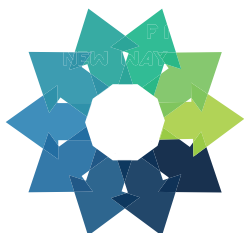


CONFERENCE HANDBOOK
November 9-10, 2023



FINDING THE NEW WAY FORWARD

UNLOCKING YOUR POTENTIAL 



**WELCOME
TO THE
CNSSNZ
CONFERENCE
2023**



GENERAL INFORMATION

REGISTRATION DESK

This will be open at 8:00 am, it will be signposted from the main entrance. Please wear your name badge at all sessions including Canapés and Breakfast

PARKING

Parking is \$25 per car per day and is located at the back of the hotel on 73 Roxbrough Street

MAIN CONFERENCE ROOM

Located in the Conference Centre Level 7

WI-FI

The hotel will display the password daily

CELL PHONES

Please be respectful of our speakers and keep cell phones turned off or non-vibrate/silent during all sessions

ENVIRONMENT

The room temperature may not suit everyone, so please bring layers if you feel the cold

REFRESHMENTS

Conference registration includes refreshments at breaks, lunch, as well as tea and coffee throughout the day

CANAPÉS

At close of day Thursday is a chance to meet your fellow delegates and is a great opportunity to network. Beverages (any non alcohol and selected wine/beer) are included in your conference registration

BREAKFAST

The hotel buffet breakfast is available from 0700 - 0900, the only exclusion is barista coffee. Please wear or have your namebadge (with orange lanyard) available so restaurant staff know not to charge you for breakfast

AGM

We encourage all financial members to attend the AGM, duration anticipated will be 20-30 minutes

ENQUIRIES

Direct these to the session chairperson, who are all CNSSNZ committee members

LUGGAGE STORAGE

There will be a designated area to store luggage

OUR STORY

The first National Clinical Nurse Specialist (CNS) conference was held in 2009 in Christchurch and a biennial conference has been held since that time. One of the recommendations from a survey of participants at the inaugural CNS conference was to establish a national CNS network and the decision was formally made to form a National Society in 2013.

OUR MISSION

It is the mission of the CNS Society NZ to promote the distinctive contributions of Clinical Nurse Specialist (CNS) practice to the health and well-being of individuals, family/whanau, communities and health-care, and to advance the practice of nursing in New Zealand.

PURPOSE AND GOALS

The purpose and goal of the CNS Society NZ is:

- To provide a forum for discussion, share knowledge and expertise
- To provide a vehicle to unite Clinical Nurse Specialists in NZ
- To provide professional leadership to CNSs
- To provide a mechanism to consult on issues which affect CNS practice
- To develop a uniform classification/definition of CNS practice in NZ
- To increase the visibility and influence of CNSs
- To encourage nursing research
- To develop evidence-based guidelines to underpin CNS practice.
- To develop recommendations on educational requirements for the CNS role and the development of educational resources
- To promote and sponsor the biennial Clinical Nurse Specialist conference or other such meetings as may be useful or desirable for the advancement of the purposes of the society

THURSDAY 9TH NOVEMBER

8.00am

REGISTRATION DESK OPENS

Welcome tea & coffee available.

9.00am

MORNING TEA

10.10am

POWHIRI

10.30am

**PRESIDENTS WELCOME AND
SPEAKER INTRODUCTION**

Beverley Hopper.

OPENING SPEAKER

10.45am

**ASSOCIATE PROFESSOR
KATHY HOLLOWAY**

School of Nursing, Midwifery and Health
Victoria University.

*Clarifying the contribution of specialist nursing
to move forward.*

SPEAKER

11.30am

DR LIZ MANNING

Director/Owner of Kynance Consulting.
Disruption and change using a feminist lens.

