSTS Section: Chairperson's Report

MARIE BUCHANAN

## Hi and welcome to the first “The Outlet” journal for 2015 from your new NZNOSTNS committee.

My name is Marie Buchanan and I am humbled to have been asked, and accepted, to take on the position of Chairperson for the NZNO Stomal Therapy Section for the current term. I look forward to the challenge and am excited to be representing fellow Stomal Therapy Nurses through this position.

Firstly I would like to thank the outgoing Chairperson Maree O’Conner for her leadership and dedication to the committee over the past term. Also the outgoing committee members Nicky Bates, Lorraine Andrews, and Maree McKee for all their hard work and commitment to the section during their term. Nicky’s commitment to treasurer was outstanding and much appreciated especially during the conference registrations/organisation. It is without a doubt that Lorraine and Maree brought The Outlet magazine up to a standard we are all proud of and eager to contribute to. Thank you Ginnie Kevey-Melville for your previous hard work as secretary and committing to continue on for another term.

At the BGM, which was held during the conference on 5th November 2015, 4 new committee members were elected; Bronney Laurie, Jackie Hutchings, Mary Vendetti and Sophie Wallace. Unfortunately Sophie had to withdraw her election and the committee has seconded Sharon Elson onto the committee to fill this position. Thank you Sharon for accepting our request. I look forward to working with all the committee members and thank them all for their commitment to the Stomal Therapy Section by making themselves available. I am sure we will work well together and I look forward to achieving the goals set out for the section over the next 2 years. Lorraine Ritchie continues as our NZNO Nurse advisor and I look forward to working with her to reach our goals and thank her in advance for her support and guidance within the committee.

I would like to extend a big thank you to the previous committee members for the organisation and well run conference held in Auckland in November. It was very rewarding to see so many members attend the conference and the feedback received was that it was well run, informative and educational which is great to hear.

It certainly makes all the hard work of the committee members well worth it. I hope you all enjoyed the social function as much as I did, great to have the opportunity to relax and enjoy each other’s company. I hope you enjoy the full report and photos included further in this publication.

The new committee held its first teleconference in December which gave us an opportunity to welcome everyone and confirm committee positions which are outlined in the committees’ profiles in this publication. Our first face to face in Wellington on Feb 25th was a great success with goals set and further work done on the many policies and plans needing to be completed in preparation for our Section to transition to College. The main focus for the committee for this term is to see the previous committees’ hard work completed so as to achieve the transition from Section to College status. This is an exciting time but I also acknowledge there is a lot of work to be completed but believe that by working as a team we will be able to achieve this. (See full report on Section to College further in this publication).

The date and venue for our next conference has been set and it will be hosted in Christchurch on 27th and 28th October 2016, so save the date. We aim to be celebrating our College status!

We will keep you well informed of our progress in each “The Outlet” publication but if you wish to have further information on any matters arising please feel free to contact myself or one of the committee members who will be only too happy to assist you. Please do not hesitate to put forward any concerns you may be experiencing and would like support or information from the committee. As we are all well aware the procurement contract is currently under review. To date we have had no feedback or information in regards to what stage the review is at. If this process is or has caused any concerns within your area we would be very interested in hearing about them. Any information or progress will be circulated as/if we receive it.

Thank you all for your ongoing support and commitment to your role and as a member of the NZNOST section.

Kind regards  
Marie Buchanan, Chair NZNOSTS

## Together we Achieve More

## Introduction profile and roles of new committee

### MARIE BUCHANAN

*Chairperson NZNOSTS*



I have been nursing now for several years, 18ish as an enrolled nurse and 12ish as a Registered Nurse. 10 of these have been as a

Stomal therapist on the Northshore of Auckland.

I carry my EN practice very proudly with me as I believe it provided me with the solid foundation of my practice which is based on compassion, integrity and caring. Completing my degree in health science in 2001, provided me with the sound knowledge base to complement my nursing practice which enabled me to grow and become an autonomous, holistic practitioner.

It is a privilege to be the chairperson of the section and I will represent all STN's to the best of my ability. I am committed to leading the committee as a team to achieve our goals and act as advocates for all STN's. I am very passionate about Stomal therapy and find this area of nursing to be one of the most rewarding areas I have practiced in. My clients have taught me so much about life, resilience, acceptance and patience which I acknowledge and thank them for.

I am currently employed at Waitemata DHB as an Ostomy Clinical Nurse Specialist and am based in the community on the Northshore of Auckland. In my "off" time I enjoy family life with my husband and beautiful 16 year old twin daughters who are my pride and joy. Life is pretty good to me.

I look forward to the challenges ahead and achieving our goals together.

### GINNIE KEVEY-MELVILLE

*Secretary NZNOSTS*



I currently practise as a Clinical Nurse Specialist/District Nurse for Northland DHB.

I have three roles within my position - stomal therapy, continence and district nursing. I work four days a week, and practice stomal therapy two days and district nursing two days. The stomal therapy role involves caring for patients/clients and whanau in the pre-operative, post-operative, discharge and rehabilitation stages.

The stomal therapy team consists of three nurses working in hospital and community settings Northland wide. I am passionate about stomal therapy, and ensure clients receive a comprehensive assessment/reassessment, education and holistic care.

In 2001 I completed the Certificate in Stomal Therapy at Waiariki Institute of Technology. I have continued to complete and update my Professional Development Recognition Programme portfolio (Expert Level) every three years.

I was elected onto the committee in November 2011, and volunteered for the role of secretary in November 2013. This has proved to be challenging, and at times pushes me out of my comfort zone. I am enjoying the new learning opportunities, and the team work this involves. The transition from Section to College is challenging and exciting! I continue to be motivated and committed to serve the membership.



## Introduction profile and roles of new committee

### MARY VENDETTI

*Treasurer NZNOSTS*



I am currently employed at Auckland District Health Board; I cover Auckland City Hospital, Starship Hospital and Auckland Central Community.

I work full time as a clinical nurse specialist ostomy. I am one of the last graduates of the stomal therapy certificated course from Wairakei Polytech in Rotorua. I am quite passionate about my role, motivated, reliable and caring. I strive to maintain high standards in delivery of care particularly with the heavy workload we have at ADHB.

I believe I have good communication skills and I take time to listen.

I am nervous, but very keen to be a part of this committee; I aim to build upon my professional knowledge base and to be an advocate within the national sector for both colleagues and patients.

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### JACKIE HUTCHINGS

*Co-editor The Outlet*



I began my nursing training at Dunedin Hospital in 1974 and then on completion I worked at National Health Statistics in Wellington which was really interesting.

In 1982 we shifted to Invercargill where I worked in the surgical ward where Bernadette Hart was my Charge Nurse. As she became unwell I took on her role with the Ostomy patients. In 1985 following her death Southland Hospital Board let me

establish the Stomal Therapy role as a memorial to her. By the time I did the second NZ Stomal Therapy course in Wellington in 1986 I had been learning from the patients for 2.5 years and was beginning to think I knew what I was doing but you never stop learning!

