



The Outlet

New Zealand Stomal Therapy Nurses

In this issue:

- AASTN Conference 2017
- NZNOSTS BGM Report
- New Beginnings - A tribute from the Northern Region

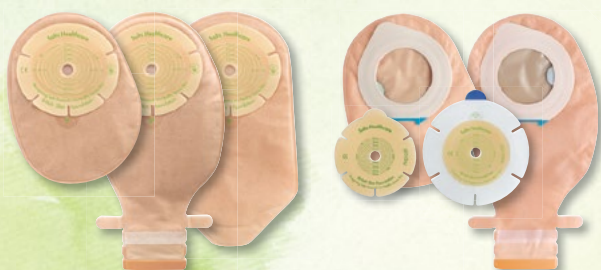
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The Outlet

New Zealand Stomal Therapy Nurses

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ENCOURAGING MEMBERSHIP

EASY MEMBERSHIP SUBSCRIPTION CAN NOW BE GAINED ON THE WEB SITE
www.nzno.org.nz

IF YOUR ADDRESS HAS CHANGED PLEASE CONTACT

Jackie Hutchings

Email: jacquelyn@nursemaude.org.nz

Your Executive Committee Members

COMMITTEE CONTACTS



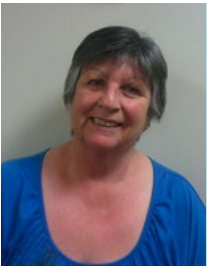
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www.nzno.org.nz/groups/sections/stomal_therapy

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Chairperson's Report

BRONWYN LAURIE

My name is Bronwyn Laurie and I am excited to be stepping into the role of Chairperson for the NZNO Stomal Therapy Section for the next two years. I am sure there will be challenges throughout this term and with the support of the committee and the section members I hope I will do a good job.

I would like to extend our gratitude to our outgoing Chairperson Marie Buchanan. Marie's leadership and dedication to the Section and determination to ensure that all aspects of the change to College status have been completed has been awesome and greatly appreciated by all involved. Thank you to Jackie, Sharon and Mary for remaining on the committee for another term. We are also excited to welcome two new committee members, Leeann Thom from Otago and Katrina Neiman from the West Coast. Lorraine Ritchie continues as our NZNO Professional Nurse Advisor.

The conference in Christchurch received very good feedback from its attendees. The committee was very pleased with all aspects of the conference programme and appreciate the effort made by you all to attend. The social function was a great night to socialise and enjoy each others company with good food, fine wine and great entertainment. There is a full conference report and photos included in this publication. I would like to thank the previous committee for their dedication and support in managing all aspects of the conference and a special thanks to Jackie for ensuring all was organised in Christchurch - you made our jobs easy.

The BGM was held during conference on the 27th October. Transition from Section to College is in its final stages and awaiting sign off from NZNO, we were disappointed not to be able to announce this at conference. There was a discussion regarding Pharmac and product supply, we as a committee will continue to be involved in this process and any information that we receive will be posted on the website and sent to members as necessary. We will keep you fully informed of any information we receive.

The committee's first teleconference will be held in December and we do endeavor to keep you up to date in each publication of The Outlet of our progress. Once again thank you for your support of the conference and your dedication to the practice of Stomal Therapy. I look forward to being your voice within NZNO.

Wishing you all happy holidays and best wishes for the New Year.

Bronney Laurie

New Committee Profiles

KATRINA NEIMAN AND LEEANN THOM



Up until three years ago my main working background had been nearly 20 years in orthopaedic and surgical nursing.

With restructuring changes at Grey Base Hospital, I was persuaded by one of the District Nurses to join their team.

It has been a very rewarding move; it provides many variants and challenges on a daily basis. I currently work two days a week as a district nurse and 4 hours a week as the stoma resource nurse, depending on the work load I can flex up if the need arises. When the previous stoma resource nurse was thinking of retiring she introduced me to the role which has given me a new passion for this area of nursing practise. I enjoy the initial assessment/ education and then onto the support as the client begins to accept their stoma as part of their life.

My husband and I moved to the West Coast 15 years ago, initially I thought what have we done but over the years my thoughts have changed, the community, the environment and lifestyle are what makes living here a great place to live... and not a traffic light in sight, this makes driving around as a district nurse somewhat easier.

I look forward to my time ahead on the committee and working towards our goals together.

Katrina Neiman



I have been working as a registered nurse for 25 years, the last 13 in the field of Stomal Therapy.

I currently work 18 hours a week for the Southern DHB, both in the inpatient and community setting across the wider Otago region.

I feel privileged to work as a Stoma Nurse and have a passion and commitment to the field. I have gained so much from nursing in this specialized area. Working with this client group has challenged me to be a more holistic nurse and I find it incredibly rewarding to be able to support a client through what is often a difficult journey.

Away from work I enjoy spending time with my husband and three young adult children. I also enjoy gardening, reading, tramping and a new hobby to me, beekeeping.

I have been lucky in my practice to have been supported by some amazing mentors as I have "learned the trade" of Stomal Therapy. The NZNOSTS provides a resource and network that allows us to all support, and encourage each others practice. It allows an outlet to share and promote best practice. I have certainly found the section invaluable in supporting my practice both when a new practitioner and in my ongoing learning.

As a new committee member I look forward to representing STN's and to building on the work done by preceding committees. I hope I can actively promote and facilitate the needs of Stoma Nurses to ensure that we have the support, resources and knowledge that we require going forward.

Leeann Thom

Editor's Report

JACKIE HUTCHINGS

I hope you enjoy receiving this edition of The Outlet as we rapidly approach the Christmas season.

Conference has come and gone and it was a combination of exceptional speakers, excellent venue and food and wonderful entertainment. It also offered conference attendees the opportunity to catch up with others from all around New Zealand and see what the trade displays had to show us. Thank you to all who attended and we hope to see you again at the next conference in 2018.

