Kaitiaki
NURSING NEW ZEALAND

NEWS

‘We did it for awhi’ – nurses kick into action amid catastrophic floods

BY MARY LONGMORE

February 9, 2023

Delivering kai, nappies and making home visits — nurses deliver wraparound care to flood-stricken Auckland communities.

Prime Minister Chris Hipkins at the Māngere evacuation centre with nurse Varanisese Serevi, health-care assistant Ariana Mira and nurse Rangi Blackmoore-Tufi.

Nurses have leapt into action to help flood-stricken Aucklanders left homeless, injured and distraught in the wake of torrential rains.

Manurewa Marae clinical lead nurse Nicole Andrews said their small team reached out to hundreds of residents in south Auckland last weekend, organising everything from nappies and kai to medicine for struggling whānau.

"One whānau, there were four of them, and there ended up being 16 in the same whare," Andrews said. "And that family had lost nearly everything — there was a newborn baby, they were worried about being able to feed themselves, having enough nappies, and pay day wasn't till Thursday. They were stressing."

So the marae "kicked into action", putting them in touch with social services, triaging their needs over the phone to ensure kuia, kaumātua and vulnerable people were supported. "We delivered to them on that day — provided nappies, kai — everything that they needed to help them get by."

Manurewa Marae rangatahi facilitator Te Kou O Rehua Panapa gets set to make deliveries.

Six marae workers made 900 calls in one day, leading to 30 referrals for further assistance and delivered up to 200 food parcels a day as far south as Waiuku.

“Staff came in on their days off. I did 12-13 days straight,” Andrews said. “We did it for awhi.”

Auckland Hospital kaiārahi nāhi / clinical nurse specialist Rangi Blackmoore-Tufi, who worked at the Māngere flood evacuation centre, said the scenes were “heart-breaking”.

Along with homes and possessions, life-saving equipment such as CPAP (continuous positive airway pressure) machines were damaged or destroyed in the floods, and people needed medication, treatment and new dressings, said Blackmoore-Tufi, who is also a Whānau Ora vaccinator.

“People were coming in with swollen ankles, swollen fingers and sprains – but we were literally running out of [Māngere memorial] hall. We had no x-rays or anything, so we were just splinting and referring onto the A&E clinics,” she said.

Manurewa Marae nurses and other kaimahi hastily set up a call centre in the wake of flooding.

“So I stayed there and based myself there just so I could make sure we were doing all we could for the community. Because I’ve seen it and it was heart-breaking.”

There was also an outreach service for those who couldn’t make it to the evacuation centre.

“We went to one house where a lady was about 70 years old and she wouldn’t leave. She was sleeping on a wet mattress, she was having breathing issues and we virtually had to call the doctor and do the assessment over the phone.”

Eventually, nurses had to call Civil Defence to evacuate her. “It was horrible, she just didn’t want to leave her home.”

The evacuation centre’s outreach team with enrolled nurse and vaccinator La Heather in foreground.

Blackmoore-Tufi said lack of support from Te Whatu Ora had been “frustrating” as the community response was largely left to small organisations such as Whānau Ora.

The main challenge now was skin infections from flood water, she said.

“People are bringing their children in covered in waterborne infections. We’re dressing seeping wounds, giving them antibiotics, paracetamol — we’re trying to stop them blocking up the hospital and evac centre. So it’s quite challenging being stuck in the middle and not really having any resources or anyone else to rely on.”

Manurewa Marae operations lead Hilda Peters (far left) with chief executive Natasha Takutaimoana Kemp (second from right) and volunteers organising kai parcels.

Marcy Hei Hei, also a kaiārahi nāhi and vaccinator, said people walked long distances to get help and food. "One matua came with a trolley – I think he walked two to three kilometres and was going to push that trolley all the way back to his family just so they had something to eat."

Marcy Hei Hei (left) with Madeleine Cowley from Turuki Health Care.

Hei Hei said she and colleagues began each day with karakia, wāiata and whakataukī, as well as being guided by maramataka — the Māori lunar calendar. "That really helped us, that helped to support us internally."

"That's something we practise at the hospital as well, it helps us with our mindset and that's how we usually face our day."

Auckland Whānau Āwhina Plunket nurse Jessica Sekula said despite dealing with their own homes being flooded, the team continued to support affected families. Some families had been unable to return home or had lost their infant carseats due to flooding.

They spoke as Auckland's state of emergency was extended for another week, as another storm, Cyclone Gabrielle, was set to descend.

Manurewa Marae's Nicole Andrews said experiencing COVID had given her team resilience.

"I never thought in my whole life I would nurse in a pandemic, nor a natural disaster, so you just don't think of stuff like that — but it really opens your eyes."

RNs Rangi Blackmoore-Tufi and Dekrita Govender at the evacuation centre.

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PRACTICE

Asthma: Thinking SMART, using AIR and making a difference

BY HELEN CANT AND GAYLE ROBINS

February 22, 2023

Nurses have an important role in asthma care, whether as prescribers, or as asthma educators in primary care, hospital clinics or with the Asthma and Respiratory Foundation. This article looks at the latest guidelines for asthma management and discusses strategies for reducing the disproportionate asthma burden in Māori and Pacific peoples.

Photo: Adobe Stock

LEARNING OBJECTIVES

After reading this article, you should be able to:

- describe basic asthma pathophysiology, asthma triggers and other factors that contribute to poor respiratory health
- understand the recommended New Zealand guidelines for management of asthma in children, and in adolescents and adults
- describe the appropriate use of AIR and SMART therapy
- identify asthma management strategies that can be used to address the inequitable outcomes that persist for Māori and Pacific peoples
- access resources to ensure you can demonstrate good inhaler technique and provide patients with asthma education that is appropriate for them.

Introduction

Asthma is characterised by a reversible narrowing of the airways due to tightening of muscle in the wall of the airway, and by inflammation and swelling of airway mucosa (see Panel 1 below). Airway narrowing and excess mucus production lead to a variety of symptoms and signs including wheezing, cough, shortness of breath and observed breathing difficulty.

Asthma is a major public health problem in New Zealand, affecting up to 20 per cent of children and adults. According to a recent report, the prevalence of asthma in this country has not significantly changed from 2000-2019 and asthma hospitalisations have even declined slightly. New Zealand mortality rates, though, while reaching a low point in 2010, have increased, hitting a high point in 2017 of 2.5 deaths per 100,000 people.[1]

Although overall asthma prevalence has stayed generally static, this is not the case for Māori and Pacific peoples, for whom asthma remains more prevalent than in non-Māori and non-Pacific peoples, and hospitalisation and death due to asthma are unacceptably high. These disparities that have been

Key points

- Asthma prevalence, hospitalisations and deaths remain markedly high among Māori and Pacific peoples.
- Māori with asthma are less likely to be prescribed inhaled corticosteroids (ICS), have an action plan or receive adequate education.

persistent in New Zealand for years now.[1]

In 2019, asthma hospitalisations for both Māori and Pacific peoples were more than three times those of New Zealand Europeans (rate ratios 3.24 and 3.22, respectively), with the ratio for Māori increasing markedly from that reported in 2018. Asthma mortality rate ratios over 2012-2017 followed the same pattern: respectively, Māori and Pacific peoples had rates 3.36 and 2.76 times those of New Zealand Europeans.[1]

Inadequate inhaler technique, along with poor adherence, are the two most common reasons for sub-optimal asthma control.

Despite awareness of these differences, the level of care Māori and Pacific peoples receive does not match their disease burden. And, for a number of years, studies have documented disparities in the two main aspects of asthma management, namely:[2]

- asthma education, knowledge and self-management, and action plans
- asthma medication.

Māori with asthma are less likely to be prescribed inhaled corticosteroids (ICS), have an action plan or receive adequate education, and face other major barriers to good asthma management such as poor access to care and services that do not meet their needs. These issues are likely to be similar for Pacific peoples.[3]

- Treatment with a short-acting beta2 agonist (SABA) alone is not recommended for adults and adolescents as it increases exacerbation risk.

- AIR therapy with combined ICS/fast onset long-acting beta2 agonist (LABA), initiated from first diagnosis, is the preferred treatment for adults and adolescents with asthma.

For nurses to consider

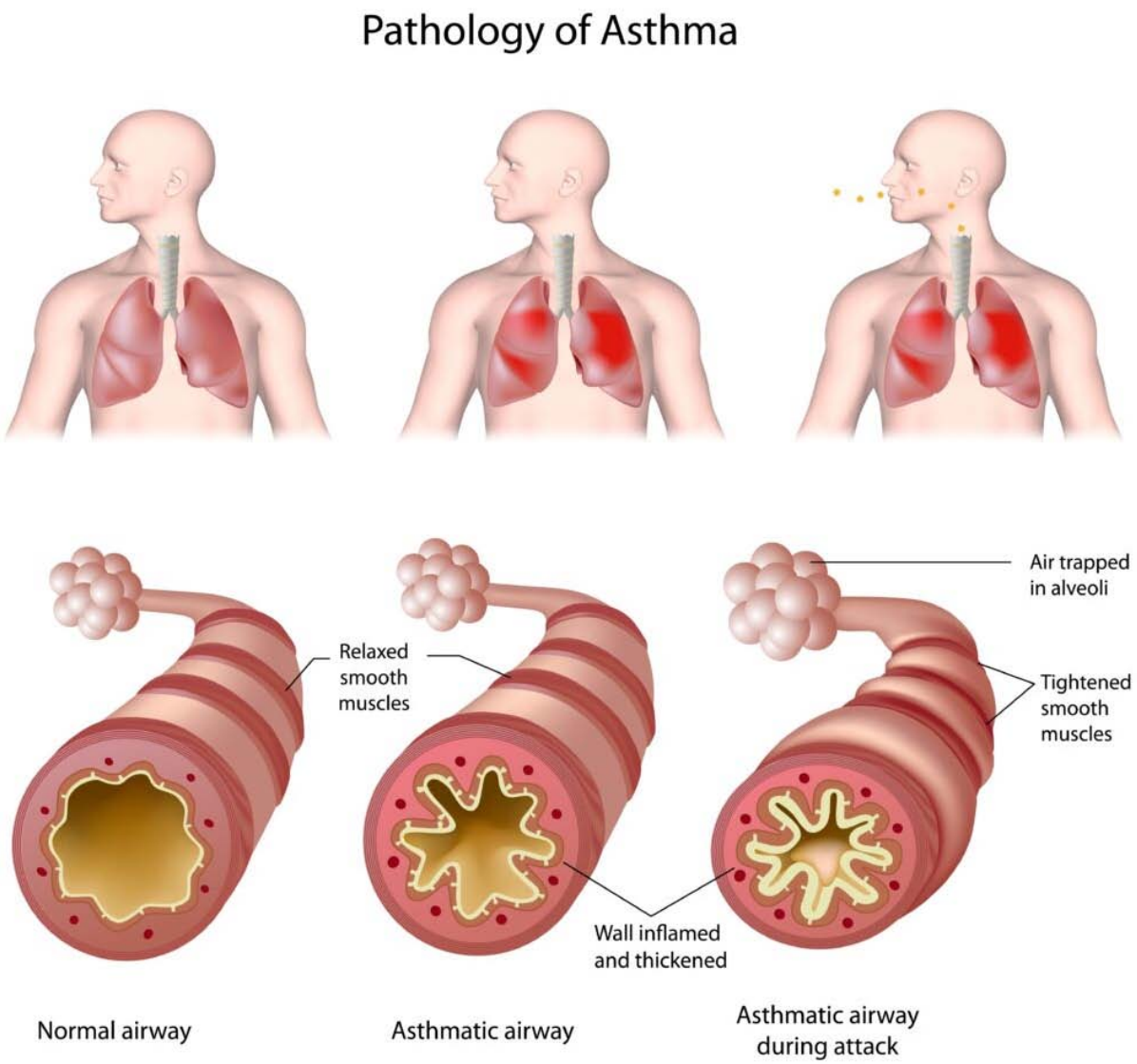
- Strategies to achieve equitable health outcomes include improving patient/whānau knowledge about asthma and providing care that is appropriate, acceptable and effective.

- Inadequate inhaler technique, along with poor adherence, are the two most common reasons for sub-optimal asthma control.

To reduce disparities, health professionals need to ensure that Māori and Pacific patients

receive appropriate medication. They also need education about asthma to improve their knowledge and empower them to self-manage their condition — nurses have a role in ensuring this is an ongoing component of asthma care.

Panel 1: Quick refresher on asthma



Graphic: Adobe Stock

Asthma is caused by a combination of genetic and environmental factors. For many people, it occurs in combination with allergic conditions, such as eczema or allergic rhinitis (hay fever), or they may have relatives with these conditions.