In 1997 we shifted to Christchurch where I did night shift at the weekends as a supervisor at The Princess Margaret Hospital and in 2001 while continuing this I also worked weekday mornings as a Stomal Therapist at Nurse Maude. Eventually I stopped the nights and gradually my hours increased and I now work full time again. I really enjoy working with our patients, every day is different and the challenges and rewards are stimulating.

I am married with three children and have to keep working (forever it seems) as all three of them are at University at the ages of 28, 26 and 22 - where did I go wrong!!

## Introduction profile and roles of new committee

### BRONNEY LAURIE

*Co-editor The Outlet*



**I am Bronney Laurie.  
I am the STN for the  
South Canterbury  
region.**

I began nursing in 1987 as an Enrolled Nurse working in Elderly care, Surgical and Medical wards. In 2006 I completed my Bachelor of Nursing

and worked in ICU/CCU and Operating Theatre for the last three years before obtaining the STN position. I completed my Graduate Certificate in Stomal Therapy last year and enjoy this role immensely. I hope that being a part of the committee will enhance my knowledge base and I am looking forward to being a part of the team. On a personal note, I am happily married, have three children, two step-children, one grand-daughter and two on their way - very exciting. Life is good at the moment and I intend to enjoy it!

---

### SHARON ELSON

*Committee Member*



**I qualified as a registered  
nurse in the UK in  
1991 and worked  
in general surgical,  
trauma orthopaedics  
and colorectal surgical**

**settings before moving to New Zealand  
in 1998.**

Following further surgical ward experience I moved into Stomaltherapy nursing in 2001. After completion of the Post Graduate Certificate (NSW) in 2003 I became a Clinical Nurse Specialist at Capital & Coast DHB, a position I held until 2008.

I am currently a District Nurse at Hawke's Bay DHB where I also provide leave cover for the Stomaltherapy CNS. I have a lifestyle block 20km south of Hastings, with a growing number of livestock and have an interest in sustainable living. I am an active member of the local volunteer civil defence group and a recreational cyclist.

---

### LORRAINE RITCHIE

*PNA NZNO*



**Lorraine Ritchie is a  
Professional Nursing  
Adviser with NZNO  
based in Dunedin and  
covering the southern  
region.**

She also has responsibility for three sections and co-ordinating PHC PDRP as well as other national work. Lorraine has a background in aged care nursing and has recently graduated (December 2014) with her PhD on meaning and medication for older people. She enjoys working with the stomal section and supporting them and learning about the important nursing work they carry out on a daily basis.



## 2015 Omnigon Educational Grant Program

Omnigon is committed to supporting ongoing contemporary practice aimed at continually improving stomal therapy in Australia and New Zealand. Therefore we would like to support practising Stomal Therapists in presenting stomal therapy papers or posters at the 40th National Conference of the Australian Association of Stomal Therapy Nurses.

Five Educational Grants are available, each valued at up to \$1,500. Omnigon will reimburse the grant recipients towards meeting conference costs for attending the 40th National Conference. The Conference will be held from 5th to 7th October 2015, in Melbourne Australia.

### Selection Criteria

- Notify your intention to apply for an Omnigon Educational Grant by Friday 24<sup>th</sup> April to Tiffany Everett [tiffany@omnigon.com.au](mailto:tiffany@omnigon.com.au)
- Submit an abstract by July 3rd 2015 to the AASTN, as per the published guidelines [www.apfcp2015.org/abstracts](http://www.apfcp2015.org/abstracts)
- Upon notification of acceptance by AASTN, submit an Educational Grant Application to Omnigon, with a copy of the accepted abstract to Tiffany Everett at [tiffany@omnigon.com.au](mailto:tiffany@omnigon.com.au)
- Abstracts will be reviewed by the Judging Panel and the successful applicants notified by 1st September, 2015. The Judging Panel will comprise;
  - Representative from the AASTN Education Subcommittee
  - Representative from the AASTN National Executive
  - Omnigon Sales & Marketing Director
- Educational Grant recipients will be asked to submit an article based on their abstract to The Journal of Stomal Therapy by 15th April 2016

### Selection Guidelines

- The judges decision will be final and based on the following criteria;
  - Demonstrated integration of theory and practice
  - Utilisation of advanced Stomal Therapy Practice
  - Development of Stomal Therapy Nursing Practice
  - Supports the conference theme of 'Preventative and Proactive strategies in Stomal Therapy Nursing'

# Co-editors Report

BRONNEY LAURIE AND JACKIE HUTCHINGS

**We have taken on the role as co-editors of The Outlet and are finding it quite daunting as we come to grips with this.**

Lorraine Andrews and Maree McKee, the previous editors, did a wonderful job over the previous two years and so we now have big shoes to fill!

We would like to apologise for the late publication for this edition of The Outlet. It has been a huge learning experience putting everything together and getting it off to the publisher. We would like to thank Blacksheep Design for all their help with this. We will attempt to have the July and November issues out on time.

The Outlet can only be as good as the material we receive. Please consider sending us any articles, case studies or research papers with a New Zealand flare. We are aware that this edition has a lot of Section information as we need to disseminate this information to all our members following the biennial conference held last November.

You could also consider sending information on any new initiatives or educational materials you have developed in your area that may benefit other Section members.

If you have clinical issues you would like to highlight or problem stomas that you would like to photograph and send in (with permission) these could be opened to discussion so other Section members could reply directly to you with proposed solutions.

**This publication is yours but we need your help!**

# Updating National Contact Information

## The National Contacts list on the NZNO Stomal Therapy Section website is very outdated.

There have been many changes around the country since it was written. Can you please assist us with updating this by completing

the form below and ensuring each person at your DHB covering stomal patients also completes a copy.

This is a very valuable resource when you have a patient transferring or holidaying in another area or if you just want to contact another stomal therapist for assistance with a query or to discuss an issue especially for those working in isolation.

<b>Name:</b>	<hr/>		
<b>Title/Role:</b>	<hr/>		
<b>DHB:</b>	<hr/>		
<b>Postal Address:</b>	<hr/>		
	<hr/>		
<b>Telephone (and extn):</b>	<hr/>		
<b>Cellphone (optional):</b>	<hr/>		
<b>Pager:</b>	<hr/>		
<b>Fax:</b>	<hr/>		
<b>Email:</b>	<hr/>		
<b>Hours:</b>	<hr/>		
<b>Geographical area covered:</b>	<hr/>		
<b>Please indicate:</b>	<input type="checkbox"/> Hospital	<input type="checkbox"/> Community	<input type="checkbox"/> Both

Please complete, scan and email to [jacquelynh@nursemaude.org.nz](mailto:jacquelynh@nursemaude.org.nz)

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# Coloplast Mio WCET Educational Scholarship 2016 (in association with the AASTN)

**Coloplast would like to offer a maximum of 3 x \$2,500 educational scholarships to attend the WCET conference in Cape Town, South Africa (March 13-16 2016)**

## Objective:

Coloplast recognises the need to create innovative educational experiences for all nurses. Coloplast has 3 scholarships on offer to be awarded to financially assist a registered STN in Australia or New Zealand to attend the World Council of Enterostomal Therapists conference in Cape Town, South Africa. (Scholarship is not transferable and must be used to attend this conference)

## Scholarship Application Guidelines:

Applications must be with Coloplast by 5pm on 30th August 2015.