Liberty Awards

The Liberty Excellence publishing Award went to Julie Skinner from Waitemata for her article entitled Bet's Fistula Management which was in the March 2016 edition of The Outlet. The Liberty Best Presenter's Award was awarded to Jenny Roberts from Christchurch for her presentation on Pseudomyxoma Peritonei. Congratulations to them both. Paris Purnell from Liberty presented the Awards.

Liberty is offering these awards again so please remember that by having an article published in The Outlet from now until the July 2018 edition you are eligible to enter the Publishing Excellence Award.



Julie Skinner



Jenny Roberts

Publishing Guidelines

Publishing guidelines can be found in this edition of The Outlet and I urge you to consider writing an article or case study. You do not have to be working as a Stomal Therapist to be eligible to enter the Liberty Award – you just need to have been a member of

NZNO Stomal Therapy Section for one year.

Your article can have any focus, it may be a case study or reflection, it may be about how you coped with a particular situation or some research you have done- please consider submitting an article as this is your Journal and we hope to publish local content.

Regional section/Letters to the Editor

Perhaps we could try a section on News from around the Regions where each area submits a report on what is happening or any new initiatives in your area. I am also still keen to start a Letters to the Editor section for you to comment on previous articles or ask for advice on any problems you may be having (photos could be included) or ask questions of the Committee.

Updated Information

We would like to publish an updated National Contacts list in an upcoming edition so please can you check this list on the NZNO website, select groups, then select colleges and section and then Stomal Therapy Section. If there are any changes to be made within your DHB can you please advise me as soon as possible.

Secondly, every time an edition of The Outlet goes out I have some returned to me as undeliverable due to wrong addresses. If you do shift please notify either NZNO or me so the database can be updated.

Conference Presentations

Our conference speakers have kindly agreed to let us post their power point presentations on our website. We hope to have these all loaded by the start of December. Please remember that these are to augment notes taken or to be used as a learning tool, they are not to be reproduced in any way. Follow the steps above to access them on the NZNO website.

The documentation used for our bid to become a College and that were passed at Conference can also be found on our website. These include our Rules, Education Plan, Standards of Practice and Strategic Plan as well as the Committee Job Descriptions.

Remember this is your Journal but it can only be as good as what you put into it. Articles for the March edition are due in to me at jacquelynh@nursemaude.org.nz by the end of the first week in February. I look forward to receiving your submissions.

Enjoy the summer, take time to get out and enjoy the sun!

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Writing in the Outlet

The main goal of writing for The Outlet is to share research findings and clinical experiences that will add value and knowledge to the clinical practice of others.

The essence of writing for The Outlet is a story or research study, told well and presented in a logical, straight forward way.

Readers of The Outlet are both generalist nurses and specialist Stomal Therapy Nurses. Articles should be focused on what a nurse/patient does; how a nurse/patient behaves or feels; events that have led to the situation or on presenting your research, methodology and findings. Linking findings to practice examples often increases comprehension and readability. Addressing questions related to the who, what, why when, where, and/or the how of a situation will help pull the article together.

GUIDELINES

Writing Style

Excessive use of complicated technical jargon, acronyms and abbreviations does not add to the readability of an article and should therefore be avoided if possible. Short sentences rather than long running ones are more readable and generally promote better understanding. The Outlet has a proofing service to assist with spelling, grammar etc.

Construction of the Article

It may help in planning your article if you bullet point the key concepts or points, format a logical paragraph order and then write the article from that plan.

Article Length

There are no word limits for publishing in The Outlet. First time writers may like to limit themselves to 2500-3000 words which are approximately three published pages.

Photographs, Illustrations, Diagrams, Cartoons

These are all welcome additions to any article. Please email these with your article providing a number sequence to indicate the order in which you wish them to appear and a caption for each.

Privacy and confidentiality

It is essential that all patients' privacy, rights and the confidentiality of their information is maintained. The author is responsible for ensuring that they have gained appropriate consent to a patient's information.

Copyrights

The NZNOSTS retains copyright for material published in The Outlet. Authors wanting to republish material elsewhere are free to do so providing prior permission is sought, the material is used in context and The Outlet is acknowledged as the first publisher. Manuscripts must not be submitted simultaneously to any other journals.

Referencing

The preferred referencing method for material is to be numbered in the body of the work and then to appear in the reference list as follows,

- North, N.& Clendon, M. (2012) A multi-center study in Adaption to Life with a Stoma. *Nursing Research* 3:1, p4-10
- Most submitted articles will have some editorial suggestions made to the author before publishing.

EXAMPLE OF ARTICLE FORMAT

Title

As catchy and attention grabbing as possible. Be creative.

Authors

A photo and a short 2-3 sentence biography are required to identify the author/s of the article.

Abstract

Usually a few sentences outlining the aim of the article, the method or style used (e.g. narrative, interview, report, grounded theory) including the key message of the article.

Introduction

Attract the reader's attention with the opening sentence. Explain what you are going to tell them and how.

Literature Review

If publishing a research paper a literature review must be included.

Tell Your Story

Ask yourself all these questions when telling your story. Who was involved, history of situation, what happened, your assessment and findings, why you took the actions you did and the rationale for these? Your goals/ plan. The outcome. Your reflection and conclusions. What did you learn? What would you do differently next time?

Remember there is valuable learning in sharing plans that didn't achieve the goal you hoped for.

Patient stories are a good place to start your publishing career and nurses tell great stories. As editors we encourage you to experience the satisfaction of seeing your work in print and we undertake to assist in every way that we can to make the publishing experience a good one.

Application for Bernadette Hart Award

CRITERIA FOR APPLICANTS

- Must be 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 and either (or both) write an article for publication in The Outlet (the NZ Stomal Therapy Journal) or to present at the next national conference

APPLICATIONS CLOSE 30 NOVEMBER (Annually)

SEND APPLICATION TO:

Jackie Hutchings

Email: jacquelyn@nursemaude.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 please attach outlined programme and 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 NZNOSTS

Have you been a previous recipient of the Bernadette Hart award within the last 5 years? No Yes (year) _____

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

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

Yes I will be presenting at the next National Stomal Therapy Section Conference.