There are different types of asthma, but the underlying airway narrowing is a result of:

- bronchoconstriction, due to contraction of smooth muscle
- airway wall thickening, due to swelling of the lining (inflammation)
- increased mucus production.

Symptoms

Wheezing, shortness of breath, cough, chest tightness, difficulty breathing out and increased mucus production.

Triggers

Infections, allergens (eg, pollen, dust mites, pets), smoke, exercise, weather (eg, cold or humidity), chemicals (eg, perfumes, cleaning products, aerosol sprays) and stress.

Medicines, such as beta-blockers (including in eye drops), non-steroidal anti-inflammatory agents (NSAIDs) and aspirin, can also trigger asthma. NSAIDs and aspirin can often be taken safely as they do not trigger asthma in everyone.

Angiotensin-converting enzyme (ACE) inhibitors frequently cause a cough that can be confused with asthma, and in some people with unstable airways, these drugs may trigger an asthma attack.

People should be encouraged to identify their asthma triggers.

How can nurses and other health professionals help?

People with well-controlled asthma:

- have no or minimal symptoms, both during the day and at night
- need little or no as-needed medication
- can participate in physical activities without restriction
- have normal or near-normal lung function
- avoid serious asthma exacerbations, including the need for hospitalisation.

Effective self-management of asthma requires patients and their whānau to have a good understanding of asthma and how it is managed. People who are unaware of what good asthma management looks like are more likely to normalise and accept sub-optimal asthma control. Nurses have a valuable role in improving this understanding, supporting patients/whānau and improving outcomes by embedding asthma education into their practice.[4]

Photo: Adobe Stock

Asthma education should be tailored to the patient/whānau. Poor asthma literacy is associated with reduced self-efficacy and decreased use of asthma medicines, and is likely to contribute to asthma disparities. Always ensure asthma information is communicated in a way that aligns with patient/whānau health literacy, and check they understand the information.[4]

The Health Quality & Safety Commission's "Three steps to meeting health literacy needs" (https://tinyurl.com/yxp7xrsw) has been developed to improve health outcomes for Māori and to maintain cultural safety. It provides a useful framework for assessing patient/whānau asthma knowledge, reinforcing existing knowledge and correcting gaps in understanding or misconceptions.

Once the health professional has ascertained the patient's level of asthma knowledge, this can be built on step by step. Focus on expanding one aspect of asthma understanding at every point of contact.[4]

When discussing asthma with patients, be sure to use everyday language, not jargon, and try to adopt terms the patient or their whānau have used, thereby building a common language. For example, use "puffer" if the patient refers to their inhaler in this way.

When discussing asthma with patients, be sure to use everyday language, not jargon.

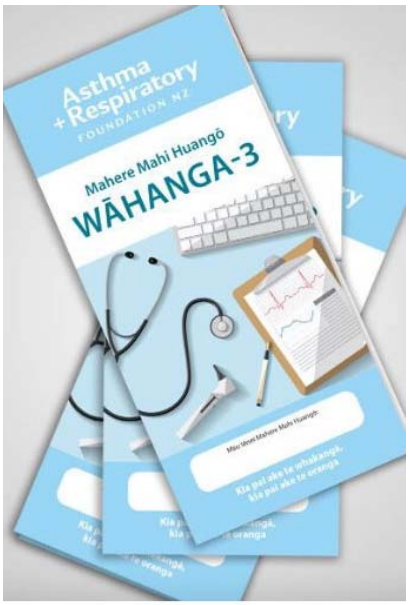
Avoid overloading patients with too much information at a time – start with the most important point. Be creative when trying to increase understanding – use illustrative analogies, and "what if" scenarios where patients describe how they would manage a situation likely to result in asthma. Offer targeted resources for patients to take away (check with asthma service providers for availability of these).

A map providing a directory of local asthma societies (http://tinyurl.com/astsocmap) with contact details is available from the Asthma and Respiratory Foundation NZ. The foundation has a variety of asthma resources — some in te reo Māori, and in Samoan, Tongan and Chinese languages.

ASTHMA ACTION PLANS

Everybody with asthma should be encouraged to have a personalised asthma action plan. These guide patients on when and how to adjust treatment over the short term in response to worsening symptoms, and when to get additional medical care. They have been shown to improve health outcomes and reduce hospitalisations.[3,4]

Plans should be updated annually, and be appropriate for the patient's treatment level, asthma severity, health literacy, culture and ability to self-manage. Nurse practitioners have an important role in preparing action plans, while non-prescriber nurses can go through an action plan with the patient to ensure they understand it.



Asthma action plans, in te reo Māori, Tongan, Samoan and English, can be downloaded or ordered from the Asthma and Respiratory Foundation website.

Action plans come in a range of formats – written, pictorial, electronic, app – with adult and child asthma action plans available in te reo Māori, Samoan, Tongan and English. They can be downloaded from the Asthma and Respiratory Foundation website, or ordered in print, and are available on the My Asthma App (see Asthma resources at the end of this article).

The foundation also provides adult asthma action plans as interactive PDFs; these can be customised by the health professional and emailed to the patient.

Action plans may be based on symptoms with or without peak-flow measurements and are either three or four-stage, depending on both patient and health professional preference. The four-stage plan has an extra step giving patients the option of increasing the dose of ICS up to four-fold, by increasing the frequency of use and/or

the dose.[3]

Asthma management is a cycle of ongoing assessment, treatment and review. When discussing asthma management with patients/whānau, nurses should make sure the patient's own personal goals are included and documented as shared goals of care.

Guidelines reviewed and updated in 2020

The Asthma and Respiratory Foundation published new asthma guidelines in 2020, which include recommendations for improving care for Māori and Pacific peoples.[3] There are no longer separate guidelines for adults and adolescents (people aged 12 and over), as treatment is the same.

The guidelines for children have also been reviewed and updated.[5] These are based on recommendations by the Global Initiative for Asthma (GINA).

The GINA Assembly includes members from 45 countries. Every year, they publish a report[6] and a pocket guide,[7] to provide a comprehensive international approach to management of asthma and to provide clear guidelines and feasible tools for clinical practice, using a strong evidence base.

In 2019/20, there were major changes to GINA's recommendations for asthma treatment, which now advocate the use of AIR/SMART therapy, following a large, double-blind study investigating this method.

This therapy combines two medicines, budesonide and formoterol, in a single inhaler. Budesonide is an inhaled corticosteroid (ICS), which has anti-inflammatory actions.[8] Formoterol is a fast-onset, long-acting beta2 agonist (LABA) that causes bronchodilation.[8] The inhaler can be used either as needed for symptom relief (AIR – anti-inflammatory reliever therapy), or regularly for symptom prevention plus as needed (SMART – single maintenance and reliever therapy).

These recommendations apply only to people with asthma, not to people with chronic obstructive pulmonary disease (COPD).

Why were recommendations changed?

The previous recommendations dated back many years and were based on the belief that mild asthma was primarily bronchoconstriction. However, we now know that airway inflammation is found in most people with asthma, even if they only have symptoms intermittently.

Clinical studies have shown that anti-inflammatory treatment with an ICS significantly

reduces the frequency and severity of asthma symptoms, and markedly reduces the risk of experiencing, or even dying from, an asthma attack.

Strong evidence shows that, although short-term relief from symptoms of bronchoconstruction is achieved with short-acting beta2 agonist (SABA)-only treatment, this does not protect from severe exacerbations. In fact, regular or frequent use of SABA treatment (salbutamol or terbutaline) increases the risk of exacerbations, worsening airway inflammation and lung function, and increasing allergic reaction.

The GINA report states that overuse of SABA treatment (eg, three or more canisters per year) is associated with an increased risk of severe exacerbations, and 12 or more canisters per year is associated with increased risk of asthma-related death.[6]

The new recommendations aim to:

- reduce the risk of serious exacerbations
- reduce the pattern of people depending on SABA-only treatment to manage their asthma
- provide consistent treatment plans across the whole range of asthma severity.

Are you familiar with 'AIR' therapy?

Anti-inflammatory reliever (AIR) therapy is the use of a combination budesonide/formoterol inhaler as a reliever medication. It can be used either only as needed, or regularly *plus* as needed. This approach includes and extends the "single combination ICS/LABA inhaler maintenance and reliever therapy" (SMART) approach previously recommended. The AIR regimen and the use of asthma action plans have been shown to improve outcomes for Māori.[3]

- AIR therapy requires an ICS in combination with a fast-onset LABA. In New Zealand this is budesonide/formoterol (formoterol and eformoterol are alternative names for the same medication).
- Other combinations of ICS/LABA should not be used in this way.
- When using budesonide/formoterol as maintenance and reliever therapy, a SABA reliever should *not* be prescribed.
- For people using a combination ICS/LABA maintenance inhaler that is not budesonide/formoterol, a SABA reliever should still be used.
- The budesonide/formoterol reliever combination should not be prescribed in addition to other ICS/LABA preparations.

- A LABA should not be prescribed without an ICS for people with asthma.

- Note that the budesonide/formoterol 400µg/12µg formulation should *not* be used as a reliever, due to the potential for use of inappropriately high ICS and LABA doses.

AIR therapy in New Zealand

The only ICS/fast-onset LABA combination currently available in New Zealand is budesonide/formoterol, and only the dry powder inhalers are approved for reliever use. A budesonide/formoterol pressurised metered dose inhaler is available, but this would represent an off-label prescription.

What has changed for treatment of adults and adolescents?

Starting asthma treatment with a SABA (ie, salbutamol or terbutaline) alone is no longer recommended. Instead, it is recommended an ICS be initiated from first diagnosis.

Photo: Adobe Stock

This can be done either by introducing AIR treatment or by using traditional ICS/SABA therapy (see later). One of the risks of traditional ICS/SABA therapy is that people do not use the ICS and rely solely on the SABA. AIR therapy removes this risk as the ICS is included in the reliever treatment as well as maintenance treatment.

Stepwise AIR-based algorithm using budesonide/formoterol 200µg/6µg:[3]

The stepwise approach to asthma management entails a patient stepping up management levels as required to achieve and maintain asthma control and reduce exacerbation risk. A step down is considered if symptoms are controlled for three months and the patient is at low exacerbation risk.

Step 1 – one inhalation as required to relieve symptoms to a maximum of six inhalations on a single occasion or a total of up to 12 inhalations daily.[8] This results in a similar short-term bronchodilator response to that of a 200µg dose (ie, two 100µg doses) of salbutamol and, in

adults and adolescents with mild asthma, reduces the risk of a severe asthma exacerbation by at least 60 per cent compared with SABA reliever alone.

Step 2 – regular maintenance treatment is implemented as either one inhalation twice daily or two inhalations once daily, depending on patient preference. Plus one inhalation as required, to a maximum of six inhalations on a single occasion or a total of up to 12 inhalations daily.[8]

Step 3 – maintenance treatment is stepped up to two inhalations twice daily. Plus one inhalation as required, to a maximum of six inhalations on a single occasion or a total of up to 12 inhalations daily.[8]

In adults and adolescents taking maintenance ICS/LABA therapy, budesonide/formoterol used as a reliever reduces the risk of a severe asthma exacerbation by about one-third, compared with using a SABA reliever. Thus, budesonide/formoterol used both as a reliever plus regularly as maintenance therapy is the preferred treatment for patients with moderate to severe asthma.

Stepwise ICS/SABA-based algorithm for asthma management

The current recommendations are:[3]

Step 1 – introduce standard-dose ICS as maintenance treatment, plus a SABA as needed.

Step 2 – use standard-dose ICS/LABA as maintenance treatment, plus a SABA as needed.

Step 3 – use high-dose ICS/LABA as maintenance treatment, plus a SABA as needed.

Note the recommendation that if a severe exacerbation of asthma occurs, consider switching to AIR therapy.

ICS doses
For most people, most of the clinical benefit is obtained with low-dose ICS. Some people will need standard-dose ICS if their asthma is not well controlled with low-dose ICS, but concordance and inhaler technique should be checked first. A few will need high-dose ICS.

When an ICS is initiated as maintenance therapy together with a SABA reliever, a standard dose of ICS should be used. The recommended standard daily doses of the different ICS preparations for adults are:[3]

- beclomethasone dipropionate 400–500µg/day (Beclazone*)
- beclomethasone dipropionate extrafine (Qvar*) 200µg/day

- budesonide 400µg/day
- fluticasone propionate 200–250µg/day
- fluticasone furoate 100µg/day.