12.15pm

QUESTIONS

12.30pm

LUNCH

SPEAKER

13.15pm

SHAWNA STEPHENS

RNS and NP candidate.
*Challenges of working as a RNS - Stewart
Island. A lived experience.*

SPEAKER

14.00pm

MORGAN SPITTAL

Practitioner Self-Care.
Self-care and wellbeing.

14.45pm **QUESTIONS**

15.00pm **AFTERNOON TEA**

SUBMITTED ABSTRACTS

15.15pm

SUBMITTED ABSTRACT ONE

Fascia Iliaca Block: An Acute pain Service Led
Initiative for Perioperative Pain management in
Patients' with a Hip Fracture.

Lisa Cline CNS Acute Pain - *On behalf of Grant
McCullough, James Camacaylan and Erica Gleeson*

15.40pm

SUBMITTED ABSTRACT TWO

Addison's and adrenal crisis: A phenomenological
study of the patient experience

Sarah Fostekew CNS Endocrinology

16.05pm

SUBMITTED ABSTRACT THREE

A Brief History of Infectious Disease: From
Prehistory to Forensic Mental Health

Jenny Singh CNS Forensic Mental Health

16.30pm

SUBMITTED ABSTRACT FOUR

The essentials of culturally safe de- escalation in
acute adult mental health units: an integrative review

**Elly Weber CNS Waitarau Acute Mental Health
Inpatient Unit**

16.50pm **QUESTIONS**

17.00pm **CANAPES/DRINKS**

END OF
DAY

18.00pm | See you in the morning for a
full buffet breakfast (*Level 7 Restaurant*).

PROGRAMME
DAY 2

FRIDAY 10TH NOVEMBER

7.00am - 9.00am

BREAKFAST

Full buffet breakfast. Level 7 restaurant.

8.15am

CNSSNZ AGM

All current financial members welcomed and encouraged to attend.

SPEAKER

9.15am

CATHERINE SOANA LATAILAKEPA TU'AKALAU

Nurse Practitioner - Pacifika
Nurse practitioners - Shaping the future of our healthcare.

SPEAKER

10.00am

ANNE DANIELS

NZNO President
Tensions and tangles. Unpicking the role of the CNS.

SPEAKER

10.45am

DR MAIRA PATU

Senior lecturer at Maori Indigenous Health Institute at Otago University.
Engaging with Maori in delivering health care.

11.30am

QUESTIONS

SUBMITTED ABSTRACTS

11.40am

SUBMITTED ABSTRACT FIVE

Pilot project for provision of long-acting contraception for inpatients of mental health services

Wendy Girling CNS Sexual Health

12.00pm

SUBMITTED ABSTRACT SIX

Anaphylaxis

Beverley Hopper CNS Outpatient Intravenous Antibiotic Service

12.15pm

LUNCH

SPEAKER

12.45pm

ZOE ANDERSON-HOWELL

RN./Professional Supervisor. Nurse Consultant
What is professional supervision, the models utilised to support this process, and how supervision supports professional growth

SPEAKER

13.30pm

JANE HINDS

Registered Nurse, Psychotherapist/Counsellor
Grief Therapy.

Uncovering disenfranchised grief.

14.15pm

QUESTIONS

14.30pm

CLOSING - INTRODUCTION OF NEW COMMITTEE

CNSSNZ Committee

END OF DAY

15.00pm | End of conference.



SPEAKER BIOGRAPHIES



Kathy Holloway

Director of the School of Nursing, Midwifery,
and Health Practice, Victoria University

Associate Professor Kathy Holloway is the Director of the School of Nursing, Midwifery, and Health Practice at Te Herenga Waka Victoria University of Wellington. She has held multiple senior nursing leadership roles over the last two decades and is the current tau iwi co-chair of the National Nursing Leadership group. This is the peak nursing body in New Zealand representing senior leaders from across the nursing sectors of policy, regulation, employment, professional bodies and education working to progress their commitment to equity through the development of a sustainable nursing workforce.