Signed: _____ Date: _____

Policy for Bernadette Hart Award

PROCESS

- The Bernadette Hart Award (BHA) will be advertised in the NZNOSTS Journal The Outlet
- The closing date for the BHA applications is 30 November each year
- The NZNOSTS Executive Committee will consult and award the BHA within one month of the closing date
- All applicants will receive an email acknowledgement of their application
- All applicants will be notified of the outcome, in writing, within one month of the closing date
- The monetary amount of the award will be decided by the NZNOSTS Executive Committee. The amount will be dependent on the number of successful applicants each year and the financial status of the BHA fund
- The name of the successful applicant(s) will be published in the NZNOSTS Journal The Outlet
- The BHA Policy will be reviewed annually by the NZNOSTS Executive Committee.

CRITERIA

- The applicant(s) must be a current member of the NZNOSTS and have been a member for a minimum of one year
- Successful applicant(s) must indicate how they will use the award. The award must be used in relation to Stomal Therapy nursing practice
- The applicant(s) previous receipt of money (within the last five years) from the NZNOSTS and/or the BHA will be taken into consideration by the NZNOSTS Executive Committee when making their decision. This does not exclude a member from reapplying. Previous receipt of the BHA will be taken into account if there are multiple applicants in any one year
- The funds are to be used within 12 months following the receipt of the BHA.

FEEDBACK

- Submit an article to The Outlet within six months of receiving the BHA. The article will demonstrate the knowledge gained through use of the BHA;

and/or

- Presentation at the next NZNOSTS Conference. The presentation will encompass the knowledge/nursing practice gained through the use of the BHA.



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Chairperson's Report 2016 BGM

MARIE BUCHANAN

It is with sadness that I present my last report as Chairperson of the NZNOSTS committee. I have been part of the committee for 3 years which I have enjoyed and it has been my pleasure to lead the committee of 2014-2016 as the Chairperson.

I'd like to thank the current committee, Mary Vendetti (treasurer), Jackie Hutchings and Bronney Laurie (Editors of The Outlet) and Sharon Elson (acting Secretary) for their support and hard work which enabled us to together achieve our 2 main goals of: submitting our application to NZNO for transition from Section to College status and organising a biannual conference which is happening 27/28th October 2016. A special acknowledgement goes to our PNA, Lorraine Richie, for her continued support, advice and proof reading of our documents to ensure we achieve the standard that is required to achieve College status.

The past 2 years have been dominated by the process of transitioning our Section to College status of which we are on the cusp of achieving. The application is currently being assessed with some minor changes already having been made to ensure the standard required. I cannot stress enough the commitment and hard work that has gone into this process and acknowledge and thank the current and previous committees and members in progressing to this point. Once the transition has been achieved it will be up to future committees and the membership to continue to build on this achievement growing and strengthening the College through ongoing professionalism, sharing of skills and knowledge and solidarity.

The past year has been busy with conference arrangements and putting together an excellent programme to support your ongoing learning and offer the opportunity to share your knowledge with others through presentations and submission of articles. The biannual conference is for the membership and is there to support and offer education to those who hold an interest within the speciality area of stomal therapy. Conferences take a lot of organising and commitment from not only the committee/organiser but the wider disciplines in the way of speakers, sponsorship and support to ensure the success of the conference. Your participation and attendance is pivotal to ensuring the viability and success of future conferences and I urge you to support your own as much as possible.

An important role of the Committee is to be aware of current and political issues that may affect our membership or patients needing our service. Recently the committee has been involved in feeding back to PHARMAC in regards to Ostomy supplies. This will be an ongoing issue and I cannot stress the importance of ensuring we have a voice in this consultation process and encourage you all to offer feedback when it is requested. We are the experts in the field of Stomal Therapy and as clinicians we must have access to the right appliances to ensure patients continue to live a full, independent life with the confidence that they have access to the correct appliance which best meets their needs.

The Section continues to maintain its positive financial state. This has been achieved through previous successful conferences, mindful budgeting and our journal "The Outlet". The current committee has chosen to hold face to face meetings in Christchurch which has reduced travel costs and enabled us to keep within the allocated budget. The success of the journal is driven by the membership and its contribution of articles. As I have said previously it is an excellent opportunity to have a piece of your work published and share your story and knowledge. The sponsorship from trade companies in the form of advertising is crucial to the ongoing publication of the journal of which I acknowledge and thank them for. A significant part of the Section's financial report is the Bernadette Hart award. Past and present committees have been committed to maintaining the viability of this award for the membership to access. Members are able to apply for this award in support of further education or to attend educational functions. Earlier this year Rachel Pasley was a successful applicant and used the award to attend the **World Council of Enterostomal Therapists** conference in South Africa.

My time on the NZNOSTS committee has been a very rewarding experience with numerous opportunities to learn and grow both personally and professionally. I am proud to have led a very dedicated and passionate group of nurses committed to their roles within Stomal therapy who work hard for the Section and its members. I invite all members to consider standing for the committee, this is your Section and your input is vital to its success.

Thank you again to the current committee and membership for your ongoing support and I wish the incoming committee all the best during their term in office and I look forward to following the ongoing success and growth within the Section (soon to be College).

Kai ora, tēnā koutou, tēnā koutou katoa.

Marie Buchanan



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BGM Report October 2016

JACKIE HUTCHINGS

Held on October 27, 2016 at the Rydges Hotel in Christchurch.

Reports were read and can be found in this Journal.

Section to College documents were then briefly discussed and then were voted on together and accepted unanimously.

We are now awaiting word from NZNO to see if our bid to attain College status has been achieved. Marie Buchanan has been amazing with putting these documents together.

In new business we discussed the need for New Zealand to have a National Core Competency framework and the new committee will work on this.

