

2 BAY NURSES GEARING UP TO PRESCRIBE

Two Bay of Plenty nurses are gearing up to prescribe a range of medicines under new regulations which came into effect in December 2005.

There are currently 21 nurse practitioners in New Zealand – including one in the Eastern Bay of Plenty, the first Maori Nurse to achieve Nurse Practitioner status, Janet Maloney Moni, who has completed the clinical practicum for prescribing with a General Practitioner.

Tauranga Hospital Emergency Department Nurse, Alison McLean is currently completing her Masters programme, and undertaking her prescribing practicum with Emergency Department Clinical Director, Derek Sage, in preparation for seeking Nurse Practitioner registration.

Bay of Plenty District Health Board Director of Nursing, Christine Payne, says that Nurse Practitioners have to complete a clinical masters programme including specific Pharmacology modules to be approved as prescribers by the Nursing Council.

"It is an exciting opportunity for experienced nurses to work differently, and provides the health board with the ability to develop a more flexible workforce to meet our varied and challenging health care issues in the Bay of Plenty as we plan services for the future."

The Ministry of Health will be responsible for maintaining and updating the list of medicines nurse practitioners can prescribe.

Health Minister Pete Hodgson said the new regulations are part of the government's wider work to build a more flexible and responsive health system.

Budget overrun but no reduction in services for new hospital

The Bay of Plenty District Health Board made public its estimate of cost increases for the new Tauranga Hospital recently. These increases are the result of higher building costs, increasing fire and building code compliance costs and resource constraints in the market. In the original business case the best estimate was 3.5 per cent for escalation. The estimate is now 10 per cent a year or 30 per cent over the life of the project. These factors have resulted in the budget increasing from \$110m to \$138m, so the health board will ask the government for more funding.

"We can't control building cost inflation or compliance costs, which are factors beyond our control. We believe we have a very strong case that funding should be made available to meet this gap" said Mr Phil Cammish, Bay of Plenty District Health Board Chief Executive Officer. Mr Cammish emphasised that cutting the scope of the project is not an option.

"We will not lose any services, any beds or any clinic space. There will be no reduction of the scope or the capacity of the facilities planned in the new hospital. What we have to do is find funding for the gap between what is going to be a project costing around \$138m and the funding we have currently received."

NEW HOSPITAL WING GROWS



The placement of structural steel on the hospital's north wing ward block will continue until the building is level with the height of the west wing ward block. The ground slab has been poured and precast concrete flooring units are being placed on the first floor of the new building.

More Tauranga patients treated in Whakatane

An increasing number of patients have been sent to Whakatane from Tauranga over the last few months for gastroscopies, gynaecological surgery and some surgical procedures. Patients have been given the option of staying on the waiting list in Tauranga or having their treatment earlier by travelling to Whakatane. This is there fore a self-selected group. It is likely that numbers will increase as the pressure on Tauranga Hospital increases with population growth before the new theatres and wards are up and running in 2007. As you will be aware, this means your patients may have to wait slightly longer than has been the case in the past as Whakatane patients have generally been able to get treated at a lower score than Tauranga. You may have had discussions with your patients about this issue.

So, if you have had any feedback, either good or bad, please let me know. Email andy.humphrey@bopdnhb.govt.nz

CPR UPDATE



Every five years a group of experts come together to make a consensus on the science and treatment recommendations for CPR.

The New Zealand Resuscitation Council has considered these recommendations and the developments affect every person that may perform CPR.

The initial steps (DRS ABC) have not changed:

- Danger
- Responsiveness
- Shout for help
- Airway
- Breathing
- Circulation/ pulse check/ signs of life
- Precordial thump if appropriate
- Go for help if not already done by someone else

The following steps have has changed significantly:

For adults, CPR is now 30 compressions to 2 breaths. For children, if there is no breathing, 5 breaths should be given first, check for pulse and then commence CPR at 15 - 2. These guidelines differ from the bystander CPR, where pulse checks and Precordial thump is not taught.