Kathy served as a Board member for the College of Nurses for eight years and is a current College Fellow. She also served as a ministerial appointment on the Nursing Council of New Zealand for seven years. A registered nurse originally educated at Wellington Polytechnic, Kathy worked as a specialist nurse overseas and completed her doctorate in 2011 at University of Technology Sydney. Through her research and national leadership roles Kathy is involved in clarifying the potential of nursing expertise to improve the patient experience and inform workforce planning models.

Dr Liz Manning

Nurse consultant/ Kaiwhakahaere nēhi,
Kynance Consulting Ltd



Liz has been a self-employed nurse consultant for over 12 years, focusing on professional advice and policy.

Before this, she was a Future Workforce project manager at DHBNZ, which followed many years at Waitemata DHB culminating in an Associate Director of Nursing role.

In 2006, Liz completed a Master of Philosophy, focusing on work-role transition into leadership roles. She completed her PhD in 2022, focusing on the impact of liminality and gender on nursing, in particular nurses with a specialisation.

Liz has worked with many national nursing groups and organisations over the years, too many to mention. She is currently working on a national Te Whatu Ora project, is the Strategic Projects Manager for the College of Nurses Aotearoa and is Executive Advisor to the Nurse Executives Aotearoa. She also provides nursing supervision, mentorship and coaching for leadership.

Liz's passion is to raise the profile, voice and value of nursing and nurse leaders.



Shawna Stephens - RN Specialist

Rural Nurse Specialist - Stewart Island Nursing
Officer, MOH

Shawna has a passion for adventure in wild and untamed places, so her medical skills as a US trained BSN-RN and EMT have morphed across landscapes from Mongolia, Colorado, Alaska, Tierra Del Fuego, the Caribbean and now find her in the deep south.

Shawna has enjoyed many seasons in outdoor pursuits as a Rocky Mountain ski patrol instructor, a search and rescue member/instructor, a class IV oarswoman and as a swift water rescue technician. She completed her Fellowship in the Academy of Wilderness Medicine in 2021 and is quickly approaching the terminus of her Nurse Practitioner training here in NZ. She hopes to continue her pursuit of knowledge such that she might deliver the full spectrum of healthcare in austere and remote locations.

Shawna isn't sure why we've invited her to speak, though she's aware that she may hold the title of southernmost CNS in NZ; she is thus attending with the assumption that she will receive some small but shiny trophy. Shawna is commencing her 5th year working as a lone clinician on NZ's 3rd island, Rakiura/Stewart Island, where she attempts a dizzying array of hat donning/doffing. The island CNS role is staffed 24/7 and 365 days a year by Te Whatu Ora. There are no doctors, radiologists, fellow nurses, techs, paramedics, students, or back-up coming for at least 90 minutes (weather permitting). She works 6-10-day long shifts and supported by extensive standing orders, runs the walk-in clinic during the day. Nightfall sees her shackled to sobriety, the pager, cell phone, ambulance, and St John CPGs for overnight emergencies....

Morgan Spittal

Registered Nurse, Holistic Health Coach



I'm from sunny Nelson, and my nursing career has taken me throughout Te Waipounamu. I love spending time with my friends, family and my golden retriever Alfie. I have completed further education in Lifestyle Medicine through the Australasian Society of Lifestyle Medicine, and as a Health Coach through the Institute of Integrative Nutrition. My current role is in primary care providing free behavioural health consultations as a health improvement practitioner (HIP). I also have my own private practice as a health coach focusing on lifestyle medicine.

I'm excited to be presenting on 'Practitioner Self-Care'. Where I'll use the lifestyle medicine pillars (nutrition, movement, stress management, relationships and sleep) within a self-care context. I'll be sharing evidence-based, simple, realistic and achievable ways to add more work/life balance and wellness to your life.



Catherine Soana Latailakepa Tu'akalau NP
Specializing in child health, primary care Nurse
practitioner. Pasifika Health Service, Pacific Health Plus

Catherine, from Luatuanu'u in Samoa and Ma'ufanga and 'Ofu in Tonga, is also Wellington's first Pasifika nurse practitioner. She is one of only eight Pacific nurse practitioners in New Zealand.