**Subsidised brands at time of publishing*

What if optimal inhaled therapy doesn't work?

Alternative treatments for asthma may include:

- ***Long-acting muscarinic antagonists*** – are not subsidised in New Zealand for the treatment of asthma, although tiotropium is Medsafe-approved for add-on maintenance treatment. Note that LAMAs are funded for patients with COPD, and there will be a significant cohort who have coexisting asthma and COPD.
- ***Montelukast*** – is a leukotriene receptor antagonist. In New Zealand, it is indicated for adults and children over the age of two for prophylaxis of asthma or relief of allergic rhinitis (seasonal or perennial). Montelukast should be considered as add-on therapy when control is not achieved with optimal standard treatment; for everyone with respiratory conditions exacerbated by aspirin; and may be useful in exercise-induced asthma or people with coexisting rhinitis.[3]

Note the precaution around neuropsychiatric side effects with montelukast.[9] Patients taking montelukast should be advised to contact a health professional if they experience sleeping problems, unusual dreams, changes in behaviour, hallucinations, anxiousness or agitation, confusion or suicidal thoughts.[10]

- ***Mast cell stabilisers*** – sodium cromoglicate and nedocromil inhalers are approved for use in mild asthma; however, the supplier, Sanofi, has discontinued supply in New Zealand and these inhalers are no longer available. Patients should be managed on alternative treatments, in line with current asthma guidelines.[11]
- ***Other treatments*** – include oral corticosteroids, theophylline, azithromycin and monoclonal antibodies, many of which will only be used following specialist review.

It is important that children's treatment includes regular review to allow step-up or step-down through treatment options as appropriate for symptom control. Photo: Adobe Stock

Children aged under 12

The *New Zealand Child Asthma Guidelines* were updated in June 2020.[5] As well as prescribing recommendations, these guidelines include important ways that nurses and other health professionals can help children with asthma (see Panel 2 below).

The guidelines also summarise the medication approaches for children of different ages (see later). The goal is for all children to use an inhaler device that is appropriate for their development, including consideration of whether a spacer or mask is appropriate.

It is important that children's treatment includes regular review to allow step-up or step-down through treatment options as appropriate for symptom control.

Children aged one to four years – who wheeze are considered in a different way from children aged five to 11, as many preschool children with post-viral wheeze do not have asthma or do not go on to develop asthma.

The current recommendations are:[5]

Step 1 – SABA reliever alone (one to two puffs when needed)

Step 2 – add maintenance low-dose ICS

Step 3 – add montelukast

Step 4 – refer to a paediatrician.

Note that if SABA, ICS and montelukast are insufficient, step 4 is referral to a paediatrician. This means that LABAs are not part of the routine management of wheeze or asthma in this age group.

Children aged five to 11 years – assessment of inhaler technique and adherence to treatment remains key in this age group.

The current recommendations are:[5]

Step 1 – SABA reliever alone (one to two puffs when needed)

Step 2 – add maintenance low-dose ICS

Step 3 – add LABA

Step 4 – increase to standard dose of maintenance ICS/LABA; add montelukast; consider referral to a paediatrician

Step 5 – consider high-dose ICS/LABA; refer to a paediatrician.

At Step 5, the child will likely be having frequent oral steroids and should definitely be referred to a paediatrician.

Currently, there is insufficient evidence to recommend SMART as first-line therapy in children aged 11 years and younger. However, SMART using budesonide/formoterol 100µg/6µg may be considered on specialist advice, in select children aged five to 11 years, who are poorly controlled at steps 3 to 5.

Panel 2: Top 10 ways health professionals can help childhood asthma (apart from prescribing medicines)

Ambulance	**Influenza vaccine**
• Ensure the child and whānau know when and how to call an ambulance. • In some regions, this service may incur a charge, so ensure families have ambulance membership.	• Ensure children with asthma or recurrent wheeze receive the influenza vaccine every year from six months of age.
Relationships	**Health literacy**

- Encourage continuity of care with doctors, nurses, asthma nurse educators and pharmacists in primary and secondary care.
- Easy access to a trusted nurse and telephone follow-up is recommended.

- Assume little health literacy, and use steps described in *He Māramatanga Huangā: Asthma Health Literacy for Māori Children in New Zealand* . (https://tinyurl.com/yc5z7mx8)
- Specifically, ask the child and whānau what they understand, what they want to know, and use simple language to explain about asthma (eg, use the term "asthma flare-up" rather than "asthma exacerbation", and use "puffer" instead of "inhaler").
- Work with families to attain and maintain wellness, and not accept sickness as the norm.

Smoke exposure

- Ask about smoke exposure, including vaping.
- Encourage reducing tobacco smoke exposure in the child's environment (home and car) and recommend smoking cessation.
- If appropriate, give advice and refer to a local smoking cessation service or Quitline (0800 778 778).
- Provide the Health Promotion Agency pamphlet *A guide to making your home and car smokefree* (https://healthed.govt.nz/products/protect-the-health-of-your-children-a-guide-to-making-your-home-and-car-smokefree).

Concordance

- First, assume inhaler device technique is poor, and check it.
- Second, assume adherence is imperfect, and don't judge.
- Ask questions in an open way, such as: "Many people take less preventer than the doctor prescribes – about how many times a week do you forget to take your asthma preventer?"

Housing

- Ask about housing and unhealthy features (eg, crowding, cold and dampness, mould, unflued gas heaters).
- Provide the family/whānau with information about having a healthy home (https://tinyurl.com/2yhdubn3).
- Refer for healthy housing assessment

Asthma action plan

- Develop an appropriate asthma action plan with the child and whānau, and check the plan on each visit.
- Plans should be made available to schools and childcare facilities where appropriate (See asthma resources, below).

if available in your region.	
Income	**Access**
• Assume most families struggle with income, and ask about it. • Enquire about the ability to access the doctor, a pharmacy, and to pay prescription costs. • Does the child have partly or uncontrolled persistent asthma and meet criteria for a Child Disability Allowance (https://www.workandincome.govt.nz/products/a-z-benefits/child-disability-allowance.html)? • Encourage all family/whānau to use the same pharmacy to reduce prescription co-payments (https://tinyurl.com/6bb46dwp).	• Help the family/whānau understand how to access care appropriate to asthma severity, and identify any barriers they have. • Consider referral to an asthma educator, nurse practitioner, public health nurse, Māori health provider or paediatrician where these are available and if considered appropriate.

Source: New Zealand Child Asthma Guidelines (http://www.nzrespiratoryguidelines.co.nz)

Review treatments with your patients

Asthma attacks can be very serious, even fatal. They are more common and more severe in people with poorly controlled asthma and in high-risk people, but they can occur in anyone with asthma. It is useful for nurses to know that high use of SABA inhalers indicates poor asthma control and increases the risk of severe exacerbation and mortality.

Many people will still be using SABA-only treatment for mild asthma. In 2018, over two million salbutamol inhaler devices were dispensed in the community setting in New Zealand,[12] making it the eighth most dispensed Pharmac-funded medicine.[13]

Nurses should ask people how much SABA they are actually using – inhalers tend to get lost or given to someone else, and some people will want to have inhalers in different rooms of the house, or in the car or sports bag, for example.

Check patients' inhaler technique at every visit, and before starting any dose increase.

Also be aware that many people on ICS/SABA therapy don't collect their ICS prescriptions, and may rely on high doses of SABA to relieve symptoms. AIR/SMART therapy may be beneficial for these people, as having one combined ICS/LABA inhaler for as-needed use, and for regular use if required, not only ensures that the ICS is taken more regularly but also provides safer treatment right from the start.

Another important reminder is that people with asthma should continue taking all prescribed asthma medications during the ongoing COVID-19 pandemic.

Inhaler technique

Worldwide, it is estimated that up to 80 per cent of people do not use their inhaler correctly, and at least 50 per cent do not use their maintenance medications as prescribed.[7] Inhaler technique remains critical to optimal therapy, no matter which inhaler device is being used.

Graphic: Adobe Stock

Inadequate technique is among the most common reasons, along with poor adherence, for sub-optimal asthma control,[3] so it is a good idea for nurses, doctors and pharmacists to routinely check patient technique at each visit. Good technique must be ensured before any escalation in treatment.

Patients can access videos on correct inhaler technique on the National Asthma Council Australia website (https://tinyurl.com/inhaletec). If a patient has persistent difficulty with their technique, consider switching to a different inhaler. The UK's National Institute for Clinical Excellence has a patient inhaler decision aid (https://tinyurl.com/5n6ksdne) that contains information to help adults with asthma, and their health-care professionals, when discussing options for inhaler devices.

Spacers should be supplied free of charge to patients; they can be ordered,

fully subsidised, on a practitioners supply order.

People who use a metered-dose inhaler may benefit from using a spacer, as many will find it challenging to coordinate their inhaler use with their breathing. Spacers help deliver the medicine directly into the lungs, rather than the mouth and throat, thus markedly increasing medicine effectiveness.

Spacers also reduce local side effects from ICS inhalers, such as hoarseness, throat irritation and oral candidiasis – but remind patients to still rinse their mouth after ICS use.

Every asthma patient should be offered a spacer, which should be supplied free of charge; they can be ordered, fully subsidised, on a practitioners supply order. Instruct patients to wash spacers weekly with warm water and detergent, and to let them air dry to reduce static charge.

Reducing the asthma burden for Māori and Pacific peoples

Photo: Adobe Stock

All health professionals have a role in improving health outcomes and health equity, as well as delivering high quality, effective asthma care. Nurses, other health professionals, and health services, can achieve this by:[2,3,4]

- Ensuring their own knowledge of asthma and clinical practice is up to date and consistent with the current evidence-based guidelines.

- Supporting all health professionals to develop culturally safe skills for engaging with Māori and Pacific peoples and their whānau.
- Building and maintaining long-term, high-quality, trusting relationships with patients.
- Regularly undertaking clinical audits to determine if care is consistent with the current guidelines and to identify ethnic disparities in care. Strategies that address disparities and improve asthma care should then be developed and implemented, and a follow-up clinical audit undertaken to assess their effectiveness.
- Ensuring access for all patients to individualised, understandable, appropriately formatted asthma action plans, including provision of updated electronic access to asthma plans for whānau, community health workers and schools.
- Being aware of local Māori health providers who have asthma programmes, and asthma services that employ Māori and Pacific staff, and referring people to these services when appropriate.
- Using every opportunity to increase patient/whānau knowledge about all aspects of asthma and its management, providing information that is appropriate, acceptable and effective for Māori. When appropriate, direct patients/whānau to online learning sites that contain useful resources in a variety of media.
- Being mindful of individual, institutional and structural racism when providing health care to Māori and Pacific patients.

What about wider barriers to care?

Research has shown that appropriately designed and delivered health programmes improve Māori health outcomes.[2] Māori leadership is needed to develop asthma management programmes that improve access and enable "wrap around" services targeting the wider barriers Māori face in asthma care.[3]

These barriers include cost and affordability of care, poor access to care and poor quality or discontinuous care, services or approaches not meeting needs, culturally inappropriate services, institutional racism, lack of trust and confidence in the health system, unhealthy indoor environments in high deprivation areas, and increased risk factors such as obesity and smoking.[3]

Systemic changes will be required to address these wider barriers to care for Māori. A paradigm shift is under way with New Zealand's health reforms. The role of the newly formed partnership between Te Aka Whai Ora – the Māori Health Authority, Te Whatu Ora – Health New

Zealand, and Manatū Hauora – the Ministry of Health is to lead and monitor transformational change in the way the entire health system understands and responds to the health and wellbeing needs of Māori and their whānau.

A central tenet is ensuring everyone has the same opportunities to achieve good health outcomes by creating a fairer, more coordinated and connected health system. It is long overdue.

FURTHER READING

- Best Practice Journal — *Asthma education in primary care: A focus on improving outcomes for Māori and Pacific peoples (http://tinyurl.com/43dmz6ba)* – a two-page summary of key practice points for improving asthma education in Māori and Pacific peoples.
- Medical Council of New Zealand — *Our Standards: Cultural Safety* (http://tinyurl.com/3um8jw9e) lists key documents and resources for health professionals to learn about cultural safety and bias, and examine their practice.
- Health Quality & Safety Commission New Zealand — *Three steps to meeting health literacy needs | Ngā toru hīkoi e mōhiotia ai te hauora* (http://tinyurl.com/yxp7xrsw) – a guide for health professionals, to help achieve equitable health outcomes for Māori and maintain cultural safety, reinforcing useful knowledge/skills, building on them and checking how effective the process has been.
- Pacific Perspectives — A review of evidence about health equity for Pacific Peoples in New Zealand (http://tinyurl.com/3swfy5ur) – a report describing the health equity issues faced by Pacific families and communities and the barriers and facilitators to accessing health care.

