Women's health: Cervical screening changes

CONCERN ABOUT planned changes to cervical screening was the major agenda item for the women's health section (WHS) committee at its two-day meeting in Wellington in October.

The committee, accompanied by NZNO policy analyst (Māori) Leanne Manson, met five Ministry of Health staff to discuss its concerns. These centre on changes to the screening programme, now to begin at age 25, not 20, and which will include testing for the sexually-transmitted human papillomavirus (HPV) by 2018.

The committee is concerned there is a cohort of unimmunised young women, who were not in the initial HPV immunisation target group, or who had decided against vaccination, for whom this could be an issue. It is also concerned that some cancerous lesions are asymptomatic, so have no pain, bleeding or warning signs.

A recent shift in culture around women's health could mean a much greater workload for nurses. There is a whole cohort of women who, for the last 30 years, have been told they must be screened. Now nurses will have to tell them they need less frequent screening and a new test, HPV. This means a huge education programme, which will mostly affect nurses. The committee will continue discussing the transition, set to begin in 2017.

Women's health section committee members, back row, from left: Janice Grant, Wendy Diack, Robyn Kemp, Meegan Farbeh-Tabrizi and Liz Bilton. Front row, from left: NZNO professional nursing adviser Kate Weston, Denise Braid (chair), Ann Simmons and Keryn Anderson-Umaga (vice-chair).

The committee has recently been part of making submissions to the Ministry of Health and Pharmac on the funding of the Mirena intrauterine system for all women as contraception, not just for those with heavy or painful periods.

The WHS looks forward to celebrating becoming a college next year. After all the years of hard work by this and previous committees and members, it will truly be something to celebrate at our conference from May 25-27 in Auckland. More details about the conference are available on the WHS website. •

Report by NZNO professional nursing adviser Kate Weston

Emergency nurses: Bracing for festive violence

ACCORDING TO my dictionary, the definition of a conference is "*a formal meeting in which many people gather to talk about ideas or problems related to a particular topic usually for several days*". Hard to argue with a dictionary but many things seem to be missing from this – things which, to my mind, are equally as important as the more formal elements.

At the College of Emergency Nurses NZ's 25th conference in Auckland in early November, from the powhiri onwards, the atmosphere was one of being among whânau, with the opportunity to meet up with old friends and colleagues while dining on sumptuous food.

The conference theme was "balance" and arguably the key component of this was the need to balance our own needs with those of our patients – to care for ourselves.

This theme was reflected from day one, with a conscious decision to have a balance of committee members representing the three district health boards (DHBs) that make up the Auckland region. The event's success was in no small part due to this vibrant team.

Keynote speaker Jason Shon-Bennett, a self-cured health guru, author and co-owner of The Exceptional Health Company, provided us with two exceptional and inspiring talks which challenged us to re-evaluate our diets and life style. Sandwiched between, we had a healthy balance of clinical, non-clinical, paediatric, adult and pre-hospital care, along with the patient's perspective.

Debate critiques triage

The highlights for me included our great debate, an irreverent critique of triage. Particularly worthy of mention was Donna Trump (also known as Jan Boyd) who set the tone with her opening address on the importance of triage. As the adage goes, many a true word is spoken in jest, and while humour was the prevailing tool of the debate, the continued relevance of triage was clear.

Radio personality and our MC Kerre McIvor kept a room full of emergency department (ED) nurses in stitches for 30 minutes with an expletive-ridden synopsis of some of her more interesting life moments.

On a more serious note, at the annual general meeting the college discussed and ratified our position statement on zero tolerance to violence in the ED. Sadly, the approaching festive season is usually associated with an increase in alcohol consumption and violence, some of this perpetrated against health-care workers. In particular, our statement recommends that all EDs have signage displayed outlining this position.

It was also acknowledged that nurses working in smaller EDs, with little or no security support, were at particular risk. The position statement is seen as a foundation from which to build further, tangible strategies to prevent violence.

Thank you to my colleagues and friends who made up the conference committee – Nicky Anderson, Chrissy Austin, Nikki Fair, Jaye Fuller, Kathryn Johnson and Michelle Peperkoorn. •

Report by Auckland DHB nurse practitioner and conference committee member Michael Geraghty

Perioperative nurses: Reaching their potential

BLOSSOM AND bloom – cultivating your personal and professional growth was the theme of the 43rd annual conference of the NZNO Perioperative Nurses College in Dunedin. The three-day conference was designed to inspire delegates to reach their full potential as nursing professionals.

The conference opened with what some consider the best part – the free paper sessions. This year, four perioperative nurses shared their experiences on such varied topics as surgical smoke plume, the Association of Perioperative Registered Nurses (AORN) 2016 conference, liver transplantation and the experience of nurses after cyclone Winston in Fiji.