Back to back conferences with the Federation of New Zealand Ostomy Societies (FNZOS) was discussed but the majority decided that they prefer these two conferences retain their own identities. Stomal Therapy nurses do attend the FNZOS conference when they are able.

Life membership was awarded to Jenny Coulson, Dorothy Ferguson, Ginnie Kevey-Melville and Maree McKee.

Life Membership Presentations

Dorothy Ferguson and Maree McKee were not present

The new committee was then elected

Bronney Laurie (Chairperson)

Sharon Elson (Secretary)

Mary Vendetti (Treasurer)

Jackie Hutchings (Editor)

Leeann Thom

Katrina Nieman

Meeting Closed



Ginnie Kevey-Melville



Jenny Coulson

Financial report 2016

SUMMARY

Total income earned for the financial year was \$23,776. Total expenses incurred for the financial year (including taxation) was \$22,089 resulting in a surplus after taxation of \$1,687. This surplus is reflected in the Statement of Movements in Equity as the difference between the 2014/15 and 2015/16 financial years. Equity has moved from \$61,821 at the end of the 2014/15 financial year to \$63,507 at the end of the 2015/16 financial year.

FIXED ASSETS

This will mainly comprise of computer equipment and any other projects (web-design and development) which generate benefits over a period which is likely to extend beyond one financial year. Please refer to the schedule of fixed assets and depreciation.

EXPENSES

Total expenses (including taxation) were \$22,089.

Please refer to the financial statement for details.

CURRENT ASSETS

This represents all balances at bank (which include funds in the cheque account, investments and conference surplus funds), GST receivable from the IRD, income tax receivable from the IRD, interest receivable from ANZ and resident withholding tax credits (RWT) receivable from the IRD. Please refer to details in the financial statement.

CURRENT LIABILITIES

This represents funds payable to providers of goods and services to the NZNO Stomal Therapy Nurses Section and income received in advance. Please refer to details provided in the financial statement.

DETAILS

Income and Expenditure (Also called statement of financial performance) income.

Total income includes funding received from National office for core activities (meeting costs) amounting to \$7,559.

Financial report 2016

**NZNO STOMAL THERAPY NURSES SECTION
STATEMENT OF FINANCIAL PERFORMANCE FOR
THE FOUR MONTHS ENDED 31 JULY 2016**

	Apr 2016 - Jul 2016 (4 months) \$	Apr 2015 - Mar 2016 (12 months) \$
REVENUE		
Advertising	3,970	14,248
Conference	7,057	0
Interest	839	1,970
National Office Funding	3,702	7,559
Total Income	15,568	23,776
LESS EXPENSES		
Accommodation and Meals	0	114
Awards	0	1000
Bank Charges & Fees	0	0
Conference	1,992	1,776
Journal Expenses	2,320	15,306
Postage and Stationery	0	0
Telephone, Tolls and Internet	82	404
Travel - Air	0	3,012
Travel - Other	0	223
Total Expenses	4,394	21,835
NET SURPLUS/(DEFICIT) BEFORE TAXATION	11,173	1,942
Plus: Current year tax credit	0	0
Less: Income tax expense	0	(255)
NET SURPLUS/(DEFICIT) AFTER TAXATION	11,173	(1,687)

**NZNO STOMAL THERAPY NURSES SECTION
STATEMENT OF MOVEMENTS IN EQUITY
FOR THE FOUR MONTHS ENDED 31 JULY 2016**

	Apr 2016 - Jul 2016 (4 months) \$	Apr 2015 - Mar 2016 (12 months) \$
EQUITY AT START OF PERIOD	63,507	61,821
SURPLUS & REVALUATIONS		
Net Surplus/(Deficit) after taxation	11,173	1,687
Total Recognised Revenues & Expenses	11,173	1,687
EQUITY AT END OF PERIOD	74,680	63,507

Financial report 2016

CONTINUED FROM PREVIOUS SPREAD

NZNO STOMAL THERAPY NURSES SECTION STATEMENT OF FINANCIAL POSITION AS AT 31 JULY 2016

	31 July 2016	31 March 2016
	\$	\$
CURRENT ASSETS		
Accounts Receivable	2,380	2,670
ANZ - Cheque Account	20,748	13,473
ANZ - Term Deposit (1000)	38,859	38,397
ANZ- Term Deposit (B Hart Award)	11,772	11,630
GST Refund Due	0	318
Income Tax Receivable - 2014/2015 Financial Year	0	1,671
Interest Receivable	771	771
Prepaid Expenses	0	1,992
RWT Paid - 2014/2015 Financial Year	0	461
RWT Paid - 2015/2016 Financial Year	540	540
RWT Paid - 2016/2017 Financial Year	235	0
TOTAL ASSETS	75,304	71,923
CURRENT LIABILITIES		
Accounts Payable	0	5,714
GST Due for Payment	369	0
Income Received in Advance	0	2,448
Income Tax Payable - 2015/2016 Financial Year	255	255
TOTAL LIABILITIES	624	8,417
NET ASSETS	74,680	63,507
Represented by:		
TOTAL EQUITY	74,680	63,507

Co-Editors' Report 2016 BGM

THE OUTLET – NZNO STOMAL THERAPY SECTION JOURNAL

We have produced three journals per year with the next one due out in November to cover the post conference news to people who were unable to attend.

The last edition of The Outlet cost \$5969.37 to produce, publish and post out, this is all handled by Blacksheepdesign who have been wonderful, and patient, to work with. Advertising revenue for each edition ranges from \$5000 to \$6000 depending on the number of advertisements so overall we are probably running at a slight loss.

We would like to thank the trade companies for the advertising as without it we would be unable to produce the journal.

Currently we have 206 members on our mailing list plus copies go out to the trade companies, National Library and NZNO. Please ensure that if your address changes that you either inform the Editor or NZNO as each edition we have some returned as “gone, address unknown.”