Asthma resources

- The Asthma and Respiratory Foundation has a dedicated page of resources (https://www.asthmafoundation.org.nz/resources) for patients, carers and health professionals, including guidelines, diaries, teachers' toolkits, educational resources for parents, checklists and asthma first aid posters. Many are downloadable.
- The foundation's asthma action plans (https://www.asthmafoundation.org.nz/resources) are available in several languages. They can be downloaded or ordered in print.

- The foundation also offers My Asthma App for Android (https://tinyurl.com/AsthmaAppAndroid) and Apple (https://tinyurl.com/AsthmaAppApple). This downloadable app allows for an individualised asthma action plan, and provides education on asthma signs and symptoms, triggers, treatment, and medicines, as well as an asthma control test, and helpful contacts and resources.

- Asthma New Zealand (https://www.asthma.org.nz) has many resources (some downloadable) providing education and support to people with asthma and their whānau, including young people and children.

Courses for clinical learning

- The Asthma and Respiratory Foundation asthma & COPD fundamentals eLearning course (https://tinyurl.com/aabrz537) – updated in February 2021 and designed for all registered health professionals including nurses, pharmacists, physiotherapists and GPs.

- Asthma New Zealand, nurse education in asthma treatment (NEAT) (http://asthma.org.nz/pages/neat-courses) course – full-day, in-person or online course suitable for nurses, pharmacists, physiotherapists, GPs and other qualified health professionals.

The *Asthma and Respiratory Foundation NZ Adolescent and Adult Asthma Guidelines 2020* and *New Zealand Child Asthma Guidelines* are available on the NZ Respiratory Guidelines website (http://www.nzrespiratoryguidelines.co.nz).

More clinical asthma education, including a bulletin, recorded webinar, EPiC dashboard and reflection activities are available at He Ako Hiringa. (https://www.akohiringa.co.nz)

Reading this article and reflecting on its content can equate to one hour of CPD time. *Nurses can use the Nursing Council's professional development activities template (https://www.nursingcouncil.org.nz/Public/Nursing/Continuing_competence/NCNZ/nursing-section/Continuing_Competence.aspx?hkey=6542ac27-9b56-4e89-b7ae-db445c5cb952) to record professional development completed via Kaitiaki, and they can then have this verified by their employer, manager or nurse educator.*

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Gayle Robins *is a freelance medical writer.*

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Tags

Click to search for related articles: CPD

Kaitiaki
NURSING NEW ZEALAND

FEATURES

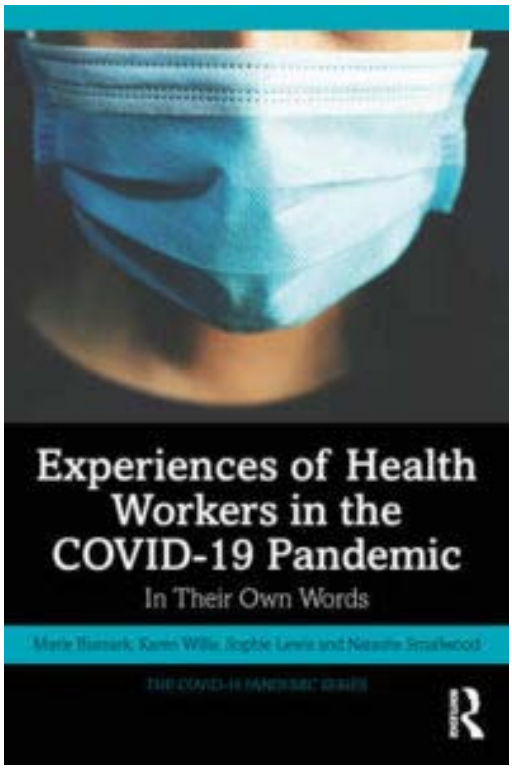
Body clocks, the pandemic and NZ nursing histories – an intriguing line-up of books you can borrow

BY HEATHER WOODS AND AMANDA OTZEN

February 8, 2023

Histories of New Zealand nursing, experiences of the pandemic in Australia, the science of the body clock and its implications for shiftwork — the NZNO library has something for you in its roster of new books.

The following is a selection of books that have been added to the library over the past year. Members may borrow these from the library by using the NZNO library enquiry form (https://www.nzno.org.nz/resources/library) on the library's web-page.



Experiences of health workers in the COVID-19 pandemic: in their own words

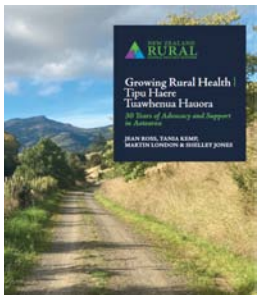
Bismark, M., Willis K., Lewis, S., & Smallwood, N. (2022). Routledge. 246pp

Shares the stories of front-line health workers during the second wave of the pandemic in Australia.

Based on more than 9000 responses to a survey of participants from all areas of the health sector, from intensive care doctors to hospital cleaners to aged care nurses, and from large metropolitan hospitals to rural primary care practices.

Important for anyone interested in the experiences of health-care workers, and the psychological, organisational, health-care policy, and social challenges of the COVID-19 pandemic.

Kaitiaki interviews lead author Marie Bismark here.



Growing rural health – Tipu haere tuawhenua hauora: 30 years of advocacy and support in Aotearoa

Ross, J., Kemp, T, (Ngā Mahanga o Tairi, Taranaki), London, M., & Jones, S. (2022). Hauora Taiwhenua Rural Health Network.

Backgrounds the formation of the New Zealand Rural General Practice Network 30 years ago and describes its transition into the Hauora Taiwhenua Rural Health Network.

Reflects on the challenges and rewards of working in rural health to inform future service provision and workforce planning.

Human: Solving the global workforce crisis in healthcare

Britnell, M. (2019). Oxford University Press.

Addresses the global health workforce issues facing international health systems. Profiles 10 countries around the world and explores various approaches to solving the workforce deficit.

The author argues for gender equality for health-care workers, increased support for them, and more sophisticated thinking on the relationship between humans and technology.

The new science of the body clock, and how it can revolutionize your sleep and health

Foster, R. (2022). Penguin Life.

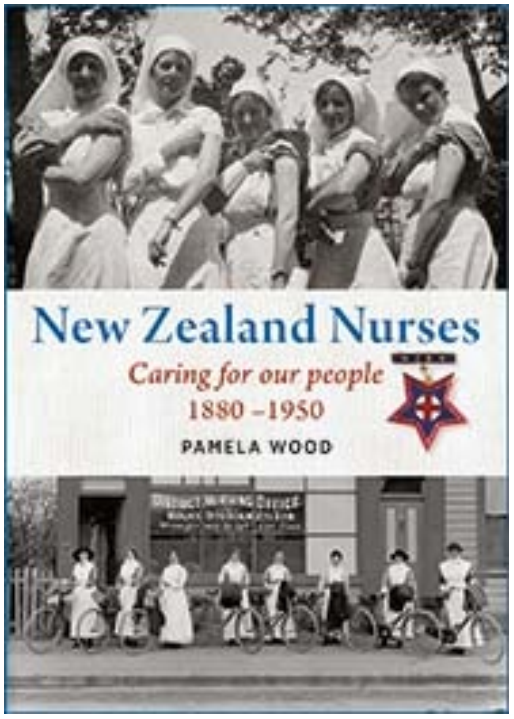
Explains the relationship between sleep and the circadian rhythm, and how the biological clock governs when we should eat, sleep, work, and take medication.

Explores the implications of shift work for health.

"In the twenty-first century, we increasingly push our daily routines into the night, carrying out work, exercise and our social lives long after dark. But we have forgotten that our bodies are governed by a 24-hour biological clock which guides us towards the best time to sleep, eat and think.

"New science has proven that living out of sync with

this clock is not only disrupting our sleep, but leaving us more vulnerable to infection, cancer, obesity, type 2 diabetes, heart disease and mental illness."



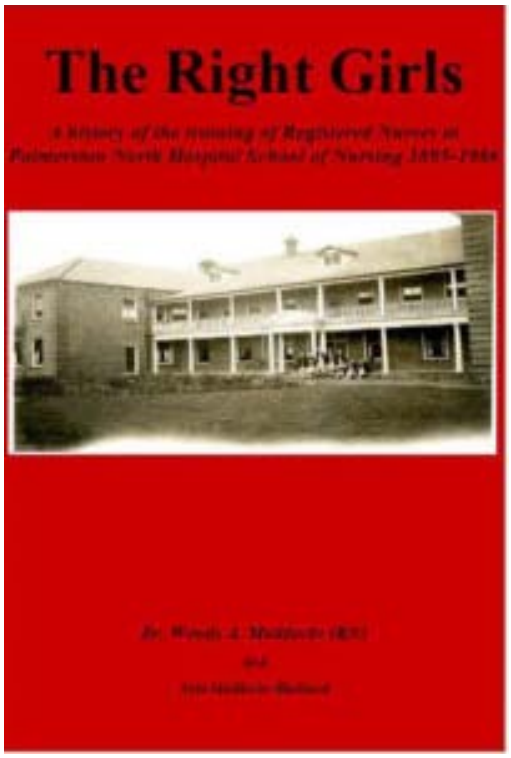
New Zealand nurses: Caring for our people, 1880-1950

Wood, P. (2022). University of Otago Press. 376pp.

Examines the stories of individual nurses during the emergence of the nursing profession in New Zealand.

Traces the development of a distinct New Zealand nursing culture from its British colonial origins in the 1880s.

Examines the nursing cultures that emerged indifferent settings and circumstances: from hospitals to homes, rural backblocks to Māori settlements, and from war and disaster zones to nursing through a pandemic.

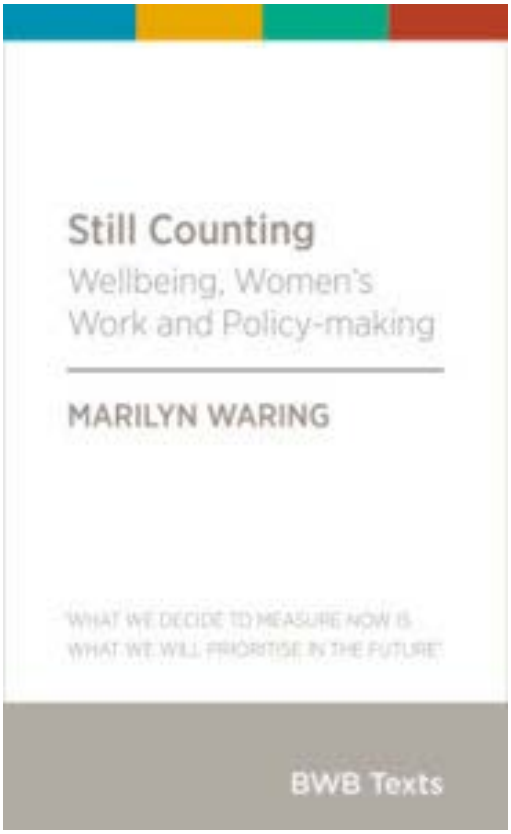


The right girls: A history of the training of Registered Nurses at Palmerston North Hospital School of Nursing 1895-1986

Maddocks, W., & Maddocks-Hubbard, N. (2022).

Covers the education of nurses at the hospital from the inception of nurse training there in 1985 through to the last class of graduates in 1986.

Cross references Palmerston North nurses who served in WWI and WWII, profiling several of them. Selects students from each decade thereafter to profile.



Still counting: Wellbeing, women's work and policy-making

Waring, M. (2018). Bridget Williams. 144pp

Gauges whether the shift to a well-being approach to economics will mean women's work is now valued in the assessment of New Zealand's social progress.

Feminist scholar Marilyn Waring has written a follow-up to "Counting for Nothing", published 30 years ago, which concluded that global prosperity depended on women's unpaid work.

Other library services

Among the many services the NZNO library offers members is online access to articles from *Kaitiaki Nursing New Zealand* from 2003 onwards. These can be accessed, as can a variety of member-only databases, via the online databases page (http://www.nzno.org.nz/resources/library/online_databases) on the library webpage.

Contact your library:
Website: www.nzno.org.nz/resources/library
Phone: 0800 28-38-48
Email: library@nzno.org.nz

Heather Woods *is the NZNO librarian and records manager.*
Amanda Oztzen *works at the NZNO library.*

Tags

Click to search for related articles: nursing history, rural health, pandemic, books

Kaitiaki
NURSING NEW ZEALAND

NEWS

Coal-fired boilers gone by 2025, fleet electrified – Te Whatu Ora vows to meet climate obligations

BY MARY LONGMORE

February 28, 2022

Post-cyclone with more climate-change related extreme weather events predicted, plans for a carbon-neutral health system are being welcomed by health professionals — and the role of nurses is crucial.