All applications will then be sent together to the AASTN Executive for impartial judging.

A decision will be made in late September 2015. Incomplete applications will not be considered.

## What must you do?

- A completed Educational Scholarship application form available from [www.coloplast.com.au/Mio](http://www.coloplast.com.au/Mio) Scholarship
- Complete a case study using the New SenSura Mio. This may include, but is not limited to, how Mio has helped improve the life of an Ostomy patient, how Mio has helped deal with a difficult stoma, how has Mio changed your nursing practice etc.
- Write a one page letter of motivation (How will you benefit from participating in WCET)
- Obtain written verification from your employer that you are able to be released to attend the conference and abide by your "Health Care Professional Code of Ethics"

**The winners will be invited to present their case study at the Coloplast Evening Gala Function at the AASTN Tripartite Conference on Monday Oct 5, 2015**

## Upon returning to Australia/New Zealand the winners of the Educational scholarships will also be required to:

- Complete a reflective review on the key learning's and experience gained from the WCET conference.  
This must be complete by July 2016. It will then be published in the Journal of Stomal Therapy Australia.

**Scholarship applications open from Feb 10th 2015 until August 30th 2015.**

**Completed Application Form along with Sensura Mio Case Study must be received by Coloplast by 5pm on 30th August 2015.**

**All applications will then be sent together to the AASTN executive for impartial judging.**

**For more information please contact your local Coloplast Territory Manager  
or Jenelle Guest, Ostomy Market Manager – Coloplast, [aujegu@coloplast.com](mailto:aujegu@coloplast.com), 0448 372 619**





# History of Bernadette Hart Award

JACKIE HUTCHINGS

Bernadette Hart was a friendly, warm, outgoing, capable woman with a love of her work and her patients. Interested in furthering her education in Stomal therapy she attended national seminars and was welcomed onto the Enterostomal Therapy Committee becoming Treasurer when the National section was formed.

Bernadette was sponsored by the Southland District Health Board to attend the first New Zealand Enterostomal therapy Course in 1984 but unfortunately ill health prevented this.

Bernadette Therese McTigue (known as Tiggy) was born in Southland, 12 October 1933. Before marriage she completed her General Nursing training at the Southland School of Nursing. Her first love was surgical nursing and she worked in a surgical ward at Southland Hospital, then took leave to complete her maternity training at Timaru Hospital and later the one year post graduate Nursing Diploma in Wellington in 1965. On her return she became ward sister of ward 9 (Surgical) until her death.

Bernadette chose to be cared for at home by family and friends. She planned her Requiem Mass and funeral and as always she was a wonderful organiser. She died aged 52, survived by her husband

Lovell. Bernadette is buried at Green Point Cemetery in Bluff overlooking the sea.

Rachel Peek, former Matron of Southland Hospital and long time friend of Bernadette, said she was an outstanding person, loved by everyone at Southland Hospital. She had a wide range of interests, a great compassion and empathy for people and was an extremely knowledgeable person.

An obituary in the Southland Times of Bernadette's life included a history of her nursing career. It stated she was an outstanding nurse who had worked for the Southland Board for 30 years. She was interested in all aspects of nursing and education and especially interested in the care of patients with ostomies, working both in the hospital and community to assist these people.

Memories of Bernadette will remain for many people and it was a fitting tribute to her life that the Bernadette Hart Award and criteria was established all those years ago and is still alive today.

Written by Betty Vodanovich, Life Member, NZNO Stomal Therapy Section in 2005

On a personal note I worked as a Staff Nurse for Bernadette Hart in Ward 9. She was an amazing lady and I learned so much from her. One of her dreams was for Southland to have a Stomal therapist. I was fortunate enough to become that person. I was also lucky enough to have Mrs Hart as a resource person as I started into the role. We spent many hours on the phone discussing stomal issues through the months of her illness. I would never have managed without her support, information and inspiration.

In 2013 I was fortunate in being awarded money from the Bernadette Hart Award to attend the AASTN conference in Hobart.



# Application for Bernadette Hart Award

## CRITERIA FOR APPLICANTS

- Must be a current full or life member of the NZNO Stomal Therapy Section for a minimum of one year
- Present appropriate written information to support application
- Demonstrate the relevance of the proposed use of the monetary award in relation to Stomal therapy practice.
- Provide a receipt for which the funds were used
- Use award within twelve months of receipt

- Be committed to presenting a written report on the study/undertaken or conference attended or write an article for publication in The Outlet or to present at the next national conference

## APPLICATIONS CLOSE 30TH NOVEMBER (Annually)

### SEND APPLICATION TO:

**Ginnie Kevey-Melville**

**Email:** ginnie.kevey-melville@northlanddhhb.org.nz

## BERNADETTE HART AWARD APPLICATION FORM

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone** Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mob: \_\_\_\_\_

**Email:** \_\_\_\_\_

## STOMAL THERAPY DETAILS

**Practice hours** Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

**Type of Membership** ☐ FULL ☐ LIFE

## PURPOSE FOR WHICH AWARD IS TO BE USED

(If for Conference or Course, where possible, please attach outlined programme, receipts for expenses if available)

- Outline the relevance of the proposed use of the award to Stomal Therapy

## EXPECTED COSTS TO BE INCURRED

**Fees:** (Course/Conference registration) \$ \_\_\_\_\_

**Transport:** \$ \_\_\_\_\_

**Accommodation:** \$ \_\_\_\_\_

**Other:** \$ \_\_\_\_\_

Funding granted/Sourced from other Organisations

**Organisation:**

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

## PREVIOUS COMMITMENT/MEMBERSHIP TO NZNO STS

**Have you been a previous recipient of the Bernadette Hart award within the last 5 years?** ☐ No ☐ Yes (date) \_\_\_\_\_

**Please Indicate ONE of the below:** (please note this does not prevent the successful applicant from contributing in both formats).

☐ Yes I would be submitting an article for publication in 'The Outlet' (The New Zealand Stomal Therapy Journal).

☐ Presenting at the next National Stomal Therapy Section Conference.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

# CSSANZ Nursing Scholarship 2015

## PURPOSE

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To promote the collegiate relationship between nursing and medical professionals involved in the specialty of colorectal surgery, the CSSANZ will award a scholarship for a nurse to attend their annual spring meeting. For 2015, the Colorectal Spring Meeting will be held at the Melbourne Convention and Exhibition Centre from the 5th to the 8th October.