Thank you to all who have contributed articles, we have had many varied topics covered. We would really like our journal to have a local New Zealand flavour with no republication of articles from other journals. Please consider submitting an article, case study or research undertaken – anything is welcome.

We had intended having a “Letters to the Editor” section where nurses could comment on articles or present problems (with or without photos) which may be stoma related or product or service provision based issues for others to offer solutions or ideas. As yet we have had no “Letters” but would be keen to start if anyone has any problem cases or issues they would like to submit.

We are very fortunate and grateful that Liberty has continued to sponsor the Publishing Excellence Award to encourage nurses to submit articles. Congratulations to whoever has been presented with this monetary award at conference this year.

Thank you and we look forward to receiving your writings in the future.

Jackie Hutchings and Bronney Laurie

PNA REPORT

NZNO Stomal Nurses' Section BGM

OCTOBER 2016

I am very pleased to be present at the Stomal Section BGM and conference this year as always. I admire the work and commitment of stomal nurses around NZ and enjoy supporting the committee which works hard on behalf of nurses and NZNO members to promote and advocate professional standards in the interest of the nursing profession and patients.

I would especially like to thank the committee this year for their hard work in developing and reviewing documents towards the application of moving from Section to College. A special mention to the chair, Marie Buchanan for all her extra input into the project. I have itemised some of the key happenings in NZNO and the in wider nursing sector which might be of interest to NZNO members at the current time.

Nurse Prescribing

On Tuesday 20th September, regulations allowing registered nurse prescribing in primary health and specialty teams came into effect. NCNZ has been developing this over five years with extensive consultation. This has come about because of the increasing incidence of people with chronic health conditions being managed (often by nurses) in the community/primary health arena. Council is amending the scope of practice to indicate that some RNs can prescribe prescription medicines. It is also adding the education and training requirements for RNs prescribing in primary health and specialty teams as additional prescribed qualifications for RNs. This means that Council can approve and monitor these programmes.

If a RN is approved to prescribe, a condition/authorisation will be placed on their practising certificates and in the public register on the Council's website to indicate they may prescribe within primary health and specialty teams. Please see the Nursing Council website for more detail: www.ncnz.org.nz

Shout out for Health – this is a new campaign from NZNO. The plan is to “Shout out for health”, the campaign where we're going to push the Government to increase funding for health services. Shout out for health will create a network of members that are ready and waiting to take action when budget or service cuts are announced, and make health funding a leading election issue for all parties. Delegates and champions will be leading a series of activities to highlight the issue of government underfunding in health in all areas. If you want to be involved, please be in touch at: www.confirmsubscription.com/h/r/AF1590C7543D2084

C & S day/NZNO AGM conference

These were held in Wellington in September. This is the annual opportunity for members to have their say and vote on remits being put up. College and Section committee members have the chance to attend these meetings (two each year) and learn more about the organisation and what makes it tick. If any members are interested in becoming a committee member or in joining a College or section, or have any questions about how NZNO works and what it can provide to members, please contact Lorraine Ritchie PNA at: lorrainer@nzno.org.nz, or visit the website: www.nzno.org.nz.

Documentation

NZNO has had a discussion about the increasing concerns of members about excessive documentation. Essential vs. non-essential documentation. The NZNO Documentation Guidelines are currently being updated.

Visibility of Nursing

staff project reference group for phase three of the Visibility of Nursing – Nurses Making a Difference project. This phase of the project is focused on the development of a strategy for nursing. NZNO is currently recruiting for a project leader and in the meantime are establishing the project reference group so everything is ready to kick off once the project lead is appointed.

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New Beginnings Conference Report

JACKIE HUTCHINGS

The NZNO Stomal Therapy Section conference was held in Christchurch on 27 and 28 October this year. The venue which was Rydges Hotel was excellent, as was the food.

The evening entertainment on the Thursday night had a graduation theme and was led by Principal Skinner and his team who after dinner turned into a band who quickly had everybody up on the dance floor. Photos of both the conference and the evening dinner and entertainment are in this edition of The Outlet.

We were fortunate once again to be supported by our wonderful Trade Displays, I hope you found time to visit them all. We would like to thank the companies as they also supported us with extra sponsorship for the conference bags, IT devices, Entertainment, Speakers flights and towards the wine and dinner expenses. We could not keep our conference registration so low without their help. We would also like to thank Anathoth Farm for the donation of a prize of their goodies which was won by Beth Dunstan of Christchurch.

The calibre of the speakers was all we could have wished for and I would like to tell you a little about each of the presentations. Remember that their power point presentations will be put on our NZNO Stomal Therapy website by the start of December.

The conference was opened and closed by Matua Teoti Jardine with a mihi and karakia. Teoti was a psychiatric nurse trained in Canada and it was interesting to hear how he got into nursing.

Our opening speaker was Richard Flint who is a Consultant General surgeon in Christchurch. His presentation was called Flying into Trouble and was about a plane crash which could have been prevented with better communication. The story was told in a memorable and moving way and he likened it to an operating theatre where things can also go wrong with communication difficulties.

“Whenever you solve a problem you usually create one. You can only hope that the one you created is less critical than the one you eliminated” (Earl Weiner – Aviation Human Factors Guru).



Jon Wells spoke next on Neonatal stomas – why how and where. Jon stepped in at the last minute as Tori Scott was unable to present and we do sincerely appreciate him helping us out. He is a Locum Consultant Paediatric Surgeon in Christchurch. This was an in depth presentation on neonatal conditions such as anorectal malformation, necrotising enterocolitis (NEC) and Hirschsprungs. He discussed diagnosis, treatment and complications in a way that was interesting and easy to understand. Jon also spoke about high output neonatal stomas and the treatment for these. Many of the conditions he covered are ones we commonly see and the photos and diagrams he used explain things well without a lot of words needed.