This was followed by five speakers contesting the Debbie Booth Memorial Travel Award for medical imaging nurses. Their topics covered nurse-led peripherally-inserted central catheters, cardiac biopsies, lipiodol and infertility, CT scanner colonographies and getting the right patient to radiology at the right time. Shona Matthews from Auckland won with her presentation on the use of lipiodol.

Youth worker William Pike, who survived an eruption on Mt Ruapehu, and former nurse Lesley Elliot, whose daughter Sophie was killed by her ex-boyfriend, talked about how their self-belief and internal strength got them through. They described how we can all use the knowledge we have to enhance our personal and professional lives.

Other sessions included paediatric sedation, career planning, enhanced recovery after surgery, ear, nose and throat emergencies, venous access, ultrasound and many more.

Dunedin Hospital interventional radiologist Gabriel Lau spoke on the last day of conference on minimally invasive oncology therapies undertaken by interventional radiologists in the diagnosis and treatment of cancer and cancer-related conditions. The main focus was ablation techniques for hepatic and renal tumours.

The final speaker was Otago University's professor of neurosurgery Dirk de Ridder, who gave a crash-course in neuromodulation and homeostasis, using "burst stimulation" to drive brain function for treating tinnitus, chronic pain or addiction.

During the college's annual general meeting, outgoing chair Fiona Unaç was thanked for all her hard work and commitment, and the incoming committee was welcomed. Our new chair, Counties Manukau District Health Board nurse educator Johanna McCamish, closed the conference with her first address as chair.

Next year's conference will be in Napier from October 19-21, with the theme *Advice from the ocean*. •

Report by college committee member Gillian Martin

Supporting vulnerable, pregnant women

MORE THAN 120 nurses, midwives, GPs, obstetricians, social workers, counsellors, researchers and representatives from district health boards (DHBs), government agencies, non-governmental organisations, Māori health providers and faith communities gathered in Nelson last month for a hui on providing support to vulnerable pregnant women.

Organised by Crisis Pregnancy Support/ Hapai Taumaha Haputanga, a trust established to support women facing an unplanned or unwanted pregnancy, it was aimed at fostering greater collaboration among all groups providing services to such women.

The trust's clinical nurse manager Cushla Hassan said the trust had six acute response care co-ordinators, all of whom are health professionals, and 30 community volunteers who help women navigate services, provide home-based support, as well as transport, meals and general support.

The women they helped were of different ages and ethnicities, and included those struggling with housing – "some are couch surfing" – violent relationships, drug use and psychiatric illness. "There is a lot of chaos and dysfunction but there is also a lot of joy as these women become empowered and feel more resourceful," Cushla Hassan said.

The trust's medical director, Nelson GP Joseph Hassan, said there was increasing community support for the trust. The majority of referrals – about 50 a year – were from GPs but Women's Refuge, midwives, women themselves and other services also made referrals. "The key need for these women is to feel safe. Once they feel safe, they can become connected to community supports, to education and to friends," he said. The trust did not take over the medical or midwifery/nursing care of the women; rather it was addressing the social determinants of health, he said.

Hemaima Hughes (left) and Cushla Hassan

The trust's Māori nurse liaison educator, Hemaima Hughes, asks Māori women contemplating termination a number of questions, including: What about your mother's mokupuna? What about the future? "I tell them of the wrap-around-services the trust can provide. This is important mahi," she said.

Hughes outlined the Māori understandings of timatanga – beginnings. Wairua – spirituality – is implanted during pregnancy and maintains the link between the pepi and Te Atua. The mauri or life force determines the pepi's characteristics.

Maternity social workers at Nelson Hospital presented on the DHB's vulnerable pregnant women's pathway. A maternity social worker was the one point of contact for the multiple agencies that may be involved with a woman's care. Case co-ordination was essential, as was a safety plan for the mother and baby.

The principal of Nelson's Young Parents School, one of 23 throughout the country, Philippa Trewavas, said its campus was on a primary school, which also hosted a kindergarten. The school has two teachers, a social worker for 15 hours a week and a health nurse, who visits once a week.

Other presenters included a nurse from the DHB's addiction services, Karen Scifleet, who said women would not tell the truth about their substance use during pregnancy, if they felt they would be judged. Her role was to link women with services.