## AWARD VALUE

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The scholarship will cover registration to the annual CSSANZ Spring Meeting, an economy class airfare, accommodation and A\$500.

## ELIGIBILITY CRITERIA

---

Applicants must be:

- Currently registered by their relevant professional body in either Australia or NZ
- Currently working in the field of colorectal surgery in Australia or NZ
- Able to attend the CSSANZ Spring Meeting within or outside Australia.

## PROCESS

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Submit an article suitable for publication in a Nursing Journal. The article should cover a colorectal topic and may be in the form of, but not limited to:

- A clinical case study.
- Research project.
- Book review not previously published.
- Educational poster or teaching tool.
- Professional issue pertinent to Colorectal Surgery.

The article (preferably in electronic form), plus a completed official application form with a copy of current nursing registration, to reach the CSSANZ Secretariat, secretariat@cssanz.org or Suite 6, 9 Church St, Hawthorn, VIC 3122, Australia by **3 August, 2015**.

Late applications will not be considered. The scholarship award is not transferable.

## SELECTION CRITERIA

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The judges' decision will be final and based on the following criteria:

- Presentation
- Originality
- Appropriateness to nursing and colorectal surgery
- Demonstrated integration of theory and practice
- Suitability for publication

## CSSANZ Nursing Scholarship 2015 - Application Form

Name	Title	First Name	Last Name
Address			
	State	Postcode	Country
Email			
Contact Number (incl. country code)	Mobile	Other	
Registration Number			
Registration Body			
Current Place of Work:			
Current area of nursing (eg ward, stomal therapy, anorectal clinic, research, clinical care co-ordination)			
<b>Check list:</b>			
• Able to attend 2015 APFPC Meeting 5-8 October 2015 in Melbourne.			Yes / No
• Have you enclosed copy of current nursing registration?			Yes / No
• Have you enclosed copy of article*?			Yes / No

*\*An article suitable for publication in a Nursing Journal. The article should cover a colorectal topic and may be in the form of, but not limited to: A clinical case study; Research project; Book review not previously published; Educational poster or teaching tool; Professional issue pertinent to Colorectal Surgery.*

The article, plus a completed official application form with a copy of current nursing registration, to reach the CSSANZ Secretariat, Suite 6, 9 Church St, Hawthorn VIC 3122, Australia or by email to [secretariat@cssanz.org](mailto:secretariat@cssanz.org) by **3 August, 2015**.

*Late applications will not be considered. The scholarship award is not transferable.*

## NZNO College and Section Day 2014

MAREE O'CONNOR & MARIE BUCHANAN

### Marie Buchanan and I represented the NZNOSTS at this years Section and College Day.

This day provides a great opportunity to hear from all the speciality interest groups (C&S) about their difficulties and successes. Some groups are extremely innovative and becoming well known within their health care settings and the wider community.

Some ideas that maybe transferable to our group (NZNOSTS) may be initiating a difference in conference fees for members and non-members as a way to encourage and increase membership, another idea could be to have our membership forms at other conferences, for example with the Gastroenterology section and the Cancer Nurses Section. We could also consider a discussion forum via the website with one Senior Stomalthery Nurse a month facilitating it. These are just a few ideas brought away from the day.

## NZNO Conference and AGM September 2014

MAREE O'CONNOR & MARIE BUCHANAN

### The NZNO Conference had a fairly political tone to it which was not surprising given it was held during the week prior to election weekend.

Lee Thomas is the Federal Secretary of the Australian Nursing & Midwifery Federation and she provided us with a dynamic and energising discussion about nursing in the socio-political context. Her key messages are to be united and use our power in numbers and not to be afraid to get out and be heard. Several video clips of nurses in action across some Australian states demonstrated the commitment many Australian Nurses have made to ensure their voices are heard.

Another inspiring speaker was the well known Helen Kelly, president of the Combined Trade Unions (CTU). Helen spoke of the poor working conditions for people in the Agricultural

and Forestry industries along with their high rates of serious harm and their lack of voice and protection (no unions for these workers). Helen obviously promotes the voice of workers and the power of unionisation for employees, which is of course currently under scrutiny.

Several nurse speakers stood out with their passion, commitment and innovation to provide nursing to disadvantaged New Zealanders. I particularly enjoyed Elizabeth Robinson and Dianna McGregor's presentations. They both shared their stories of identifying health needs and how they were able to develop services for these people. Both of these nurses' presentations are outlined in the October edition of Kai Tiaki and are well worth a read.

Attendance at the NZNO C&S Day, AGM and Conference were stimulating and informative.

We would like to say thank you to NZNO for enabling our attendance.

# NZNOSTS Conference 2014

MARIE BUCHANAN on behalf of the organising committee.

The NZNOSTS's conference 2014, "On the Move" was officially a great success, not only financially with running at a profit but as a well-supported, educational and enjoyable conference.

The organising committee acknowledges that they could not have achieved this without the support of the sponsors, Omnigon, Liberty, Coloplast, ConvaTec, Salts and Smith & Nephew, ALL the amazing speakers who gave up their time willingly and showed their support and respect for us as fellow colleagues and to ALL the delegates who attended the conference. We had an attendance of over 120 delegates. We really appreciated your attendance and for being an attentive, engaged and enthusiastic audience by asking appropriate questions and generating discussion following the speakers.

Thank you for submitting your feedback at the end of the conference. The majority of the feedback was very positive and it appeared that everyone felt it was very informative, well run and worthwhile with great learning opportunities. Below are some of the comments that were received which reflect the majority of the feedback:

"Thank you for an awesome conference - great work"

"Great to have nurses presenting their case studies and seeing the innovation and expertise"

"Thoroughly enjoyable conference - good variety of speakers, great venue and social occasion. Well done to the organising committee."

"Excellent conference - I have gained a lot of knowledge even though I am experienced in this role."

It was very rewarding to have such positive feedback and to receive words such as "inspirational, enjoyable, fantastic and pride". It is without a doubt that the organising committee feel the hard work was well worth it to be rewarded with such an enjoyable conference. Other constructive feedback will certainly be taken into consideration for future conferences.

Another outstanding feedback was the appreciation and acknowledgment of the calibre of the speakers in particular the

nurses. The organising committee were very proud to have been able to encourage our peers to present and they did it well and exceeding expectations.

Liberty Medical generously introduced 2 new scholarship awards which were presented for the first time at this conference. These Liberty NZ Stomal Therapy awards were one of the highlights of the conference. The 2 awards were; "Best presenter" (at conference) and "Publishing excellence" (article published in The Outlet). All of the nurse speakers at the conference were eligible to participate for the presenters' award. Both awards were marked against strict marking criteria that had been set by Liberty in consultation with the NZNOSTS committee members. Vicky Beban was the winner of the Best Presenter award for her excellent presentation, "The Whole Journey - A team approach". This was a fabulous example of working as part of a multi-disciplinary team to ensure best outcomes for patients, something I am sure we all strive to achieve. The Publishing Excellence was available to first time publishers in "The Outlet". This award went to an overwhelmed, Eileen Austin for her article; "John's Wish", an enlightening case study that high-lighted deficiencies within the DHB's policies in consideration of the management of chronic urinary retention, bladder scanning and intermittent self-catheterisation.