Melanie Stevenson and Maxine Kiesanowski are Registered Nurses working at the New Zealand Familial GI Cancer Service. They spoke about hereditary colorectal cancer and polyposis syndromes. The role of the service is to:

- Offer assessment of bowel cancer risk for people with a family history of GI cancer
- Facilitate the diagnosis of hereditary cancer syndromes by confirming family history
- Offer surveillance recommendations
- Co-ordinate surveillance for high risk families
- Offer specialist management advice
- Provide information for families on familial GI cancer

Their website is www.nzfgcs.co.nz if you would like further information about this important service.

Our first speaker after lunch was Tim Eglinton, Consultant Colorectal Surgeon in Christchurch who spoke about Parastomal hernia: Is prevention with mesh better than cure? This is quite a topical issue these days and it was good to hear his thoughts. He spoke about the types of surgical treatment that can be used for parastomal hernia from primary repair with a 46 – 100% recurrence rate to relocation of the stoma with a 32% recurrence rate to mesh repair with a 0 -33% recurrence rate but with the mesh related morbidity. Different types of meshes and their placement was also discussed. His conclusion was:

Evidence supports that prophylactic mesh insertion at permanent ostomy creation;

- Significantly reduces Parastomal Hernia rates
- Is associated with minimal morbidity
- Reduces requirement for Parastomal hernia repair
- Use of lightweight synthetic mesh in a sublay position
- ...in the short term...

Long term results regarding mesh complications and durability of prevention are required.

Stephen Mark, Consultant adult and paediatric Urologist in Christchurch, was asked to speak about the pros and cons of Neobladder vs Ileal Conduit.

This is something that patients are sometimes left to make decisions about themselves as to what they would prefer so it was great to be able to understand the differences between ileal conduit, orthotopic Neobladder or a catheterisable channel. He also explained which patients are more suitable for each, how the surgery is done and the complications of each.

The afternoon session on the first day concluded with a presentation by Dave Johns who flew down from Auckland to be with us. Dave had his stoma formed in Christchurch for IBD. I asked him to send me a short biography that we could use to introduce him at conference and this is what he sent. “Diagnosed at 16 with UC and almost completed high-school... I spent the next 7 years trying to avoid this profession but an air ambulance flight delivered me on a platter to the chopping block in 2008. Post OP I’ve tried pretty hard to maximise my second chance. With stints trying to find the meaning of life, skiing mountains in Central Asia, and the occasional run-in with the medical profession... In general, I’m an engineer and ostomate who is easily distracted...”

Dave’s talk was inspirational and I wish he lived down this way so that I could have him see my new patients. He has adapted to life with a stoma so well and it doesn’t hold him back from trying anything. He talked to us about his trip along the Silk Road and also of his time at a monastery in Spain finding the meaning in life, he also showed us part of a video that was filmed of their trip along the Silk Road. Originally Dave sent me a link to part of his video so you can go on line and find it at: www.vimeo.com/37979477

On Friday morning Richard Gearry, Consultant Gastroenterologist at Christchurch, presented us with The ABCs of IBD and this was such an informative talk. Richard talked about diagnosis, treatment and complications but also about how common Inflammatory Bowel Disease (IBD) is and who is more likely to get it and why. IBD is made up of Crohn’s, Ulcerative Colitis and a small group who used to be indeterminate colitis and are now called IBD unspecified.

5,000,000 people are affected worldwide but in the highest prevalency regions 0.5% of the population is affected. It is a disease of westernised nations and does have a rising incidence but is not common in Maori or Pacific Islanders. There has been a large study done in Christchurch and childhood environment may be a factor. A family history of IBD is the strongest known risk factor. “Genes may load the gun, but the environment pulls the trigger”.

Sarah Ellery is a Nurse Practitioner in Adult Oncology working in the Oncology Service at Christchurch Hospital. Sarah spoke to us about the ins and outs of medical and radiation oncology. So many of our patients are having neoadjuvant chemoradiation nowadays and may more have adjuvant therapy post operatively so it is important that we understand more about this topic. Side effects and their treatment was discussed. Sarah also described the way that radiotherapy and chemotherapy can be delivered.

The second day concluded with “Intimacy, starting over” by Jan Burns. Jan is New Zealand’s leading Sexologist, having practiced Solution Focused Therapy for 22 years. Nursing since 1973, working largely in the field of urology, Jan has extensive knowledge in this field of medicine which compliments her Sexual Therapy practice.

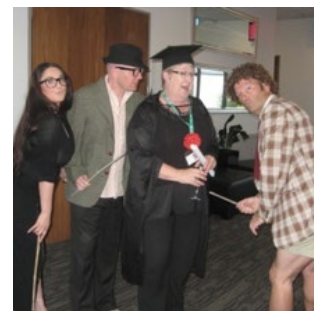
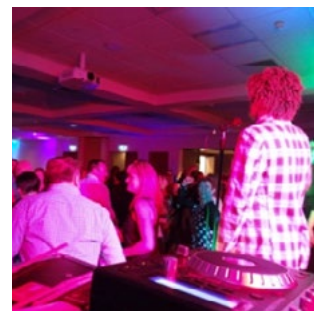
Jan is very passionate about her work. She spoke about her role as a sexual therapist, the impact of ostomy surgery on patients – both physical and psychological and gave some ideas you may be able to use to help patients with sexual dysfunction. Communication is the key. Look for indicators when you are talking to your patients as they find it hard to initiate a discussion. Make it clear to the patient that you are prepared to listen and are open for discussion.

We also had 5 nurse presentations covering a wide variety of topics. Sharon Elson presented Mrs G a lady with mucocutaneous separation, Jenny Roberts spoke about pseudomyxoma peritonei. Jenny Coulson and Lily Murray jointly told us about “the wet colostomy” where a lady had her ureters implanted into her existing colostomy and the challenges this presented. Sue Wolyncewicz told us about irrigation and how it improved the Quality Of Life of one of her patients and Vicky Beban explained a complex case she has been dealing with and her reflections on this – we also learned the difference in what we supply here and what they receive in the UK!

Marie Buchanan also ran a session of problem solving entitled “Don’t Panic” and this looked at normal and abnormal situations and what may help. This was an open discussion time and we welcomed the participation from the audience.