Youth health nurse practitioner Mikey Brenndorfer

A promise to rid the country's hospitals of coal-fired burners by 2025 is "hugely" positive, but a "radical re-design" of the health system bringing nurses to the fore is needed to mitigate climate change, says youth health nurse practitioner Mikey Brenndorfer.

"Rather than just trying to reduce the carbon emissions of business-as-usual, we actually need to redesign it — and a big chunk of that has to be funding and respecting primary health care nurses."

> **'All of the models around climate change in New Zealand show that we'll be expecting more extreme weather events and floods. So the experience is something we'll need to prepare for.'**

Te Whatu Ora is planning to get rid of coal-fired boilers, accurately measure hospital carbon emissions and set up a standalone sustainability unit to meet the Government's 2025 carbon-neutral targets, papers released to *Kaitiaki Nursing New Zealand* show.

A standalone unit was a key recommendation last year by Ora Taiao — a collective of health professionals, which includes NZNO members such as Brenndorfer.

Te Whatu Ora must also set out a plan this year to electrify its vehicle fleet, as per the Government's 2020 Carbon Neutral Government Programme (CNGP) requirements.

Nelson Hospital's coal-fired boilers. Photo by Martin de Ruyter supplied by STUFF.

‘Feasible but challenging’

Meeting the CNGP’s target of a carbon-neutral public sector by 2025 is “feasible but challenging”, Te Whatu Ora’s project lead on climate change Vicktoria Blake advised in a paper to its board late last year.

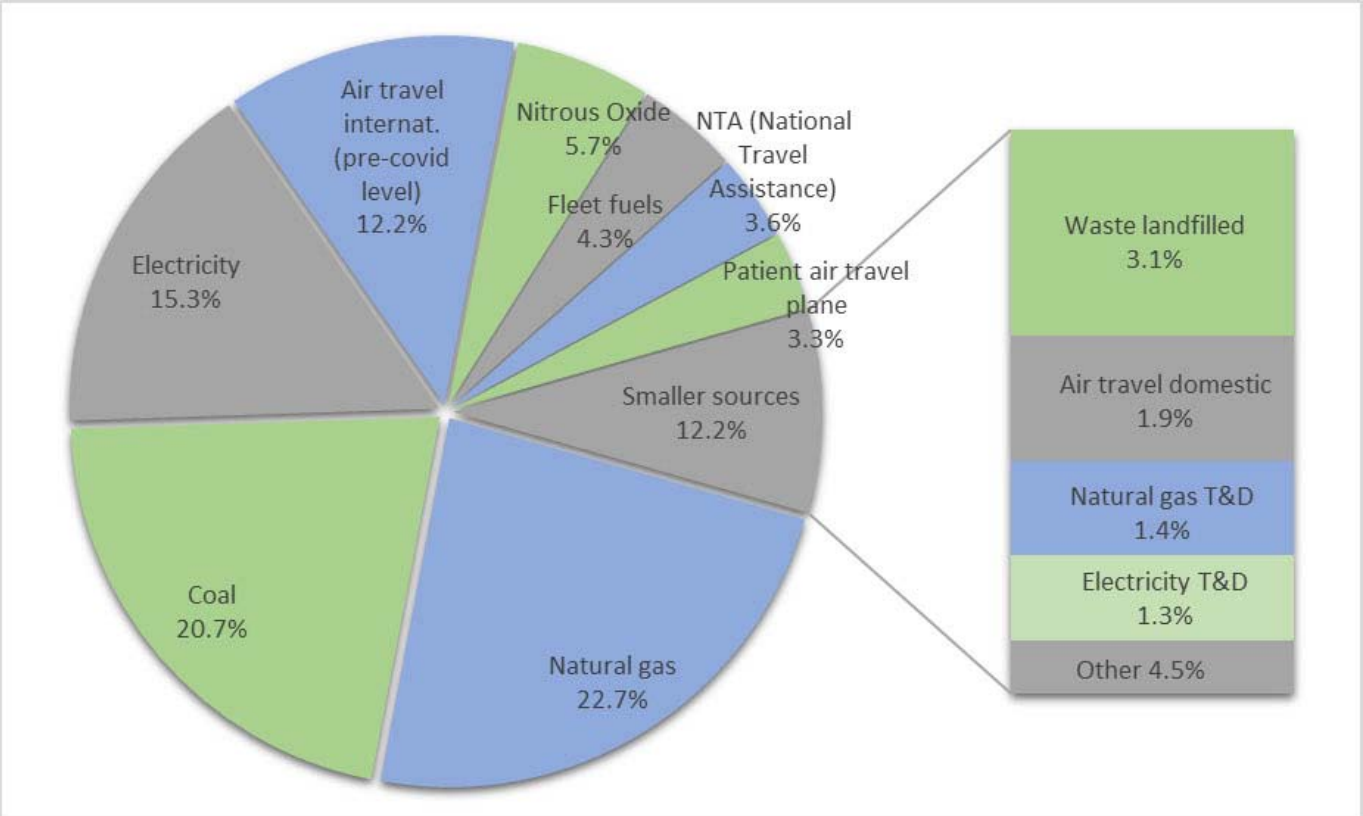
With a heavy reliance on coal and gas for heating in older hospitals, Te Whatu Ora is the public sector’s biggest emitter, she said.

> **‘I know Te Aka Whai Ora has a lot on its plate at present, but the onus is on Te Whatu Ora to bring them in properly.’**

However, the move to a single health body gave opportunities for “significant progress” on carbon reduction, her paper said. Previously, 10 of the country’s 21 district health boards had measured and reported emissions, “however there was no nationally consistent approach.”

“Sustainability, in its broader sense, presents opportunities to take innovative approaches to energy, health service delivery and to collaborate with other organisations on new technology and pilot new ways of working.”

Reducing demand on health services through population health and prevention would also improve sustainability, Blake said.



Te Whatu Ora’s greenhouse gas emissions source as a percentage of national carbon footprint. Supplied by Te Whatu Ora.

Changing weather

Brenndorfer said it was easy to lose track of climate change efforts during a crisis like Cyclone Gabrielle, "but it has to be something that stays on the back of our mind."

"All of the models around climate change in New Zealand show that we'll be expecting more extreme weather events and floods. So the experience is something we'll need to prepare for."

Photo: Japan Meteorological Agency: A satellite image with the centre of Cyclone Gabrielle north of the Bay of Plenty on Feb 14.

Brenndorfer said dealing with such "glaringly obvious issues" as coal-fired boilers and measuring emissions were good moves, but wouldn't be enough to hit the CNGP 1.5 degC target.

Keeping patients out of hospitals, by investing in primary and public health care, would "prevent that high level of carbon emissions associated with more intensive health interventions", he said.

"But to do that we need to actually value PHC nurses," said Brenndorfer, who is speaking at the upcoming primary health nurses' symposium (https://www.nzno.org.nz/groups/colleges_sections/colleges/college_of_primary_health_care_nurses/conferences_events).

> **'. . . a big chunk of that has to be funding and respecting primary health-care nurses'.**

"This is reducing carbon emissions in a business-as-usual [model], but what climate change really demands of us, is to be radical in the way we re-imagine and re-design every aspect of society. And I don't feel that this actually goes nearly far enough to actually achieve that 1.5 degC of temperature rise."

More sustainable procurement for hospital devices did not appear to be addressed in the plan, yet was a key contributor to emissions, Brenndorfer said.

Te Whatu Ora interim director corporate Craig Owen told *Kaitiaki* it endorsed the CNGP and was developing a work programme to "reflect this urgency", in its interim health plan, Te Pae Tata (https://www.tewhatuora.govt.nz/whats-happening/what-to-expect/nz-health-plan/).

Te Tiriti partnership?

Te Tiriti o Waitangi obligations had not yet been incorporated into the CNGP implementation plan, Owen said. However the Māori Health Authority, Te Aka Whai Ora, was "committed to working collaboratively with Te Whatu Ora to ensure iwi, Māori and whānau voices contribute to the co-design of TWO's climate change, service resilience and environmental sustainability approach", he said.

With a heavy reliance on coal and gas for heating in older hospitals, Te Whatu Ora is the public sector's biggest emitter.

Ora Taiao co-convenor GP Dermot Coffey

A joint sustainability committee across both agencies was also planned to "oversee advice and recommendations relating to sustainability activities".

"Te Aka Whai Ora will collaborate with Te Whatu Ora to ensure . . . te Tiriti and te ao Māori perspectives are incorporated and embedded into Te Whatu Ora's sustainability practices and policies."

Ora Taiao co-convenor, GP Dermot Coffey, said there was "no excuse" for not yet incorporating te ao Māori into the plan.

"I know Te Aka Whai Ora has a lot on its plate at present, but the onus is on Te Whatu Ora to bring them in properly."

Stricter rules on air travel for health executives and medical officers were also needed, "with zero business-class flights effective immediately", Coffey said.

Te Whatu Ora's CNGP implementation policy requires it to:

- Measure and report on emissions from 2023/2024.
- Set and approve science-based emission targets in line with the 1.5 degC pathway by August 31, 2024.
- Introduce a plan to meet this target, also reviewed annually.
- Phase out all coal-fired boilers with a focus on removing the largest and most active by the end of 2025.
- Reduce vehicle numbers and choose electric or hybrid options.
- Invest in low-emissions heating and cooling; and energy efficient lighting.
- Require energy efficiency rating NABERSNZ for large office spaces.
- Prioritise low-carbon designs, materials, products and processes in building projects.
- Offset remaining emissions from 2025 to achieve carbon neutrality.

Tags

Click to search for related articles: climate change, sustainability, Te Whatu Ora

Kaitiaki
NURSING NEW ZEALAND

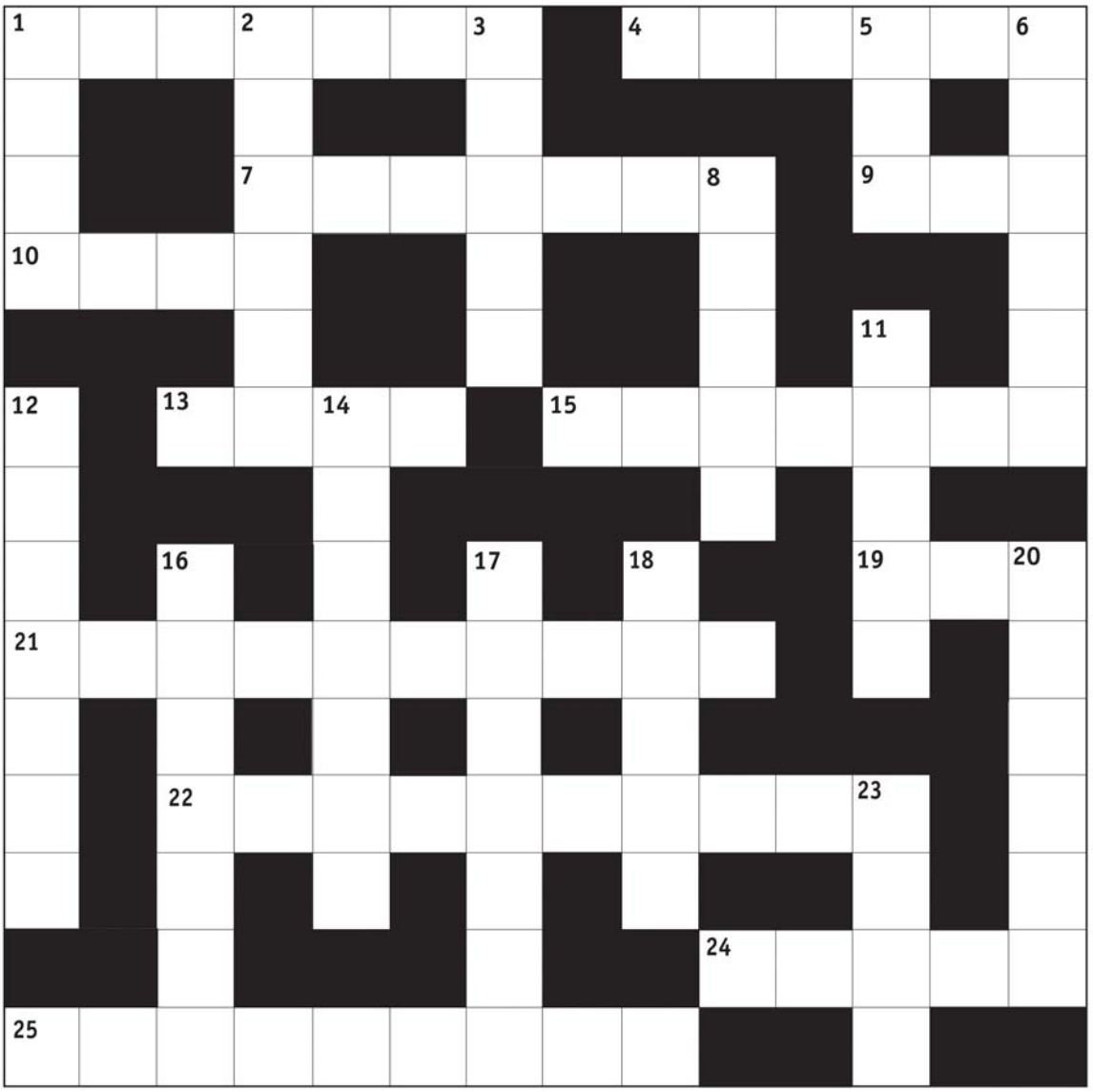
PUZZLES

FEBRUARY 2023 crossword

BY KATHY STODART

February 16, 2023

Print out the grid (using print tab at the bottom right of this page) and use the clues below. December's answers are below the clues.