We congratulate both recipients on their well-deserved awards and thank them for taking the time to fulfil the criteria required to achieve this. We appreciate your time and sharing of your knowledge. We also wish to thank ALL participants' in these awards and acknowledge the time and effort you all put into your presentations and articles. We believe it was a very tight competition as the calibre of all the presenters and publishers was of a very high standard.

Needless to say these awards are an amazing incentive and opportunity to anyone who has never tackled the task of publishing an article or presenting before. I encourage everyone to publish/present at least once in their lives. It is very rewarding and an amazing way to share our knowledge and expertise with others. Start looking at possible topics for next year's conference it's never too early to start.

A Big thank you to the organising committee, Lorraine Andrews, Maree McKee, Maree O'Conner, Ginie Kevey-Melville, Nicky Bates and Marie Buchanan. Here's looking forward to the 2016 conference in Christchurch.

# NZNOSTS Conference On the Move 2014

LORRAINE ANDREWS

## And then there was the conference social...

Conference delegates gathered in Rydges Rooftop Terrace for a social evening of fun and entertainment on November 6th. This spectacular venue offered breath taking views of the Auckland night sky including the stunning Waitemata harbour, the harbour bridge and the Sky Tower. The Rooftop Terrace was decorated for the event by Omnigon. Finger food was circulated throughout the crowd by waiting staff for all to enjoy. It was great to see every one embrace the evening and join in the spirit of the evening.

### THE RACING PROGRAM

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On arrival delegates were supplied with \$22,000 of play money to finance the racing program. The play money had been supplied by Coloplast. With names like Hoof Hearted, Passing Wind, Smithy, Brian and Mio Innovation seven horses entered the starting gates for the first race. Each horse had a syndicate of owners (one of our sponsor companies) and they had embellished their horses to a high standard of creative decoration.

After a crash course to qualify as bookies, the support crew (of committee members' children, one husband and a colleague) did an exceptional job in managing three betting booths. Assisted by an abundance of liquid refreshment betting was brisk with punters placing substantial amounts on their favoured horse.

In race one, wind slowed the field however Hoof Hearted, owned by Liberty sprinted into an early lead and eventually won the race.

Race two was a handicap, with horses needing to roll a three to cross the finish line. Omnificene, owned by Omnigon made an early run but stumbled before the finish line and was passed by Passing Wind who won the race.

Omnigon had supplied an iPad as a prize for the most successful race punter. The prize was won by Wendy Chamberlain who is a staff nurse in the colorectal ward at Christchurch Hospital. She placed only two bets and both were on the winning horses. At the end of the night Wendy had well over \$1,000,000 in play money.

### FASHION IN THE FIELD

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During the racing program our support crew, working with a selection criteria offered selected punters the opportunity to participate in the Fashion in the Field parade. The stunning venue views were matched by equally stunning hats, fascinators and some very creative costumes.

Compered by Nicky Bates contestants walked the track, pranced and strutted for the entertainment of the crowd.

Coloplast had donated a Kindle reader as a prize for the parade contestant who received the most votes from punters. The winner of Fashion in the Field, by one vote was Rachel Bangs.

### PHOTOGRAPHS

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The social event photographer was Annalise van der Kwaak who was sponsored by Coloplast. Sian van Dyk produced a power point presentation that was played to delegates on day two of the conference.

The photo booth, supplied by Liberty was very well patronised throughout the evening with people queueing to display various antics for the camera.

### DANCING

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Following a wonderful demonstration of twerking by a member of the newly elected committee and her daughters we boogied the rest of the night away to the sounds of the Limelight disco which had been sponsored by Coloplast.

At the end of another challenging year in the health service it was fabulous to see colleagues embrace the event and make it a success.

As one of the conference planners and on behalf of the outgoing committee I would like to acknowledge and thank our industrial partners. Throughout the two years of preparation that lead up to this conference the companies were enthusiastic, generous and not once was any request declined. Without this level of support conference would not be possible. Many thanks to Omnigon, Liberty, Coloplast, ConvaTec, Salts and Smith and Nephew for their continued support.



# NZNOSTS Conference On the Move 2014

LORRAINE ANDREWS



# BGM Report 2014

LORRAINE RITCHIE

## The NZNO Stomal Therapy Section's BGM was held at the biennial conference in Auckland in November last year (2014).

The BGM was attended by 48 members, including the committee. A huge Congratulations to Jackie Hutchings who was awarded a Life membership Award at the meeting, in recognition of the amount of time, energy, effort, knowledge and enthusiasm with which Jackie has worked in various roles for the section over the years.

Two rule remits were voted on and passed by the BGM attendees. These were firstly, that the committee shall have the powers to:

In the event of a mid-term resignation from the National Executive Committee, the results of the previous election ballot shall be reviewed. The candidates who stood for the election and were unsuccessful shall be offered appointment to the committee in descending order of the number of votes they received in the ballot until the vacancy is filled.

The second remit was that:

Voting shall be by a dedicated, secure electronic voting site, or postal vote to be received no later than one week before the election or by ballot at the Biennial General Meeting.

The chairperson's, Treasurer's, editors and PNA reports were read and passed at the meeting. There was no other business except to farewell and thank the outgoing committee members: Maree O'Connor (chair); Nicky Bates (Treasurer); Lorraine Andrews and Maree McKee (co-editors of The Outlet). A big thanks to these committee members who have contributed a lot of work and time to the committee and the section over the last two, or four years in Nicky's case! Nicky was a wonderful, unflappable Treasurer, Maree a very experienced and competent chairperson and Lorraine and Marie who made vast improvements to The Outlet as well as organising a very enjoyable and successful conference. Thank you to you all!

The new committee for the 2015/2016 period was voted in with Marie Buchanan moving from committee member to chair; Ginnie Kevey-Melville continues as secretary and the new committee members are: Jackie Hutchings and Bronwyn Laurie (new co-editors), Mary Vendetti (new Treasurer) and Sophie Wallace as a new committee member.

I look forward to working with the committee over the next two years until the next conference and BGM to be held in Christchurch in October 2016.





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# Transition from Section to College

MARIE BUCHANAN

Where we are at today, February 2015.

In April 2012 Lorraine Ritchie, NZNO Professional Nursing Advisor for NZNOSTS wrote the following article that was published in The Outlet. This is a re run of that article followed by an update as to what we have achieved and what needs to be completed to secure College status.

In March 2010, Susanne Trim, Professional Services Manager wrote a paper which proposed and outlined a framework for future development for NZNO National Sections, Colleges and Virtual Networks. This paper, which has now been adopted, explained that NZNO requires a framework for the development of national sections and colleges which is future focused and sustainable.