I have not included anything further about the nurse presentations here as I hope they will accept the challenge to turn their power points into articles for The Outlet!

So as you have read our conference covered a wide and diverse range of topics and we do appreciate all the time and effort that the speakers put into presenting. We look forward to providing another excellent conference in 2018. The venue is yet to be decided but you will hear in due course. Remember if you want to comment on anything from conference or have suggestions on topics you would like to hear more about we will have a “Letters to the Editor” section in the next Journal if we have received anything to go in it.






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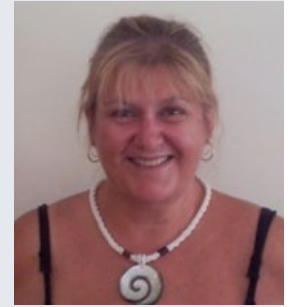
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A TRIBUTE FROM THE NORTHERN REGION

New Beginnings

MAREE MCKEE

Maree McKee



The biennial Stomal Therapy Conference in October 2016 was held in Christchurch with a theme of “New Beginnings”.

The theme for the conference is based on the change and the challenges that are happening in the Stomal Therapy Section and the Section’s transition to College status. The journey undertaken to get to this transition has been a major commitment for the Executive committee and the chairperson, Marie Buchanan. This commitment will give the future of Stomal Therapists credible standing in the health sector and the recognition it deserves.

Alongside the changes that are happening for the Section are the changes that have happened in Christchurch post the devastating Earthquake that reduced the garden city to rubble. Christchurch is rebuilding and ‘New Beginnings’ are the focus for so many in this city, which makes it so relevant and special to hold the conference in Christchurch 2016.

2015 and 2016 have seen several changes among the Nurses who have been working in Stomal Therapy for many years.

It started with the retirement of Marie Oldridge which we celebrated in 2015 then the retirement of Eileen Austin in the same year. Marie Oldridge’s story was told in “The Outlet” July 2015 edition.

Eileen started her nursing career on 16th January 1968. She became Charge Nurse of ward 18 (orthopaedic), Middlemore hospital in 1975, then during the mid-80s was District Nursing team leader for Papakura. She moved to Orewa in the late 80’s and for 26 years worked as a District Nurse, Continence and Stoma Nurse Specialist for the area.

Eileen was a highly respected member of our Northern regional team, and the National Section, her achievements were many. Her final nursing achievements before her retirement were to graduate with a Master’s degree, and winning the Liberty Award at conference 2014 for her publication in “The Outlet” Journal.

I am sure, like me, all of the section would like to wish her a fantastic retirement, enjoy your time with family and friends, spoil yourself rotten and know that you will missed by your colleagues and patients.



A TRIBUTE FROM THE NORTHERN REGION

New Beginnings

MAREE MCKEE

December 2015 and into 2016 claimed three more Stomal Therapy Nurses.

Lorraine Andrews retired from her position as colorectal nurse specialist for Middlemore Hospital / surgical centre and now has a position working for Omnigon as national sales manager for Omnicare. Even though Lorraine is still working in the health industry she has been a great loss to Counties Manukau District Health Board and most definitely missed within our Northern Regional forum and Stomal Therapy Section. A fantastic nurse, advocate for nurses and patients, and great friend. I am sure she will do a fantastic job at whatever her journey and 'New Beginnings' are in the future.

April 2016 has seen the departure of Marie Buchanan from Stomal Therapy to Charge Nurse Manager for district nursing at North Shore Home Health Care. My congratulations to Marie as I personally have witnessed her growth in management over the last four years and am very proud of what she has achieved on behalf of our Section on the executive committee.

For me it is a fond farewell to nursing after 36 years as a nurse, 23 of these years as a Stomal Therapist, I have decided that I need a complete change. I have retired as a nurse and have taken work in a completely different area of the work force.

So it is with great sadness that I say good bye and on behalf of all of us who have changed direction and are on a journey of 'New Beginnings' my advice to our other Section delegates and up and coming Stoma Nurses is please embrace the changes that are to come as they are progress that has been greatly needed within our Section, take care, enjoy and have fun.

Maree McKee



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ILEO-ALERT

A STOMAL THERAPY NURSING INNOVATION

Diana Hayes
Clinical Nurse
Consultant / Stomal
Therapy; Western
Health Melbourne
Australia; Master of
Advanced Nursing
Practice (University
of Melbourne)



An innovation is a new idea, or more-effective device or process⁽¹⁾. On discovering an opportunity to implement a Stomal Therapy Nursing innovation in 2008, I accepted the challenge and created the pathway for positive change and empowerment for people who have an ileostomy. The innovation is called ILEO-ALERT.

An ileostomy is a type of abdominal stoma that arises from the last portion of the small intestine, the ileum. It is within this vast region of the digestive tract that most digestion and absorption occurs⁽²⁾. It is surgically fashioned to form an opening within the rectus abdominis muscle. The function of an ileostomy is to create a permanent or temporary diversion within the gastrointestinal tract. The reasons an ileostomy is necessary include: colorectal cancer; Crohn's Disease; Ulcerative Colitis; internal fistulae; cutaneous fistulae; sigmoid colon perforation due to severe diverticulitis; injury and rectal prolapse. People who have an ileostomy need to wear a special appliance to collect the output, which can range from bile to a paste-like consistency. The appliance requires emptying approximately six times per 24 hours whenever the appliance is half-full.

The person with an ileostomy is ultimately rendered incontinent and has to deal with bodily functions more diligently. There is a constant fear of appliance leakage, a potential for soiling of clothing, embarrassing gas-related noises and overfilling of the appliance which unfortunately are all reality. Furthermore, the person with an ileostomy needs to be empowered about pharmaceutical and fluid/electrolyte considerations. People who have an ileostomy are habitually dehydrated due to fluid loss.