Catherine completed her Certificate in Health Science, Conjoint degree in Bachelor of Health Science and Nursing at the University of Auckland and went on to completing her postgraduate certificate and diploma in Nursing at Massey University. In 2021 Catherine did her training on the Children's ward at the Hutt Hospital. Having worked in secondary care, she has seen the repetitive cycle of Pacific and Maori children being admitted to hospital for preventable illnesses such as Pneumonia, Bronchiolitis and Viral Induced Wheeze. Catherine has witnessed the social and financial burden this has on Pacific families when their children are admitted into hospital. Now she has moved into primary care and is sharing her expertise and skills across two Pacific health providers, working part time at Pacific Health Plus and Pacific Health Service Hutt Valley. She completed her Nurse Practitioner training in completing a master's in nursing in 2021.

In 2020, Catherine was deployed to Samoa under the Pasifika Medical Association to assist in the measles pandemic. She joined a team of 14 members that included mental health and clinical registered nurses, doctors, psychologist, and social workers.

Since she has become a Nurse Practitioner, In 2022, Catherine presented at the Nurse Practitioner international conference that was held in Dublin, Ireland. Her presentation explored Pacific health models in the context of developing community-based initiatives and the need for cultural competency to be the forefront of our health workforce to provide quality care. Catherine sits on the ICN/APN/NP committee and is co-chair. She attended the ICN conference in Montreal, Canada in July this year to present their bid to host the next ICN/APN/NP conference here in Wellington in 2026.

She has a firm stance on upskilling our current nursing workforce and ensuring equitable and sustainable pathways are easy to navigate. She believes transitioning into primary care can assist in bridging the gap between Primary and secondary care. In addition, working alongside our community health teams, church leaders to establish health initiatives to prevent ambulatory service hospital rates thus reduce health inequities to improve Pacific health outcomes.



Anne Daniels
President, NZNO

Tēnā koutou katoa.
Ki Opotiki te whenua tupu
Ko Ōtepoti te Kainga
Kei NZNO ahau e mahi ana
Ko Anne Daniels tōku ingoa
Tēnā koutou katou.

Anne Daniels is the elected President of the Tōpūtanga Tapuhi Kaitiaki o Aotearoa – New Zealand Nurses Organisation representing 57,000 members (nurses, midwives, kaimahi hauora and tauria). The leadership role is one of partnership, with shared oversight responsibilities, with Kerri Nuku Kaiwhakahaere.

Anne is a Registered Nurse with clinical experience in acute medical and coronary care unit, practice nursing, nurse education, and leadership positions as a Clinical Charge Nurse in Outpatients and Emergency Nursing, where she still works today as an expert nurse.

Early in her nursing journey Anne's strong sense of justice led her to become an NZNO delegate, leading nurses through strikes, restructuring, campaigns to rebuild hospitals and safe staffing. Throughout this time, Anne also successfully completed her Masters in Health Science (Hons) in 2005 which focused on why nurses were leaving the profession.

Supporting nurses (midwives/health care assistants), to take up nursing as a career and stay nursing in New Zealand, has been a lifelong commitment for Anne in collaboration with NZNO in its many facets. In recent years, health and safety has become a strong focus for Anne as chronic nurse and midwife shortages have resulted in unsustainable workloads and unsafe work environments.

Seeing and experiencing the incredible difference nurses make to the lives of the people they care for and the people nurses work with, despite all the challenges, has engendered an enduring respect for nurses in our communities. Ensuring that nurses who provide the care, and those who receive it, are safe and appropriately resourced, is a major focus for all NZNO members as this strategy will improve recruitment and retention going forward.