NZNO is unable to sustain continued growth in the number of national sections and colleges. Therefore this strategic framework has been developed after a two year consultation process. This framework respects the past development and provides a clear approach to future development.

The framework recognises the strength and commitment of the current national sections and colleges and their pride in what they have achieved for their members and for NZNO. It also future proofs NZNO from uncontrolled development of national sections and colleges. It is a sustainable model which is acceptable to current NZNO membership groups.

NZNO plans to move all its national sections relating to a clinical specialty practice towards meeting the criteria for becoming a clinical college of NZNO. This process should be completed by 2016.

As a first step, national sections which have natural affinities in their specialty practice need to be identified and discussions need to occur around potential amalgamations. The timelines for each of the relevant national sections would then be set to enable appropriate and sufficient staff support to ensure a smooth transition.

Once the BOD has approved the proposed framework then the transition to a clinical college structure would be planned in a staged approach working with the clinical specialty national sections meeting most criteria for an NZNO college being the first to move. Each national section would be assessed against the criteria for a college. Timelines and work plans for each would be set.

The criteria, with an accompanying checklist, are clearly set out in the 'NZNO Section and College Committee Handbook, July, 2011. They include:

- having a title for the College,
- having rules which comply with the NZNO template and have been approved at section general meeting,
- developing a current five-year strategic plan approved at general meeting and review process and date stipulated,
- developing a Philosophy/Statement of Intent and Standards of Practice/Knowledge & Skills Framework,
- having an education policy,
- analysing membership access to Accreditation/PDRP/Credentialing,
- developing External links and Expertise,
- ensuring financial Viability and Management,
- providing administration and Record Keeping.

Many sections are already working hard towards, or have indeed met many of these criteria. Some sections have already developed robust documents such as standards of practice and clinical frameworks for example, and are involved in national workgroups in their specialty. The transition to colleges framework and criteria are, in a sense, formalising and clarifying processes and expectations of how a professional college should look and the sort of work it should be involved with.

Finally, the framework recognises the strength and commitment of the current national sections and colleges and their pride in what they have achieved for their members and for NZNO. It also future proofs NZNO from uncontrolled development of national sections and colleges. It is a sustainable model which is acceptable to current NZNO membership groups.

# Transition from Section to College

MARIE BUCHANAN

## So where are we today?

I am excited and proud to say that we are progressing very well and this is purely due to the previous tireless work of our predecessors who have been working on the transition.

In 2012 a steering group was formed to explore and identify what was required for the transition process of Section to College. They undertook to canvas other sections, colleges and nursing support groups to assess who or which groups might be interested in amalgamating with our section. A lot of time was spent with Infection Control College as they had just completed the transition from section to college. They have offered a lot of guidance in our journey with access to their documentation to help guide us in what is required.

In 2013 the executive committee took over the process and the steering group was disbanded. The committee canvased the membership to ascertain if they wanted to remain a stand-alone section/college or amalgamated with another section. A survey monkey was undertaken and the majority of the members voted that we remain an independent section/college therefore the process of transitioning NZNO Stomal Therapy Section to College status began.

The first decision to be made was the name of our college. After lengthy discussions it was decided upon: NZNO College of Stomal Therapy Nursing (NZNOCSTN). It was decided that the logo is to remain the same but with minor changes as in the wording to be darker and obviously the new title as above.

The previous committee achieved a great deal with completing several of the required documents and others being well on their way in draft form. We are currently finalising the strategic plan and education policy and aim to have these completed by the end of April 2015. Once all the documentation has been completed it is then put into a portfolio and presented to NZNO for sign off.

The current committee are very committed to completing the hard work that has been previously achieved. We are aiming to have the College portfolio ready for presentation by December 2015 then completed and signed off by June 2016.

Part of the documentation required is evidence that the section/college members are practicing to the appropriate standard/expertise of speciality nursing specific to the section/college. To enable us to provide this evidence we will be asking the membership for feedback on your achievements and initiatives. This could be information on other sections you are involved with, research, projects or initiatives you have developed/

been involved in. Your feedback is important so please let us know what you are up to. This can be emailed to any committee member.

Prior to finalising and presenting the portfolio for sign off all the documentation will be put up on the NZNOSTS web site for the membership to review and comment on. It will be important for you to review these and place feedback as this is your college and the committee want to ensure we are representing you to the best of our ability.

So although we still have a lot to do, a lot has been done. So with a team effort I am confident that we will reach our goal and be ready to celebrate our new College status at the 2016 conference.

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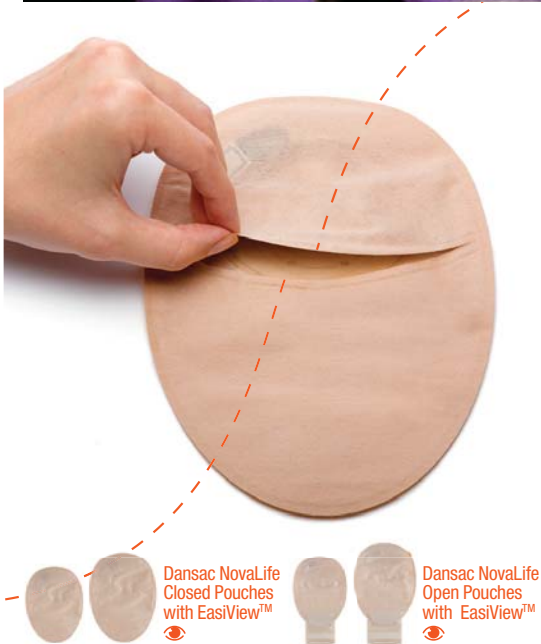
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# Specialist library & information services for NZNO members

HEATHER WOODS - LIBRARIAN - NEW ZEALAND NURSES ORGANISATION LIBRARY

## ASK THE NZNO LIBRARY ABOUT:

- Library current awareness e-newsletter (published weekly)
- Topic-based resource lists
- Research/topic queries
- Borrowing books including RCN & ICN publications
- Nursing thesis, dissertations and scholarship reports collection
- Other NZNO journals - The Dissector, The Tube, Emergency Nurse, L.O.G.I.C., The Outlet
- NZ Nursing Research Index database  
<http://www.nursingresearch.co.nz/refbase/>
- Searching online journals & databases via the NZNO website:
  - Kai Tiaki & Kai Tiaki Nursing Research
  - Australia/NZ Reference Centre database
  - Psychology collection database
  - and more...

## NEW BOOKS

The NZNO library has recently acquired a number of new books on a range of topics. We present a brief synopsis of some of these items which, along with other material, are available for lending to NZNO members.

The loan period is 4 weeks. All books are couriered out to you, so please provide your street address when requesting items. We also ask that you bear the cost of couriering the books back to us.

### **A Breath of Hope: 50 Years of Breathing Better: the Asthma Foundation 1964 to 2014.**

Ormsby, M. L. (2014) The Asthma Foundation. 128pp.