ACROSS

1) Tube inserted into body.
4) Loud bird cry.
7) Moral.
9) Belonging to us.
10) Squat land frog.
13) Enthusiastic.
15) Support (Māori).
19) Long-tailed rodent.
21) Common class of antibiotic.
22) Having hope.
24) Make cloth on loom.
25) Give up.

DOWN

1) Supports broken bone.
2) Used to sew, or inject.
3) Solutions with low pH.
5) Shakespeare play: *Much ___ About Nothing*.
6) Discussion (Māori).
8) Health professional who temporarily fills in for another.
11) Fret.
12) Provides palliative care.
14) Teach.
16) Game featuring cue and 15 red balls.
17) Ascended.
18) Front of the queue.
20) Sort patients according to acuity.
23) Online conversation.

December answers

ACROSS: 1. Disparity. 6. Coat. 7. Utensil. 8. Audit. 9. Licence. 12. Strike. 14. Brazil. 16. Ent. 17. Humour. 19. Exam. 21. Pixie. 22. Garage. 24. Date. 25. Enthusiastic.

DOWN: 1. Debate. 2. Student. 3. Acute. 4. Tennis. 5. Bacteria. 6. Clan. 10. Ear. 11. Skier. 12. Struggle. 13. Rumour. 15. Agreed. 18. Extra. 20. Attic. 21. Peas. 23. Ash.

Tags

Click to search for related articles: crossword

Kaitiaki
NURSING NEW ZEALAND

NEWS

Health and nursing workforce 'top priority', says new Health Minister Ayesha Verrall

BY MARY LONGMORE

February 21, 2023

'It's not rocket science, is it?' New Minister of Health Ayesha Verrall says fixing the nurse workforce will lift pressures on waiting lists, hospitals and aged care.

Tackling the health workforce is number one priority, says new Minister of Health Ayesha Verrall, as she expressed gratitude to nurses working in cyclone-affected zones.

"Their care means so much to their community right now and the assurance they've been able to provide, keeping the hospitals and community services open — I think that was really reassuring," Verrall told *Kaitiaki Nursing New Zealand*.

"I just want to acknowledge, I know many of them are dealing with tough circumstances for themselves or their family, while providing that care."

New Minister of Health Dr Ayesha Verrall

Verrall said addressing health workforce issues was top of her three priorities — followed by winter pressures, "by which I mean acute demand", and hospital waiting lists.

"So that's why workforce has to be the top priority . . . because it unlocks and makes possible all the other things we want to do. That's not rocket science, is it?"

'That puts us, for new nurses and experienced registered nurses, on par with

Australia.'

Verrall said she saw first-hand the pressures faced by nurses when she visited Wellington, Lower Hutt and Rotorua EDs this month, shortly after her appointment. While she also had first-hand experience as a doctor, "it is clear they [pressures] are worse now than they were pre-COVID."

Minister of Health Ayesha Verrall visits nurses at Rotorua Hospital's emergency department.

Addressing staffing pressures in hospital operating theatres would also help get waiting lists down, while well-staffed aged residential care (ARC) facilities would allow patients to be discharged into care, she said.

"...we want young people to think 'I want to be a nurse'."

NZNO has estimated New Zealand is about 4000 nurses short, with many leaving for better pay and conditions in Australia.

In the long term, Verrall said she wanted the new health system to focus on "prevention, keeping us well in our communities and equitable outcomes.

"We have challenges but we also have the greatest opportunity in a generation to transform health care for the better."

Relationship with nurses 'prioritised'

Verrall said she would prioritise a "honest" and "open" relationship with nurses and NZNO, having met NZNO president Anne Daniels and chief executive Paul Goulter and talked to nurses in several ED visits immediately following her appointment.

"It's important. We have many big issues to work through – the health system, and between Government and clinician groups, we just have to have open dialogue about it, and honesty."

Former Health Minister Andrew Little incensed nurses last year when he refused to acknowledge the health system was in crisis, sparking an angry response from more than 2700 NZNO members.

> **'It will take time to bring through new generations of nurses but the work to make the workplace a good place for Māori nurses to thrive has to start now.'**

Further tensions arose with NZNO over both pay equity rates for Te Whatu Ora members, and whether the deal should be back-paid to December 2019. Court action over both pay equity rates and back pay is ongoing, despite Te Whatu Ora's move to make an interim pay rise to its NZNO members late last year.

NZNO members silently protesting to then-Health Minister Andrew Little over the Government's 'reneging' over its promised back pay date at NZNO's 2022 conference.

NZ nurses' pay now 'on par' with Australia

Verrall said better pay was a key way to attract more nurses — and nurses' salaries had been raised 25 per cent in the past six years under a Labour-Greens-led Government.

"That puts us, for new nurses and experienced registered nurses on par with Australia."

The interim pay equity payments going out over the next couple of weeks would make further "substantial" progress, she said.

> **'Nurses are irreplaceable in our health system and they will always do those things only nurses can do.'**

"I think that is massive change in terms of the actual money and the relativity with Australia and demonstrates a true commitment to improving the issues."

Verrall said it was important for people to be aware that trans-Tasman nursing salaries were now competitive. "On all sides of this we want young people to think 'I want to be a nurse'."

Verrall would not comment on the NZNO pay-equity rate dispute as it was before the Employment Court. However, she said she was "very happy" with Labour's 2020 amendment to pay equity laws which now allow unions or individuals to raise gender-based claims directly with employers ". . .because we believe female-dominated workforces should have an avenue for addressing historical gender-based discrimination".

Pay parity

Pay parity for all nurses, no matter where they worked, was "a priority" but "complex, because we don't employ those nurses in those sectors directly".

However, "I have heard NZNO on [pay parity]," she said.

In November, Andrew Little announced a $200 million annual sum to bring nurses and other health workers working for aged care, Māori/iwi and Pacific providers and hospices into line with their Te Whatu Ora peers this year. Mental health and addiction, organisations caring for the disabled and other residential care workers would follow — however primary health and practice nurses were excluded due to lack of evidence over a pay gap, he said.

The role of unregulated staff?

A safe workplace was also crucial, Verrall said. Unregulated health-care workers had "risen to the call to help in health during COVID", and she believed they could play a role in safely staffing hospitals — "for example, caring for people waiting in EDs, de-escalating some of the stress there that sometimes leads to our staff experiencing unacceptable abuse".

Asked for assurances that nurses' roles would not be usurped by unregulated workers, Verrall said nurses were "irreplaceable".

"Nurses are irreplaceable in our health system and they will always do those things only nurses can do. I also hear from nurses that they are phenomenally busy, often with tasks that don't draw on those very special skills that they have and that's where other parts of the workforce can support them."

Māori nursing workforce

More work was needed to make the health system a "good place for Māori nurses", Verrall said. "It will take time to bring through new generations of nurses but the work to make the workplace a good place for Māori nurses to thrive has to start now," she said.

‘We have challenges but we also have the greatest opportunity in a generation to transform health care for the better.’

“We’re not starting from zero – I trained clinicians in my job and I know there are already great initiatives around the country and we need to keep scaling them up and support the people who have been teaching that kaupapa for a long time already.”

The Māori Health Authority, Te Aka Whai Ora, was a “crucial” part of reforms in giving a voice to Māori in all decision-making, she said, pledging it would be safe under Labour despite apparent public fears about co-governance.

“Under a Labour Government, the Māori Health Authority will continue to grow and thrive so we get the health outcomes that we need for Maori and reverse the terrible inequities that we see.”

Hope for the future?

Verrall said she wanted to acknowledge the challenges faced by nurses — but also offer hope.

“The point is, when I visited Wellington Hospital, I remember working in that department as a medical registrar. I could see it looked really tough on the staff because of how busy [it was] and the patients waiting in corridors.

“As minister, I think it’s my job to be honest about that and acknowledge that it’s the truth, right? And then to point to the pathway of how we get out of this situation to a more sustainable situation.”

PHOTO: AdobeStock

That was how she was trained, as a health professional, she said. "Be honest, but give hope about what you can do for people – it's just the same."

Verrall said she valued the voice of nurses, and understood the challenges of a hierarchical health system.

"As a specialist in tuberculosis, I realised that the trick to safe care for my patients was working in an even playing field with the nurses who were looking after the patients and the community. If you practise in a hierarchical way, you don't hear the information that's going to save someone's life. So I think it's very important to equal the playing field in terms of that voice."

An expert on vaccines, tuberculosis and COVID-19, Verrall trained at Otago Medical School and worked as a junior doctor at Wellington, before training as an infectious diseases specialist in Singapore and researching tuberculosis in Indonesia.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Kaiwhakahaere among nurses forced to abandon flooded homes in cyclone

BY CATE MACINTOSH AND MARY LONGMORE

February 15, 2023

NZNO members are facing devastation and uncertainty as Cyclone Gabrielle continues its onslaught, with some left temporarily homeless and others stranded in regions without power and road access.

NZNO kaiwhakahaere Kerri Nuku and her whānau were among those caught out by flooding in Omahu, a township northwest of Hastings.

> **'This is life-saving treatment, it's not like you can just miss an appointment. If you don't get dialysis, you die.'**

Hawke's Bay nurses are extremely concerned about maintaining critical dialysis services for those isolated in their homes, cut off by flooding, road closures and phone outages.

NZNO kaiwhakahaere Kerri Nuku was forced to evacuate her home with whānau on Tuesday as flooding hit her Hastings home.

Many health services are managing with severely reduced care as flood-affected staff are dealing with the loss of their homes, or simply can't get to work due to road closures.

Thames Hospital RN Anoopa Anthony with her three children and bags packed, ready for an emergency evacuation.

Nuku said her family had to abandon their home when a creek next door burst its banks and flood waters overwhelmed the Ngaruroro River on Tuesday.

"The speed at which the floods occurred was terrifying and checking in on whānau to ensure their safety was extremely difficult when all mobile services, supermarkets and eftpos were down."

Communicating with *Kaitiaki* via text on Wednesday, Nuku said her whānau had taken refuge with another family member, as their own home was "uninhabitable".

'The speed at which the floods occurred was terrifying and checking in on whānau to ensure their safety was extremely difficult when all mobile services, supermarkets and eftpos were down.'

She thanked the marae and community services, councils, and emergency services "for the selfless mahi you did to help the displaced and trace down missing family members" and acknowledged those who had tragically lost their lives.

"To the health-care workers who provided voluntary mahi to help with the health cares — thank you!"

Many NZNO members are on high alert, with their households ready to evacuate.

Thames Hospital acting inpatient charge nurse Anoopa Anthony said she and her husband had packed their bags and been anxiously monitoring the course of the cyclone.

“When we got a mobile alert [about the progress of the cyclone] and were packing, my kids were panicking and my girl was crying.”

With childcare and schools closed, Anthony was sharing the care of her three young children with her husband — and covering her shifts as well.

On Monday, the inpatient medical unit was full with 37 patients, with many unable to be discharged to their flood-affected homes. About eight staff were unable to work.

With day surgery cancelled for the week, theatre staff helped fill gaps in other parts of the hospital.

Road closures, including State Highway 25A from Tairua to Thames, will make it hard for nurses to get to work. Photo: Thames-Coromandel District Council.