Maira Patu

General Practitioner, Clinical Senior
Lecturer University of Otago

Maira is a General Practitioner who is based at the Linwood Medical Centre. Maira was part of the Nga Kete Matauranga team who established the first VLCA General Practice in Invercargill and has spent time practicing in South Canterbury and South Auckland.

Maira is involved in the design, development, implementation and evaluation of the Hauora Māori curriculum at UOC. Maira is a member of the Hauora Māori Curriculum Sub-committee of the MBChB Curriculum Committee. Maira also contributes to the MIHI post-graduate short courses that support the professional development of health professionals in the Hui Process and Meihana Model.

Maira has a focus on developing curriculum which utilises simulation and draws on local Māori patient experiences in the health system to support transformative practice.



Zoe Anderson-Howell

RN./Professional Supervisor. Nurse
Consultant

Waikato based nurse and professional supervisor Zoe, is of Ngāpuhi, with English and Scottish heritage. Throughout her nursing career, Zoe has worked within NGOs, public and private sectors, with a focus on oncology, hospice, paediatric palliative care and recently occupational health. Underpinning this nursing journey has been a love affair with reflective practice, how this continually informs and shapes her ability to tune into and nurture her most authentic engaged practice.

In today's kōrero, Zoe will speak to, 'What is professional supervision, the models utilised to support this process, and how supervision supports professional growth'. Zoe will share her personal experience as a supervisee, and the value supervision has afforded her professionally and personally.

Jane Hinds

Registered Nurse,
Psychotherapist/Counsellor Grief Therapy



My name is Jane Hinds and I have been Registered Nurse for over 50 years. I am practicing in a small General Practice, running their Careplus Clinic which primarily promotes Health and Well-being Education. I also have a Master's Degree (Hons) in Psychotherapy with a private practice. I have a Post Graduate Diploma in Supervision and a Certificate in Tertiary Teaching.

This year I have registered as a Havening Practitioner, working with Trauma and PTSD. My main speciality has been Grief. I have facilitated numerous Grief workshops for small groups and run presentations for Rest Homes, Companies and a variety of other people groups.

For this conference I will be presenting an overview on Grief, mainly exploring and discussing Disenfranchised Grief. The hidden Grief that many often do not recognise, minimise, deny or bury.

The College is a **professional organisation** of New Zealand nurses. We aim for excellence in nursing practice and health care delivery by **supporting nurses** in their ongoing professional development.

The College is:

- A proven strong voice for RNs and NPs and a consistent leader in raising the profile of nurses across health.
- A vibrant, responsive, and proactive professional organisation which keeps you up to date with professional issues.

Just some of the direct personal benefits you will receive:

- Nursing Praxis Aotearoa; Journal of Professional Nursing
- Weekly world and NZ news bulletin with articles of interest specifically selected for nurses.
- Discounted access to unique workshops, e.g., Nurses in policy, Self-employment for nurses.
- Ability to apply for membership or a Fellowship.
- Access to nurse leaders and expertise from around the county.
- \$1 million p/a Professional Indemnity Insurance cover for civil liability. Members are covered automatically except for retired and those working overseas.



Lisa Clince - CNS Acute Pain

On behalf of Grant McCullough, James Camacaylan and Erica Gleeson
Fascia Iliaca Block: An Acute Pain Service Led Initiative for Preoperative Pain Management in Patients' with a Hip Fracture.

Lisa Clince is a clinical nurse specialist in acute pain residing in Palmerston North. With a strong background in surgical nursing, she has dedicated her career to helping patients manage and alleviate acute pain, ensuring their comfort and wellbeing during challenging times. As a clinical nurse specialist, Lisa plays a crucial role in assessing and addressing the unique pain management needs of patients in various clinical settings. In collaboration with other health care professionals and to enhance pain management practices at PN hospital in patients with hip fracture, the acute pain team developed a nursing led initiative to perform fascia iliaca blocks on patients who were surgically delayed.