Celebrating fifty years since the first meeting of The Asthma Foundation this book records the history since the foundation was commissioned. From a local beginning in 1964 the asthma movement grew to include the Asthma Foundation, a national body, and New Zealand wide network of asthma societies. Asthma remains a chronic disease, a major cause of hospital admissions and an extremely serious health problem for Maori and Pacific People.

### **Child-Centred Nursing: Promoting Critical Thinking.**

Carter, B. Et al. (2014) Sage Publications. 179pp.

The authors present a unique approach by bringing children to the fore of the discussion about their health and health care. It

encourages you to think critically about children, their families and contemporary practice issues. It promotes reflection on how you can develop innovative practice so as to improve children's health outcomes and their experiences of health care. Clinical case studies and critical thinking exercises are included in each chapter, creating and sustaining a clear link between professional practice, research and theory.

### **Mentoring Today's Nurses: A Global Perspective for Success.**

Baxley, S.M. et al. (2014) Sigma Theta Tau International. 163pp.

Mentoring and coaching are critical components of professional success for nursing students. This book focuses on mentoring within educational and health care settings, where nursing students and professional nurses must learn how to assess and navigate multiple systems.

### **The Nerdy Nurse's Guide to Technology.**

Wilson, B. (2014) Sigma Theta Tau International. 192pp.

In the world of smartphones and tablets, technology is no longer for the "tech geek". It is the new norm. And is there an app for that? Yes! Some 17,000 apps are available for patients and health care providers alike. Wilson provides nurses with the tools to successfully embrace digital documentation and she provides some examples of how technology can potentially improve patient care. Technology should be seen and used as an aide to delivering nursing care.

### **Nursing Delegation and Management of Patient Care.**

Motacki, K. & Burke, K. (2011) Mosby Elsevier. 293pp.

This resource is your guide to information on the roles and responsibilities of the manager of patient care, core competencies required of nurses caring for patients, and a wide range of management concepts that nurses need to know before entering practice. With an emphasis on patient safety and evidence-based practice, it provides complete coverage of patient care management, leadership, information management, organizational planning, and human resources.

### **With You: The Mary Potter Hospice Story.**

Dawson, B. (2014) Wairau Press. 304pp.

Commissioned by, and gifted to, the Mary Potter Hospice by the Little Company of Mary, this book tells the stories of the inspirational people who have been associated with Mary Potter Hospice over the years. It tells of the decision makers, the clinical teams, the patients and their carers, staff and volunteers: their determination, their struggles and the fundraising that made the dream a reality.

# Mrs J's complex Case

SHARON ELSON

Sharon Elson  
District Nurse HBDHB



Mrs J is a 58yr old woman, married to Mr J with no children and no whanau living in Hawkes' Bay. She is of Maori descent Ngati Porou, so the majority of her whanau are still living in the East Coast/Gisborne area and although relatively close geographically she has no immediate support network she can call upon for assistance. Mrs J is a non-practising nurse and unable to practice due to health reasons, and Mr J is currently working as a pump attendant, previously they had their own business and had to sell, down size their house and relocate due to the recession. On first meeting Mrs J she appeared very embarrassed and was apologetic about her house and the geographic location of it.

Mrs J is overweight and could be classed as obese; she has osteoarthritis, mild asthma, diverticulitis, and a back injury requiring her to use crutches and was waiting for surgery regarding this injury. The only surgical history of note was a cholecystectomy 10 years previously which was uneventful. Her presenting problem was due to emergency surgery for a perforated diverticulum resulting in a bowel resection and formation of a temporary loop ileostomy.

I met Mrs J for the first time in my role of providing cover for the Clinical Nurse Specialist Stomal Therapy when she was away, and subsequently a few weeks later when I became her primary nurse in my usual role as a district nurse.

My first encounter was receiving a phone call from a distraught and distressed Mrs J stating that she had been up all night, she had changed her stoma appliance 10 times due to leakage, and she had no dry towels or sheets left and she stated she'd rather be dead than carry on with life in this way. She had only been discharged from hospital the day prior and her stoma had been problematic in hospital and constantly leaking. The stomal therapist for whom I was covering had recommended before going on leave that her stoma be refashioned, instead she had been discharged home! I explained to Mrs J I would find her notes to establish what surgery she'd had and why (this is important in determining the type of product than can be used and to give me knowledge and understanding of what she'd been told previously) and to also ascertain what products/appliances she was using currently as these clearly weren't suitable and what had been already tried. I reassured her that despite having not met with her previously I was a very experienced stomal therapy nurse and would be able to find a product that lasted more than a few hours, and I would be at her home within the hour. I then rescheduled all my other morning appointments as Mrs J was the priority and gathered together a selection of ostomy products to cover all potential scenarios that may be accounting for the leaks. During the short drive to her home I was envisioning what I may find at the house as she had sounded so distraught and upset and the words of her stating she'd rather be dead kept running through my mind.

On arrival at the home, I was met at the door by Mr J, who looked exhausted. I introduced myself to him and he showed me into the lounge where Mrs J lay on the couch holding a soiled towel and plastic bag to her abdomen, I introduced myself to her whilst carrying a large bag full of ostomy supplies, and told her I would definitely be able to find something that would work, I couldn't promise to get a 3 day wear time (which is normal) but I would aim to get 1 day wear time at least to start with) There were wet towels and sheets hanging everywhere as they didn't have a drier and it was a wet wintry day and Mrs J explained they'd now run out of clean bedding and promptly burst into tears.

# Mrs J's complex Case ...continued

SHARON ELSON

I sat on the floor beside her and held her hand and initially let her cry, she told me how she felt to blame as a doctor in hospital had said to her, her obesity had made the surgery difficult and that's why her stoma was flat and troublesome. She also hadn't had any pre-operative education or stoma site selection as her surgery was of an emergency nature, and this also has an effect on patients in coming to terms with body image and self-care in relation to stoma management. Whilst sitting there and talking with Mrs J I was able to do a visual inspection of her abdomen, noting any creases, contours and scarring that can affect a stoma appliance adhering well, and looking at her stoma and peristomal skin I could see it was grossly excoriated which would cause her much discomfort. I was also able to ask her about her nutrition and fluid intake which is vital to prevent dehydration and to regulate the stoma output and for optimum wound healing. Mrs J admitted to stopping eating and drinking in an attempt to slow the stoma output down, which is a common notion amongst patients, but in reality this actually speeds up the stoma output and makes it more fluid like and hence causes more problems, leakage, electrolyte disturbance, dehydration, and more frequent filling of the appliance.

I explained to her the importance of regular small meals to regulate output and gave examples of foods that will help thicken the output, which in turn leads to less frequent emptying and less chance of dehydration, I gave her a diet sheet of what she could and couldn't eat in the first few weeks following surgery and included Mr J in this conversation as he was to be chief cook whilst Mrs J was recovering. I also mentioned to them about ready meals from the RSA or frozen ready meals which would save Mr J from cooking every day as he was also exhausted and trying to work and look after Mrs J. I also checked her medications to see if she was taking them correctly especially loperamide which is to slow the gut motility and thicken the stoma output.