The first output from an ileostomy is usually watery green/ black bile. The PH of bile is 7.5-8.8⁽³⁾. This means that it is alkaline and very corrosive to the skin.

As the patient commences diet and fluids, the output thickens. The first output may be high in volume. Within a week or more, the gut slows down and the output lessens. This is called the adaptation period⁽⁴⁾.

“A new ileostomy produces diarrhoea, which then gradually decreases in volume over the next three to four months. The role of the ileum in this apparent adaptation to loss of colonic water absorptive capacity was determined directly by measuring water absorptive capacity in ileal test segments in vivo. The results suggest that the initial diarrhoea is caused at least in part by loss of normal absorptive capacity in the distal ileum and that the adaptation over the next several months actually is caused primarily by a return of ileal absorptive capacity to normal.”⁽⁴⁾

Once adaptation occurs the output is much thicker and has a sloppy cooked porridge-like consistency. It is not true faeces as it is not considered waste.

These end products of digestion are now exiting the body much earlier than prior to surgery. Therefore, some lifestyle modifications need to be observed. The most significant patient empowerment feature within this specialised patient group is that slow-release, sustained-release or enteric-coated oral medications may no longer be effective. The pills or tablets are swallowed and then may pass out, intact, through the ileostomy approximately four hours later with no therapeutic value. Examples of medications that may pass out intact are: Slow K (a potassium supplement); OxyContin (a strong analgesic) and Panadol Osteo (an osteoarthritis medicine). Some patients have also reported that slow-release tablets for diabetes pass out with the writing on the pill still legible.

The problem that I wish to resolve globally is that people who have an ileostomy, and who are prescribed slow-release medications, are seemingly unable to convince healthcare professionals that the medications are not effective and that their symptoms are persisting or even worsening.

An example of this phenomenon is a gentleman, who has a permanent ileostomy, required a hip replacement operation. When his care plan allowed him to change from intravenous analgesics to oral, he was prescribed OxyContin, a slow-release pain medicine. He reported experiencing a pain level of 10/10 in the days that he was prescribed OxyContin. A 10/10 pain score indicates the worst pain imaginable. His cries for help remained unheeded and

he was left to suffer in total agony. The only reassurance offered was that he has been given his prescribed pain tablet, which no doubt escaped into his ileostomy appliance and eventually flushed into the sewerage system. Had the concept of ILEO-ALERT been understood by his prescribers, an appropriate oral medication, such as Oxynorm, might have been prescribed.

Another feature of having an ileostomy is electrolyte/fluid inequity. Approximately the equivalent of one teaspoon of salt and at least 600 millilitres of water is passed from an established ileostomy in which adaptation has occurred. Prior to this, high volumes of fluid can pass out through the stoma creating the potential for electrolyte imbalance, kidney stones, acute renal failure and severe dehydration. Certain substances are purported by patients with an ileostomy as contributors to high-volume liquid output. These include diabetic-style lime flavoured cordial, artificial sweeteners, processed orange juice and foods that are high in saturated fats.

People, who have an ileostomy, worldwide, must be empowered. This is why ILEO-ALERT was innovated.

ILEO-ALERT objectives are:

1. To empower and instruct people with an ileostomy
2. To educate health-care professionals including nurses, doctors and pharmacists
3. To create an international medical alert system that reduces the risk of patient-confidentiality issues whilst protecting the person with an ileostomy from harm.

By adding ILEO-ALERT to the patient's medical file and writing it on the medication chart the person with an ileostomy is offered a world-standard level of care. ILEO-ALERT is included in the Western Health (Melbourne, Australia) list of patient alerts on the patient registration and documentation programs. Medications prescribed are not slow-release etc. but which break down within the stomach or duodenum. Some of our ileostomy patients are given liquid forms of oral analgesics.

To initiate ILEO-ALERT within my healthcare network, I needed to follow strict hospital protocol. A submission was made to the Western Health Medication Safety Committee. Not only was the innovation welcomed by the committee, but I was nominated by our Executive Director of Nursing in 2010 for a government salutation.

The outcome of the nomination was being presented the Metropolitan Nursing Innovation category in the Victorian Department of Health 2010 State Nursing Excellence Awards. This award allowed me to travel overseas to promote ILEO-ALERT.

To disseminate ILEO-ALERT I have created a business-card-style alert for people with an ileostomy to show their health care providers. It has been made available within Australia by publishing a paper in OSTOMY AUSTRALIA in August 2011. The outcome of this publication was an outpouring of gratitude nation-wide. I received many letters of appreciation from people for not only recognising and acknowledging this pharmaceutical and medical shortfall but for creating ILEO-ALERT.

ILEO-ALERT has the potential to be implemented globally within every hospital and clinic. ILEO-ALERT was first introduced at the Australian Association of Stomal Therapy Nurses (AASTN) conference in Perth Australia in 2009. It won the AASTN delegates' poster award. It was then presented orally at the Wound Ostomy and Continence Nurses Society (WCON) conference in Phoenix Arizona in 2010 and the European Council of Entero Stomal Therapists (ECET) conference in Bologna Italy 2011. It was presented as a symposium in Singapore and in Bangkok in 2011 and by invitation at the Acute Pain Workshop on Sunday 1 April 2012 in Melbourne Australia.

Diana Hayes

1. <https://en.wikipedia.org/wiki/Innovation> Retrieved 11/04/2016.

2. Blackley, P. (1998). *Practical Stoma Wound and Continence Management*, Vermont, Research Publications.

3. http://wiki.answers.com/Q/PH_of_bile Retrieved 14/12/2010

4. Hastings, K., Wright, M.D., Joseph, C., Cleveland, M.D., Martin, D., Tilson, M.D. Teodoro, H. (1969). *Morphology and absorptive capacity of the ileum following ileostomy in man*, *The American Journal of Surgery*, 117 (2), 242-245

Editor's note: Diana sent this to us to be considered for publication in *The Outlet*. It was great to receive an article from Australia

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New Zealand Stomal Therapy Nurses