Abstract

Introduction

Pain is a significant feature of a hip fracture, causing discomfort and distress to the person and their family/whānau (Chehade & Taylor, 2014). Surgical intervention is usually the most effective form of analgesia. Often, hip fracture patients will have an extended waiting time before surgery is available. Hence, effective pain management for patients with hip fracture in the preoperative phase has been a priority. The Acute Pain Service (APS) nurses at MidCentral Health have been endorsed to perform fascia iliaca blocks (FIB). These blocks have been tested in several settings and are a straightforward and proven method for managing acute pain following hip fracture

Aims

To audit the delivery of FIB's by APS nurses as a feasible, safe, and effective pain management strategy alongside systemic analgesia.

Methods

An audit was undertaken, comparing pre and post block pain scores,

complications, patient satisfaction and use of opioids. Data was entered into an Excel spreadsheet. Patients who received surgery within eight hours of FIB were excluded. Seven patients were included who had a medical diagnosis of dementia.

Results

This audit showed a reduction of pain scores in patients' post FIB's when compared with pre-block pain scores. Our findings showed that in 90% of cases the FIB provided excellent to good pain relief. FIB's led to a reduction of opioid use in the post block period. FIB's performed by APS nurses were administered without complication.

Conclusions

The audit demonstrated that FIB's delivered by APS nurses were safe, effective, reduced opioid use and patients were satisfied with the blocks delivered.

References:

Cehade, M., & Taylor, A. (2014). Australian and New Zealand guideline for hip fracture care-improving outcomes in hip fracture management of adults.

Authors / Presenters:

Camacaylan, J., Te Whatu Ora Health New Zealand Te Pae Hauora o Ruahine o Tararua Mid Central, Palmerston North, New Zealand

Clince, L., Te Whatu Ora Health New Zealand Te Pae Hauora o Ruahine o Tararua Mid Central, Palmerston North, New Zealand

Gleeson, E., Te Whatu Ora Health New Zealand Te Pae Hauora o Ruahine o Tararua Mid Central, Palmerston North, New Zealand

McCullough, G., Te Whatu Ora Health New Zealand Te Pae Hauora o Ruahine

Sarah Fostekew - CNS Endocrinology

Addison's and adrenal crisis: A phenomenological study of the patient experience. (Research was undertaken as part of Master of Nursing qualification).

Academic supervisors: Patrea Anderson and Isaac Amankwaa

Institutional affiliation: WINTEC Te Pūkenga

Sarah is an Endocrine Clinical Nurse Specialist working at Te Whatu Ora Waikato and has been working in this role since early 2019. Sarah has a passion for patient centered care and loves having the opportunity to work with a variety of patients the world of endocrinology provides. At the 2023 CNSSNZ conference Sarah is excited to share one of her main passions in Endocrinology working with Addison's patients, her masters research project examined the patient experience of Addison's and adrenal crisis.

Objective:

To understand the patient experience of Addison's and adrenal crises.

Method

Interpretive phenomenology was used to understand the perspectives and experiences of participants with Addison's being hospitalised with an adrenal crisis. Six participants shared their experiences which were analysed using Braun and Clarke thematic analysis.

Results Three key themes arose from the analysis that explained participants' experience living with Addison's disease and the impact of the adrenal crisis. The 'Addison's and adrenal crisis patient experience model' was developed and illustrated how responding, adjusting, and learning impact the patient experience.

Conclusion

To support future patients of Addison's, this enquiry recommends education for general practitioners and emergency physicians to aid in the treatment of adrenal crises. The development of a support group for people with Addison's to be able to connect and share experiences has clearly been demonstrated by the participants, this alongside education programmes could prevent adrenal crises and hospitalisations. To best support patients with Addison's when hospitalised with an adrenal crisis the development of a local clinical guideline based on the guidelines presented by the Society of Endocrinology is recommended to instil confidence in the treating physicians and patients.

Keywords

Addison's, adrenal crisis, patient experience, adrenal insufficiency, steroid education, phenomenology

.....