Then:

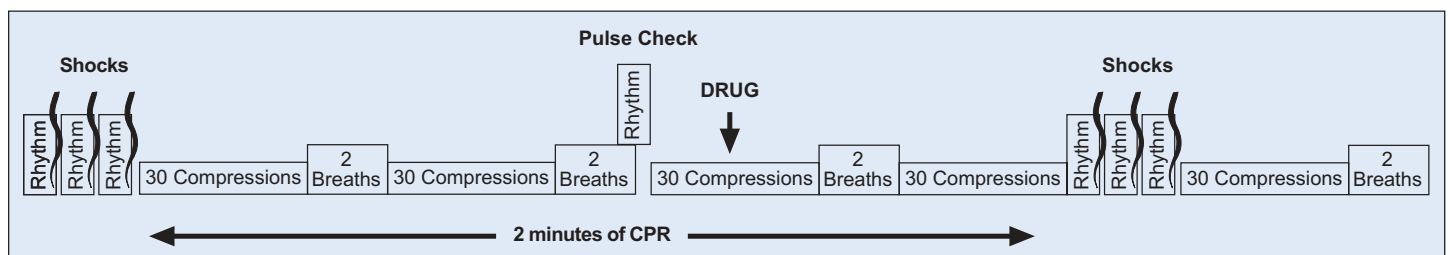
Adults - Continue at 30-2 with pause in CPR for breathing. Once intubated CPR is continuous. Children and infants - the rate is now 15-2.

Defibrillator changes (Adult)

- When the defibrillator arrives, get an ECG trace through the pads, and charge at maximum joules for any defibrillator.
- Shock, 3 times if necessary, within 30 seconds.
- Immediately start CPR regardless of rhythm, for cardiac output support, and only stop if signs of life become apparent.
- Atropine is no longer recommended for Asystole.
- If drugs are considered such as Adrenaline and Amiodarone, stop CPR after 1 minute, assess the pulse and give drug, if necessary as illustrated below, while continuing another minute of CPR.

A more detailed version of this can be viewed at www.nzrc.org.nz Andy Davies, Tauranga Hospital Resuscitation Co-ordinator, can arrange courses for GP's and practise nurses to level five. The next available course is in August.

Cost is \$150 + GST. Course is seven hours, and certified by the New Zealand Resuscitation Council, 14 CME points. To book, contact him on 027 2300 663.



MOVING IN...

Dr Ian Galley has returned to Tauranga hospital as an Orthopaedic Specialist. He trained at Auckland University and has spent the last two and a half years completing his fellowship training in deformity correction and paediatric orthopaedics in Baltimore USA and adult upper limb surgery in Adelaide, Australia.

His surgical interests are adult and paediatric upper limb deformity correction, for example post traumatic deformity or high tibial osteotomy for OA knee. He also has a private clinic at Suite 10 Promed House.

Dr Warren Sparks, Emergency Department physician, is here for six months on sabbatical from Oregon, USA. He is here with his wife Cyrel and son Aaron. Aaron, 15, is enrolled at Tauranga Boys College and loving every minute of it. This is because he has Scuba and kayaking for PE!

Warren has a background in family medicine. He has 35 years of experience in emergency medicine, mostly private, and is on the faculty of two medical schools. He has also undertaken extensive medico-legal consulting. His subspecialties include wilderness, altitude, undersea and hyperbaric medicine. His hobbies include fly-fishing.

"I brought my rods. I hope to learn a little Maori; I did manage a wee bit of medical Hawaiian when we lived there back in the 1980's, and

the languages are quite similar," says Dr Sparks.

"We LOVE New Zealand. It is incredibly beautiful and the people are uniformly friendly, gracious, and helpful. We are finally getting comfortable driving on the left, but I wonder whether I'll ever understand the accent! I'm impressed with the level of medical and nursing expertise I've encountered here, and the collegiality far surpasses anything I've known in the US. You've got a lot to be proud of here."

Mr Peter Chin has joined the staff as general and breast surgeon to both Tauranga and Whakatane Hospitals. He graduated from medical school at the University of Melbourne, and did most of his surgical training in Dunedin. He has spent the last two years in the UK for post-fellowship specialist training, firstly at the Royal Devon and Exeter Hospital and then at the Edinburgh Breast Unit.

"My work will revolve around all aspects of breast diseases and breast cancer, including offering the option of immediate reconstruction if appropriate, therapeutic mammoplasty in the context of breast cancer and breast reduction surgery. I will look at setting up a more efficient breast service in this area in the context of the multidisciplinary team. Endocrine surgery eg thyroid and parathyroid surgery is another area of interest," says Mr Chin.