The whole time I was present at that first visit was about gaining trust and rapport with Mr And Mrs J and instilling confidence in them that they could cope with my support and having confidence in my abilities. I was performing a verbal and visual assessment asking them questions and then explaining my rationale or reasoning for using a particular product or for giving that piece of advice (and later in the office documenting this to a written assessment form and plan of care).

Mrs J's stoma was one of the worst cases of mucocutaneous separation I had encountered in my time as a stomal therapist. This I didn't reveal to Mrs J as she was already distressed enough and feeling as though it was her fault due to obesity. I did explain to them that there is an increased infection risk if faeces spill over into the separated area and the importance of getting a correctly sized appliance to stick well to prevent further contamination. I showed them the options of the different types/ brands of stomal appliance to give Mrs J the choice and feel involved in the decision making but she said she wanted me to make the choice she was too tired

to concentrate. There are 3 levels of convexity (a type of appliance with a curved rim on the base plate, soft, shallow and deep) which puts pressure on the peristomal skin which in turn makes the stoma itself protrude from the skin making it less likely to leak if a decent spout is achieved. The degree of convexity can also be increased by adding a belt to hold the appliance on more firmly, this can give the patient a sense of security but can also add to the discomfort as it causes the baseplate to be pushed on to the peristomal skin quite firmly. There is a risk of a pressure injury when using deep convexity with a belt and this I did explain to Mr and Mrs J but I explained to them my rationale for choosing this approach outweighed the risk of localised wound infection and abdominal sepsis should the mucocutaneous separation proceed though to full thickness and through the abdominal wall fascia.

Once the chosen appliance system was in place I assisted Mrs J with putting on some clean dry clothes and she said she felt a little better and more comfortable. She felt more secure wearing the belt and it wasn't causing her any discomfort. I arranged for our health care associate nurse to deliver them some hospital linen to use until their own sheets were dry. I then arranged to phone them later in the day to check on the security and success or not of that particular pouching system, also ensuring they had my contact details to call if any further problems. By 5pm that day and a few phone checks later Mrs J and I were both delighted that the appliance was still intact, you could hear the relief in her voice, but she'd not had much activity from her stoma. I ascertained she wasn't in pain, didn't feel nauseous or bloated (common signs of obstruction) and had been eating and drinking since I left. I made a plan to phone her again first thing in the morning, but also informed her to go to the emergency department (ED) overnight if she had any pain, no activity from her ileostomy, or further multiple leakages. I had been in consultation with the surgical charge nurse manager and surgical registrar during the day to inform them of her situation and possible readmission.

The next day there wasn't a phone message from Mrs J, but on checking the electronic health record I could see she had been admitted to the surgical ward overnight and had been to theatre for revision of her stoma, she had encountered multiple leaks during the evening and had presented to ED demanding something be done. She then ended up staying in hospital for a few more weeks until her stoma was closed due to the problems she encountered.

My next encounter with Mrs J was when she was discharged from hospital with a surgical wound which had dehisced and I was her primary district nurse. As per working safely in the community policy we phone the patient to acknowledge receipt of the referral and establish if there are any safety concerns i.e. dogs, house smoke-free, cell phone coverage or access issues to the house and inform them when to expect a visit. Having met Mrs J previously in my Stomal therapy role I was already privy to much of her history but still studied the referral and discharge summary to ensure I was

# Mrs J's complex Case ...continued

SHARON ELSON

informed of all events. When I phoned her she sounded pleased that I would be visiting and thanked me for my interventions in ensuring her previous readmission and subsequent surgery went ahead.

At the first district nurse visit she seemed genuinely pleased to see me and said she trusted my judgement and decision making, I assessed the wound and completed a full nursing assessment and completed the necessary documentation. I encouraged Mrs J to be involved with the care plan and ascertained what her goals were, explaining the reason and importance of the questions and the impact certain medications and nutrition have on wound healing. Mr J wasn't present at this visit as he was at work; Mrs J was more concerned for Mr J's health than her own as she said he was exhausted with working, hospital visits, and trying to maintain the daily household chores. I offered to contact Options (needs assessment) to see if they could provide any support, but she explained this had been done in the hospital but because Mr J was working they weren't eligible and couldn't afford private home help. With her consent I contacted the community social worker who also confirmed they weren't eligible for any support.

Unfortunately things got worse before they started to improve in that household, Mr J's health deteriorated and he ended up in intensive care with pneumonia, Mrs J was devastated and felt responsible for adding to his pressures and blamed herself. She was still too weak and lethargic to cook for herself and being on crutches added to her incapacity, I was concerned for her and how she was going to cope, and the impact this would have on her health and wound healing. She was now eligible for home help and personal cares with Mr J being in hospital, and so with her consent I made an urgent referral to Options and followed the paper referral up with a phone call to stress the urgency of her need. They were able to start the next day, and I also asked Mrs J's permission to phone her sister who lived in Wellington to inform her of the situation, as Mrs J's physical and more importantly her psychological wellbeing was extremely fragile. Whilst being unable to come immediately, her sister then came that weekend to stay for a few days. Having her sister's company and support had a huge impact on improving Mrs J's emotional state.

During the next few days Mr J came home, and I involved the social worker again as financially they were struggling as Mr J wasn't eligible for sick pay from work and with a summary from myself and the social worker we were able to extend the home support for a further few weeks to allow them both to recuperate. Mr and Mrs J also agreed to meals on wheels in the short term to ensure they both received adequate nutrition for healing to take place.

Mrs J's wound took several weeks to heal and she was also very anxious about the risk of anastomotic leaks as the surgeon had told her she was at increased risk of this and with the problems she had encountered so far she was understandably anxious. Many of my visits for wound care were spent reassuring her and

trying to increase her confidence again. By the time she was ready for discharge from the district nursing service, Mr J was back at work, and Mrs J felt she was on the road to recovery; she'd been discharged from the surgical team and was beginning to get her energy back.

Mrs J's case was a very complex case with many issues along the way. I feel very privileged to have been involved with her care and that a successful outcome was finally achieved, as a district nurse I acted as her advocate and was pivotal in ensuring her needs were met by being part of a wider multi-disciplinary team but was instrumental in leading the care that was provided.

**This article was specifically written as an exemplar for inclusion in a submission for a level 4/expert portfolio which was recently achieved.**



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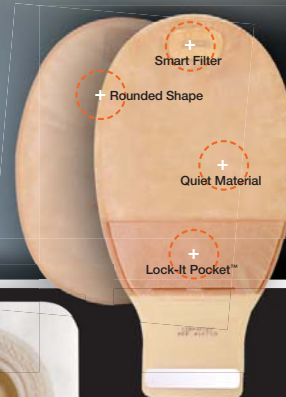
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# The Outlet

*New Zealand Stomal Therapy Nurses*