Jenny Singh

A Brief History of Infectious Disease: From Prehistory to Forensic Mental Health

I am one of the CNSs for the Auckland Regional Forensic Psychiatry Service (ARFPS) where we provide care mental health care for tangata whai i ti ora who have had involvement with the criminal justice system. My specialty area is the Forensic Community Reintegration Service (FCRS) where we work to reintegrate tangata whai i ti ora back into the community safely after many years of inpatient treatment. Within FCRS I support nurses with complex tangata whai i ti ora and provide education and professional support. Around ARFPS I'm involved in policy, PDRPs and programmes. CNSs are a relatively new role in Forensics and I was the second when I was employed five years ago. This means that we are still working out what makes the role work. My favourite part of the week is Monday afternoon when I take the cross service mindful yoga group. In my spare time I like to go for walks, knit socks and jumpers and play in my overgrown garden.

Abstract

Infectious diseases have been with humanity since before we were fish. They have evolved alongside us causing death and disease and very often social upheaval. From simple RNA viruses to intriguing prions infectious diseases are imbedded in our history taking advantage of war, urbanisation, colonisation and now climate change. Through history humanity has developed treatments from the questionable water of dragons to evidence based vaccines.

Forensic Mental Health whaiora are particularly vulnerable to infectious disease due to physical co-morbidities and living in shared units. Over recent years I and my fellow Forensic CNSs have lead our nurses through a rapid learning curve into the realms of physical health. Infectious diseases have been humanity's constant companions from prehistory and will no doubt continue long after we are gone.

Elly Weber

The essentials of culturally safe de-escalation in acute adult mental health units: An Integrative Review.

Kia ora, ko Elly Weber toku ingoa, I originate from the Far North of NZ and I am affiliated with both Ngati Kuri and Ngati Kahu ki Whangaroa. I graduated in 2006 and specialised in Mental Health Nursing. I have worked in community teams, inpatient nursing and in nursing education. Since 2016 I have been a Clinical Nurse Specialist in an acute adult mental health inpatient unit but am currently seconded into a CNS project role across Waitemata adult mental health.

I have two post graduate certificates, one in mental health and one in advanced nursing and am currently undertaking a master's in nursing. My research is around culturally appropriate communication and de-escalation strategies when working with tangata whaiora Māori in acute mental health inpatient units.

Background

The occurrence of violence, aggression, and heightened distress in acute mental health inpatient units continues to be a major issue with the onus of care falling to nurses and care assistants who may not have the education or resources to manage effectively. There has been a focus in Aotearoa-New Zealand and internationally on the use of non-aversive and culturally appropriate practices for health professionals working with tangata whaiora in acute inpatient mental health units.

Aims

The aim of this integrative review is to identify and appraise the published evidence on de-escalation strategies or practices for acutely distressed or agitated people who are admitted to mental health units. The primary population of interest is indigenous mental health consumers who are admitted to mental health inpatient units; however, the scope of the review will also include

non-indigenous mental health consumers.

Methods

A search of the literature was conducted using 7 databases, ProQuest, Academic search premier, MEDLINE, Psychology and behavioural Sciences Collection, CINAHL Plus with Full, Google Scholar and PsycInfo. There was very little literature available that highlighted de-escalation work with indigenous populations. A key limitation was that most studies did not identify the ethnicity of the included study population.

Results

22 articles met the criteria for inclusion in the review. Two main themes emerged which were de-escalation factors and escalation factors. Each of these were organised into direct and indirect influencing factors, with some being interchangeable. The strategies were then organised into subthemes which included staff actions, attributes, tangata whaiora factors, organisational factors and preventative actions.

Implications for practice: Further research is required into culturally appropriate de-escalation strategies to address the dearth of literature and the inequities seen in the use of restrictive practices within indigenous populations.

.....