But Anthony was concerned about staffing when surgery lists were resumed, with road closures likely to continue for many months (https://www.stuff.co.nz/national/weather-news/131207473/cyclone-gabrielle-communities-cut-off-by-road-closures), affecting travel for staff who lived on the east coast of the Coromandel peninsula.

Wairoa, in northern Hawke's Bay, became completely isolated following the impact of Cyclone Gabrielle. Photo: Hawkes Bay Emergency Management.

NZNO delegate Noreen McCallan, a nurse in Hawke's Bay Hospital's dialysis unit, said patients had been cut off from the critical service.

"This is life-saving treatment – it's not like you can just miss an appointment. If you don't get dialysis, you die," McCallan told *Kaitiaki.* "They're helicoptering them in – but as of yesterday we weren't able to get a helicopter."

On Monday, after a long wait for a chopper, staff were able to bring in 10 of the most urgent patients.

"Yesterday we had 10 people possibly in a life-threatening situation – [and] managed to get them all in," said McCallan. However, she remained concerned for patients in more remote areas such as Wairoa and central Hawke's Bay.

NZNO delegate and nurse Noreen McCallan and her Hawkes Bay Hospital dialysis team are supporting each other as they work overtime to get life-saving dialysis to patients.

Helicopters were also transporting acute patients from Napier – where the health centre had been transformed into an emergency clinic – to Hawke's Bay Hospital in Hastings, which was nearly full, she said.

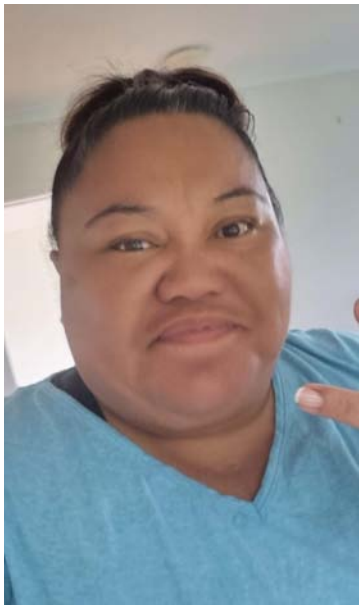
But she was not sure how the patients would be able to return home safely after being discharged, as all motels near the hospital were full.

The hospital was under extreme pressure with about half the staff unable to work — some because their homes were flooded, and others from areas cut off by flooding or road damage.

"As usual, nurses are doing more than their fair share in a crisis. Anyone who can get to work is getting to work, but a lot of our staff are stuck in Napier and can't get to work," McCallan said.

"We're just as much affected as the patients are – lots of people have been evacuated . . . At the minute, we are locked in and can't get north or south."

Auckland primary health Māori nurse lead Gina Pikaahu put out a karanga (call) through NZNO's Te Rūnanga o Aotearoa for nurses to help residents evacuating from Port Waikato, about 100km south of Auckland.



Gina Pikaahu

Port Waikato had been particularly hard hit, with landslides, surging tides and "water flowing from the mountains onto the road next to the Waikato River", Pikaahu said. Community organisations rallied, distributing kai, essential survival equipment and blankets to whānau.

Pikaahu said the Waikato-Auckland region had been dealing with disasters for nearly a month now.

"Everybody has just been doing the best they can."

She had been up working the best part of 72 hours from Saturday to Monday, after taking time out from her normal role as lead nurse Māori at an Auckland primary health organisation, to come and help affected communities.

"We're very blessed, we're brought up with the Waikato River. We're what we call the river people – so we know how to handle water. But when it's from the sky and the hills and the ocean, well then it's the full whirlpool, eh."

Some of the volunteers, from Port Waikato kura kaupapa Te whānau o Te Puaha o Waikato.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Napier campus likely to be closed for three months

BY CATE MACINTOSH

February 27, 2023

Hawke's Bay nursing school staff are juggling clean up operations at home and at work in the wake of Cyclone Gabrielle's devastation, with their Napier campus likely to be closed for three months.

Eastern Institute of Technology (EIT) Hawke's Bay nursing students have been told they will find out on March 3 how and when their studies will resume.

Over 90 per cent of the EIT Hawke's Bay campus in Napier was damaged by flooding in the cyclone on February 13 and 14, Te Pūkenga deputy chief executive learning (Ako) delivery Gus Gilmore said.

In addition to flooding of classrooms, the cyclone caused problems with power, internet connectivity and water supply on the campus, Gilmore said.

Cyclone Gabrielle is one of the worst storms to hit Aotearoa New Zealand since 1968, and the Hawke's Bay region suffered the greatest damage, including eight of 13 deaths nationally.

> **'This is an incredibly difficult time and they are working tirelessly to support kaimahi and ākonga.'**

There are 300 full and part-time nursing students enrolled at the Hawke's Bay campus.

An update on the EIT Hawke's Bay Facebook page on Friday evening said: "Unfortunately the Hawke's Bay campus in Taradale has suffered significant damage and we expect it will take up to three months to be fully operational again".

Over 90 per cent of buildings and grounds at the Eastern Institute of Technology Napier campus had been "significantly impacted". Photo: Warren Buckland, courtesy of Hawke's Bay Today.

"Hopefully we can start to re-open parts of the campus sooner but we are not in a position to confirm this yet."

Students were advised they would be further updated on March 3 about the future of their studies.

Gilmore acknowledged the "great work our people on the ground are doing".

"This is an incredibly difficult time and they are working tirelessly to support kaimahi and ākonga."

> **'Staff who haven't been personally affected by the cyclone are here helping out while we have been inundated with offers from students and the wider community.'**

EIT staff were working through each programme, to plan resumption of classes "as quickly as possible", Gilmore said.

"The full resources of Te Pūkenga network, nationally, are being focussed on supporting our ākonga, and kaimahi as we work through this."

EIT-Te Pūkenga executive director of strategic projects and partnerships Glen Harkness said "all attempts are being made to return to normal operations as soon as possible", in response to an enquiry by *Kaitiaki* on Friday.

The EIT Hawke's Bay campus in Napier will be closed for three months following Cyclone Gabrielle. Photo: Warren Buckland, courtesy of Hawke's Bay Today.

Head of school, tourism, hospitality and English language Glenn Fulcher, who is leading the clean-up on campus, said progress was being made in getting the campus back to normal, with the help of staff and students.

"Staff who haven't been personally affected by the cyclone are here helping out while we have been inundated with offers from students and the wider community," Fulcher said.

Eastern Institute of Technology (EIT) nursing students Ariana Thompson-Kihirini and Amy Warner.

NZNO Te Rūnanga Tauira representative for the region Ariana Thompson-Kihirini said she hoped more information about how and when the course would resume would be provided soon, so students could begin to plan for a return to their studies.

She said students were already dealing with the impact of the cyclone on their whānau, homes, and workplaces and might not have the necessary support to cope with further disruption to their studies.

Moving to an online-only model would be the best option for students, considering the damage to the building and roads, Thompson-Kiririni said.

Tags

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Kaitiaki
NURSING NEW ZEALAND

NEWS

National anti-racism plan by the end of 2024

BY CATE MACINTOSH

February 23, 2023

A national anti-racism action plan will be in place by the end of 2024, but doubts remain among some nurses about how effective it will be.

This month Te Kāhui Tika Tangata – the Human Rights Commission (HRC) – released two reports examining Aotearoa New Zealand's "long history of racism" and continuing high levels of harm to tangata whenua and some tangata tiriti.

The reports provide insights, analysis and recommendations for a national anti-racism plan, currently in development.

Race Relations Commissioner Meng Foon and former Deputy Commissioner Tricia Keelan said a plan was needed as racism continued "to occur at interpersonal, institutional and internalised levels for many people".

Foon, Keelan and Human Rights Commissioner Paul Hunt urged the Government to develop the plan to achieve "an Aotearoa that honours te Tiriti, and which is free from racism, so all people can thrive".

A spokesperson for the Ministry of Justice, which is leading the development of the national anti-racism action plan (https://www.justice.govt.nz/justice-sector-policy/key-initiatives/national-action-plan-against-racism/) with the National Iwi Chairs Forum, told *Kaitiaki* the plan would be completed by the end of 2024.

The 'devastating, cumulative inter-generational' impact of colonisation and racism on the health and wellbeing of Māori is specifically addressed in Maranga Mai.

One of the reports, based on community engagement – *Ki te whaiao ki te ao Mārama* (https://admin.tikatangata.org.nz/assets/Documents/Ki-te-whaiao-ki-te-ao-Marama_Full-Report_PDF.pdf) – details experiences of racism, and ideas to eliminate it, by Māori and non-Māori.

A second report, *Maranga Mai! (https://admin.tikatangata.org.nz/assets/Documents/Maranga-Mai_Full-Report_PDF.pdf)* is a comprehensive study of white supremacy, racism and colonisation experienced by tangata whenua.

(There is no link between the report and Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO's campaign, (https://maranga-mai.nzno.org.nz/)Maranga Mai! (https://maranga-mai.nzno.org.nz/)despite the shared name.)

Colonisation – the "systematic appropriation, seizure and exploitation of indigenous lands and natural resources" – was supported by the Doctrine of Discovery, a series of papal decrees in the fifteenth century outlining the racial superiority of white Christians.

Those racist ideas, and the destruction of Māori land, culture and wellbeing that followed continues to harm both tangata whenua and ethnic tangata tiriti (non-pākehā/non-Māori New Zealanders) today, the reports say.

'I have first-hand experiences with racism growing up, I witnessed my family take it and as a nurse I've seen it, felt it – I fight to be Māori all the time.'

The "devastating, cumulative inter-generational" impact of colonisation and racism on the health and wellbeing of Māori is specifically addressed in *Maranga Mai.*

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO kaiwhakahaere Kerri Nuku said the Waitangi Tribunal 2575 (https://waitangitribunal.govt.nz/news/tribunal/) inquiry and report had established "the health system is systemically racist", but this had not led to a change in behaviours.

She said the commission reports, while valuable and significant, would not in themselves bring necessary change.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa Te Runanga member Tina Konia, and kaiwhakahaere Kerri Nuku gave feedback on experiences of racism in nursing to the Human Rights Commission.

"We've had cultural safety now in nursing for years, it's a nice-to-do or a tick-box exercise, it doesn't change behaviours or attitudes of nurses because it's not fully endorsed or implemented . . . "

Nuku said nurses who could not demonstrate an understanding of racism, and how to counter it in the workplace, should not be given registration.

"We need to support nurses that understand it and have the will to implement [their understanding], and we need to let go of nurses that don't. You can't be in the business of caring and choose to be privileged."

Tōpūtanga Tapuhi Te Rūnanga representatives gave feedback on their experiences and observations of racism in health-care settings at a hui organised by the commission.

'We need to support nurses that understand it and have the will to implement [their understanding], and we need to let go of nurses that don't.'

Tina Konia, a Te Rūnanga representative who attended the hui with Nuku, said entry points for hospital and other health-care providers were a "hotspot for racism", especially when police were involved in patient delivery.

"I have first-hand experiences with racism growing up, I witnessed my family take it and as a nurse I've seen it, felt it – I fight to be Māori all the time."

Konia and Nuku said they were disappointed *Ki te whaiao ki te ao Mārama* didn't include more of the feedback provided by the nurses about racism within the nursing profession.

"A lot of the time when profiling is mentioned, it's in justice, whereas, nurses [also] do it," Nuku said.

Hunt described *Maranga Mai!* as "one of the most unsettling reports I have read for a very long time".

"The report compels us to acknowledge the racism and white supremacy that was woven into the fabric of the British colony as immigrants settled in these islands."

Recommendations in the reports include the establishment of a truth, reconciliation and justice commission and constitutional reform to enable tino rangatiritanga (self-determination).

The Government committed to development of an anti-racism plan following a 2017 recommendation by the UN Committee for the Elimination of Racial Discrimination and the 2019 Christchurch mosque attacks.

Chief Human Rights Commissioner Paul Hunt.

Kaitiaki
NURSING NEW ZEALAND

NEWS

Nurse returns to work, days after losing everything in cyclone

BY CATE MACINTOSH

February 23, 2023

A Hawke's Bay nurse who had to swim to safety from her flooded home and lost everything she owns in Cyclone Gabrielle was back on duty at Hawke's Bay Hospital four days later.

Maria Hollyshead after being reunited with her cat George.

Maria Hollingshead bluntly states her post-cyclone reality.

"Basically we've lost everything. Six feet of water through our property, three homes, 11 cars trashed, the whole lot, everything."