The manager of Nelson Hospital's maternity unit, Lois McTaggert, said the rate of maternal suicide in New Zealand was one of the highest in Organisation of Economic Co-operation and Development (OECD) countries and the national perinatal and maternity mortality review committee had recommended recently that each DHB establish a maternal mental health referral pathway. •

Report by co-editor Teresa O'Connor

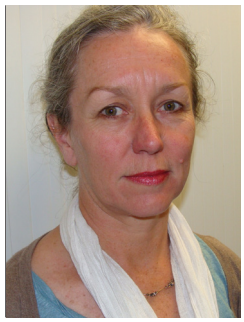
NZNO workshops: Nursing ethically

A SERIES of NZNO professional development workshops on nursing ethically – *What keeps nurses up at night?* – generated much interest among nurses from Christchurch, South Canterbury and the West Coast in August and September.

After initially exploring how children develop a moral code through experiences and rules and how we perceive others' view of us, we discussed ethical dilemmas nurses are likely to face. These include patient rights, informed consent, physical or chemical restraints, prolonging a dying process, working with unethical or impaired colleagues, care rationing due to staffing patterns and poor working conditions.

Different approaches were discussed, but seeking others' views and support and involving the whole team was an important part of any approach.

We briefly looked at different ethical frameworks that influence how people respond to dilemmas: virtue ethics where good people can be relied on to act wisely;



Margaret Bigsby

deontological ethics, where duty is the basis of all action; and utilitarian ethics where one person's interests cannot count as being superior to the interests of another.

This can be important in understanding how others might approach a situation differently. For example, managers may come from a utilitarian framework, promoting the greatest good for the greatest number, whereas a practitioner may come from a different perspective.

The Code of Health and Disability Services Consumers' Rights requires all those delivering health care, regardless of role or regulation, to deliver services "that comply with legal, professional, ethical and other relevant standards".

Nurses are further obliged to practise ethically through their competencies and the Nursing Council's code of conduct for nurses.

NZNO's code of ethics, found in the publications section of the NZNO website, is an excellent resource that defines a range of ethical values and gives examples of addressing ethical dilemmas.

After looking at applying different ethical values to various clinical dilemmas, some useful questions emerged: Who benefits from this decision? Who is impacted negatively? Could there be blind spots for me? If our roles were reversed, what would I want the other person to do? What decision would I feel proud of? What decision would I want others to know about?

Participants reflected on past dilemmas and whether they might have approached them differently, with their new awareness and tools. •

Report by professional nurse adviser Margaret Bigsby

Nursing informatics: Upping nurses' game

NURSES WERE urged to "up their game" when it came to developing health technology, at the recent Health Informatics New Zealand (HINZ) conference in Auckland in November. This was part of a week-long digital health event.

Despite being the biggest workforce and users of technology in health, nurses were overlooked and had the least involvement in the development of health technology, according to Denis O'Shea, founder and chief executive of Mobile Mentor, which helps companies make the most of mobile phone technology.

His comments echoed those of co-chair of the United Kingdom's all-party parliamentary group on global health Nigel Crisp. While nurses had a pivotal role to play in the development and use of health technology, they were not fully participating, Crisp said.

Health informatics is an emerging field in health care which directly affects nurses as well as patients. Nurses seem to predominantly use electronic medical records, telehealth, electronic prescribing, patient tracking, eVitals, community chronic health management, call systems, virtual reality, health analytics and other forms of health technology.

There were certainly many wonderful examples at the conference of nurses using these tools in New Zealand and throughout the world. But – reiterating the message from last year's conference – it was suggested nurses needed more of a voice in design and implementation, as health technology impacted on our practice in many ways.

O'Shea urged the nursing workforce to mobilise, suggesting a bring-your-own device initiative to help nurses use new software on a familiar device. Developing a stronger voice began with increasing awareness and being more active in contributing towards the development and integration of new technologies, he said.

Teaching nursing informatics

Educators were challenged to better prepare nurses for the virtual health-care environment. University of Auckland senior nursing lecturer Michelle Honey told *Kai Tiaki Nursing New Zealand* she would be working in 2017 on finding ways to teach nursing informatics consistently across all nursing schools in New Zealand.

The nurse-specific informatics session on day three, however, reassured us that nursing was heading in the right direction. Examples of nurses using technology to enhance their practice included the introduction of telehealth for first specialist appointments in Christchurch, improving health literacy and outcomes using telehealth technology in the home with Selwyn Care, in-home telehealth for people with cystic fibrosis by the Canterbury District Health Board, transforming public health nurses' workflow in Taranaki, and the use of text messaging to reduce health inequalities in Waitemata.

Nurses need leadership in this emerging field. But we also need to be the leaders ourselves, to become engaged, immersed and instigators of health technologies to improve patient outcomes. Ministry of Health director-general Chai Chuah reinforced this message when he said effective use of technology could help the health workforce face a number of challenges. "As you prepare to leave, are you ready to lead?" he concluded. That was certainly food for thought, and a challenge all nurses should be prepared to meet. •

Report by Otago Polytechnic school of nursing senior lecturer Emma Collins