Wendy Girling CNS - Sexual Health

Pilot project for provision of long-acting contraception for inpatients of mental health services

Hi, my name is Wendy, I grew up in the South Island but now live and work in Hamilton with my 2 teenage kids and 2 dogs! I have been nursing for around 30 years now. I have a background in Neonatal and Paediatric nursing and then moved to the area of Sexual and Reproductive health where I have worked for approximately 15 years. Initially, I worked in Primary Health and School Nursing, then at Family Planning and now at Sexual Health Services in Hamilton as a CNS. I am passionate about this area of Nursing. The job is constantly evolving and is challenging.

Abstract

Inpatients of Mental Health Services that are female of child-bearing age may face many barriers to access healthcare services post discharge. Contraception is important and vital for those that are taking medications that are teratogenic as well as to stop an unplanned pregnancy that can add to stress and trauma. Appointment wait times at Family Planning Association are currently 6-8 weeks for a routine visit to discuss and have an Intrauterine device fit or Jadelle fit. There are limiting factors at Medical Clinics with only some or no Doctors or Nurses to fit these devices, plus often a large cost involved. This presentation is about a pilot project I have set up to fit contraceptive devices (long-acting

contraception) for those that are at risk and who are an inpatient at Mental Health Services including Forensics. The service also includes opportunistic screening for sexually transmitted infection and cervical smears. So far, this has been successful and very welcomed by the Service. Challenges include difficulty contacting patients for follow-up and last minute cancellations due the rapid changing situations that can arise. I continue to monitor this project and create solutions for a successful outcome. There have been many positive stories though and a foundation has been set for potential expansion of this service to the rest of the hospital and out to the community.

The main goal of this pilot project is the create equity and to reduce social marginalisation to allow for easier patient access to services. Also for safety, to prevent the trauma of unplanned pregnancies that may result in miscarriage, birth defects or stillbirth. It also creates a connection with the patient and our service, with the goal of alleviating patient anxiety and stigmatisation so they may feel comfortable about future visits to Sexual Health.

.....

Beverley Hopper - CNS Outpatient Intravenous Antibiotic Service **Survival and Recovery After Anaphylaxis: A Case Review**

Bev Hopper MHPrac (Nursing), FCNA (NZ), is a Clinical Nurse Specialist (Out Patient IV Antibiotics) at Te Whatu Ora Waitemata in Auckland. She Graduated in 2002 and was employed to the Orthopaedic ward at Northshore Hospital. She has been an Orthopaedic Nurse Educator before becoming a CNS for OPIVA. In 2015 Education remains at the forefront of her role as CNS with teaching patients as well as staff. She is the current President of the Clinical Nurse Specialist Society of NZ

Abstract

Anaphylaxis is a severe, potentially life-threatening allergic reaction that demands immediate intervention. This case review explores the successful management and recovery of a patient who experienced anaphylaxis, highlighting the critical steps taken by healthcare professionals to ensure a positive outcome. The patient, a 61-year-old male, experienced anaphylaxis during the intravenous administration, by his wife, of the antibiotic Augmentin. Prompt recognition, administration of adrenaline, and comprehensive medical care were essential in stabilizing the patient's condition. The abstract discusses the management of his anaphylaxis, the importance of education and preparedness for patients, and the importance of swift intervention to enhance the chances of survival. The patient's subsequent recovery is also addressed, emphasizing the role of healthcare providers and patients themselves in preventing future anaphylactic events. This case review underscores the importance of an integrated approach to managing anaphylaxis, ultimately leading to a positive patient outcome.



WWW.JOLLYELEPHANT.CO.NZ

Branding | Websites | Marketing Design

We are not a big agency. We work one-on-one with you to help with all your marketing design needs.

The logo for Jolly Elephant Design Studio features the word "jolly" in a black, cursive script font with a small crown icon above the letter 'j'. Below it, the word "elephant" is written in a larger, bold, black, cursive script font. Underneath "elephant", the words "DESIGN STUDIO" are written in a smaller, black, sans-serif, all-caps font.