Nurses devastated by Cyclone Gabrielle are juggling trauma, property losses, and trying to support friends and whānau – while still providing essential care for their community.

Tōpūtanga Tapuhi Kaitiaki o Aotearoa NZNO kaiwhakahaere Kerri Nuku, who lost her Omahu home in northwest Hastings and took refuge for hours on a raised stopbank to escape "violent torrents of water", encouraged members affected by the cyclone to reach out for support.

"The only thing I can say is reach out, and don't feel whakamā, don't feel stink about reaching out and just having someone with you because in these times, that's what's really needed to get you through."

Hollingshead, who lives in nearby Pakowhai, said she was still in a state of shock.

NZNO kaiwhakahaere Kerri Nuku

> **‘I don’t think the full scale of it has sunk in . . . it’s just numb, everything’s numb at the moment.’**

“You sit there and think: we’ve lost everything we owned – apart from what we swam out in.”

At about 10.30am on Tuesday, February 14, with water about 30 cm (one foot) deep, Hollingshead and her partner received a text advising them to evacuate their Pakowhai property.

The pair, who had three homes, a business, several sheep, a horse, cats and dogs, and 11 vehicles on the site, didn’t believe it could get that much worse.

But over the next six hours, their outlook became less optimistic.

“Basically, we sat on the deck, watching the water rise, thinking: ‘Holy shit, this is going to be worse than we thought’.”

By 5pm they were stranded, sitting in chairs on top of their kitchen bench, watching water lapping over it.

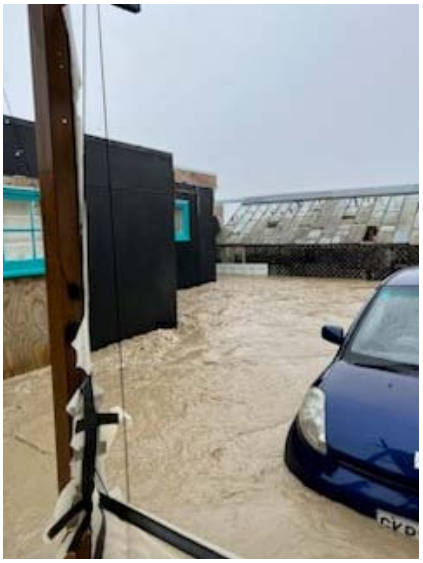
“I said, if we don’t get out now, we’re not going to get out.

“So we swam to the deck and were picked up by a jetboat that was going up and down the street rescuing people.”

Hollingshead said trying to navigate a raging torrent was “pretty scary”.

The traumatised couple were taken to Te Aranga Marae, where they were given clothes and kai.

They were able to stay with relatives in Hastings but are hoping to move into a caravan on their own property soon.



Flood waters at Maria Hollingshead’s Pakowhai property continued rising throughout February 14.

By 2.30pm flood waters had swamped cars at Maria Hollingshead’s home.

Maria Hollingshead said she was in a state of disbelief when she returned to her flood damaged Pakowhai home.

She reported for duty at the hospital on Friday, just four days after swimming to safety from her flooded home.

“I’m sort of permanent casual, but I’m not permanent so I don’t get paid if I don’t work.”

Nuku said she and her whānau were taken aback by the speed and severity of the flooding as they received no warning or notice to evacuate.

By about 9.30am, flood waters were flowing through their house. Nuku, her husband, five adult children, partners and grand-children took refuge on higher ground in their paddock, but the waters continued to rise.

Nuku’s daughter Dayna shared videos of the whānau’s experiences on social media, as can be seen throughout this article.

Nuku said they called 111 for help but were told there was no way to access the property and to “sit tight”.

“My husband made the decision to put [the children and parents] in a larger truck, and my son drove my daughter and her family and partner across the bridge.”

Nuku said her husband followed behind them with a digger to help slow the flow of the water, while she stayed at the property.

“I was with my older boy . . . we had nowhere to go, we were trapped . . . it was like we were in the middle of a swimming pool.”

For the next few hours, they stayed on the narrow patch of land on the perimeter of the paddock, closely monitoring the water, until eventually it receded.

The whānau then moved straight into “clean-up mode” and slept in a bach on the property.

“We moved everything out because it’s covered in silt, and it stunk, and it was a just such a foul stench.”

Nuku said she thought her home would need to be demolished as a result of the flood damage but she was incredibly thankful her whānau all survived.

‘When we started to hear about people being lost, that’s when the reality of it hit us.’

Nuku said the support of NZNO members had been “really awesome”.

Last Friday, Hollingshead returned to her home and said she was in a state of disbelief.

“Everything was upside down, tipped out, mud everywhere, but I did find my little kitten, and there were a couple of chooks there, so some niceties at the end.”

Hollingshead said she lost nine sheep, about six chickens and another cat in the floods. She managed to rescue her horse, but it was “not in a good way” and was being cared for by a vet.

“I’ve made 20 years of memories since I moved to New Zealand [from the UK] – all lost, but we’re OK, that’s the main thing.”

Kaitiaki
NURSING NEW ZEALAND

NEWS

Nursing studies on hold as 90 per cent of Napier campus damaged in cyclone

BY CATE MACINTOSH

February 24, 2023

Nursing students at Eastern Institute of Technology (EIT) say their programme is in limbo after the flood-damaged Hawke's Bay campus in Napier closed last week.

Eastern Institute of Technology (EIT) nurse students Ariana Thompson-Kihirini and Amy Warner.

NZNO Te Rūnanga Tauira representative for the region Ariana Thompson-Kihirini said uncertainty about the future of the programme was causing the 145 bachelor of nursing students further stress.

“Everything is up in the air, no-one knows what’s going on, whether we’re going to have classes online. Obviously we’re not going to be back at campus but there’s been no communication [about when classes will resume] from the head of school, or management.”

On Friday, February 17, students learned in an EIT Hawke’s Bay Facebook post that the Taradale, Napier campus would be closed until March 3.

> **‘We’re a bit torn, you don’t know where to go. Do you go to your family, or to work – I’ve still got to pay my bills – it’s a real tough one.’**

“Severe damage” from the cyclone made it “inevitable this campus will remain closed beyond this time, possibly for several further weeks,” the post said.

A Te Pūkenga spokesperson confirmed on Friday over 90 per cent of buildings and grounds at the campus had been “significantly impacted”.

EIT-Te Pūkenga executive director of strategic projects and partnerships Glen Harkness said “all attempts are being made to return to normal operations as soon as possible”, in response to an enquiry by *Kaitiaki.*

Te Pūkenga had “significant resources and capability to support us during this challenging time”, Harkness said.

Eastern Institute of Technology Hawke’s Bay campus in Napier has been badly damaged by Cyclone Gabrielle. Photo:

Warren Buckland, courtesy of Hawke's Bay Today.

"We expect to have plans finalised in the coming days that detail how we will resume delivery for nursing and all other programmes."

Thompson-Kihirini said moving to an online-only model would be the best option for students, considering the damage to the building and roads.

With a bridge connecting Hastings to Taradale closed after the cyclone, she would face a two-to-three hour commute from her home to lectures, if in-person classes resumed.

Nursing student and mental health care assistant Amy Warner said uncertainty about her nursing study was causing her and others anxiety.

She has been travelling up to two hours each way to Hawke's Bay Hospital for 12-hour shifts from her home in Napier, since the cyclone ripped through the region. The trip usually takes 20 minutes, each way. " . . . [that's] a lot of extra money in fuel."

Warner's parents' Te Awa home was badly damaged by flooding, with water reaching about 25cm high inside.

She had been helping them remove water-damaged flooring, gib, and furniture. On top of this, thieves had stolen outdoor furniture.

"There was a lot of concern about whether [thieves] were going to come back, but the community have started overnight shifts to guard entry to the street," Warner said.

Friends of Warner's, who had a newborn baby, had lost their home to flooding.

Continuing to work, while worrying about affected friends and whānau was emotionally difficult, she said.

Nursing student and former Te Rūnanga Tauira chair Manu Reiri is worried about whānau in Wairoa who he hasn't been able to contact since Cyclone Gabrielle.

"We're a bit torn, you don't know where to go? Do you go to your family, or to work – I've still got to pay my bills – it's a real tough one."

Part-time nursing student and former Te Rūnanga Tauira chair Manu Reiri moved back to Napier from Invercargill early this year to be close to whānau.

His home escaped damage from the cyclone but he was without power for a week.

During that time he continued his full-time job as a community support worker in Flaxmere and was able to stay at work overnight and with his brother.

He was worried about whānau in Wairoa, who he had not been able to contact for over a week which he said was "scary".

Reiri said he was trying not to worry about his nursing studies.

"I'm just trying to deal with things I can control, like coming in to work, making a positive influence on my whaiora and trying to spend time with my family when I can."

Tags

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Kaitiaki
NURSING NEW ZEALAND

NEWS

Thames Hospital staffing hit by cyclone road closures

BY CATE MACINTOSH

February 17, 2023

Coromandel nurses who live on the east coast of the peninsula face an uncertain working future as Cyclone Gabrielle has wreaked havoc on the roads they travel to Thames Hospital.

Thames Hospital nurses who live on the east coast of the Coromandel peninsula are facing long and dangerous drives to and from work in the wake of Cyclone Gabrielle.

Te Whatu Ora has offered nurses who face additional travel time an extra one hour's pay or one hour of paid leave per shift, to compensate.

> **'I don't usually drive on that road, it's quite windy and there's a lot of bigger trucks . . . I need to work, but it's not the safest approach.'**

But the nurses say this is inadequate when they will face four to six- hour return trips from their homes in Whitianga and Tairua while State Highway 25A is closed.

The regional hospital serves the Thames, Coromandel Peninsula, Hauraki and Paeroa areas with an emergency department (ED), 24-bed medical inpatient unit, and surgical and community care.

Of about 147 nurses who work at the hospital, 20 live on the east coast.

The road, linking Tairua and Thames, is severely damaged (https://www.stuff.co.nz/national/131092835/coromandel-mp-warns-sh25a-may-be-out-of-action-for-months) with repairs likely to take up to one year.

Some who are on casual contracts say it just won't be worth continuing to work at the hospital.

A major slip on the Thames Coast Road, State Highway 25. Photo: Thames-Coromandel District Council.

One nurse, who didn't want to be named, lives in Whitianga and said she would have to drive on the windy and treacherous Thames Coast Road, which was now even more compromised following Cyclone Gabrielle.

"I don't usually drive on that road, it's quite windy and there's a lot of bigger trucks . . . I need to work, but it's not the safest approach."

The nurse, who is on a casual contract, regularly works several 12-hour shifts a week and pays a friend in Thames to stay overnight.

Nurses from Thames Hospital say they face long and dangerous drives to get to work after Cyclone Gabrielle.

"I thought maybe the more logical thing would have been to offer us accommodation [in Thames], so we could go over, stay a couple of nights, and come back."

Another nurse who lives in Tairua, and didn't want to be named, said she was unsure if she would be able to continue working at the hospital as the compensation offered was not adequate, and there was no commitment to offer accommodation and consecutive shifts.

The alternative route from Tairoa to Thames via SH25 was a 240km return trip, costing about $30-$40 in petrol, an additional two and a half hours of travelling time and significantly more wear and tear on her car.

Collapse of road at summit of State Highway 25A which links Tairua with Thames. Photo: Waka Kotahi.

“My fear about that is that if all of us from outlying areas say we won’t be turning up for work, I don’t know how the hospital’s going to run.”

Registered nurse Kim Kelly, who also lives in Tairua and works casually for the hospital, said the offer by Te Whatu Ora did not nearly compensate for the personal time and increased cost in fuel for nurses travelling those distances.

“Does this really show the value of the work nurses, and the care they provide to patients?”

“Whatever is set up has got to be able to sustain these nurses so they can get to work and support their colleagues and provide critical patient care.”

Thames Hospital NZNO delegate Rachel Fitzgerald said she was worried the hospital may lose staff over the issue but was hoping to meet with management next week.

Fitzgerald hoped Te Whatu Ora would help to “make it worth it to come in, whether that’s an offer of accommodation, or pay for all of the extra hours they need to travel”.

Te Whatu Ora regional director, Te Manawa Taki (Waikato, Bay of Plenty, Taranaki, Tairāwhiti, Lakes) Chris Lowry said Te Whatu Ora appreciated the support of all our workforce during the unprecedented weather event.

“We know that staff across the sector are struggling to travel through affected regions to get to their places of work, and we have taken steps to assist and to recognise this additional challenge.

“Te Whatu Ora is in continuing dialogue with staff representatives across the sector about cyclone-related compensation as the situation evolves.”

Tags

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