



# **Primary Health Care Nursing Team:**

**2006-2007**

**Report for Geraint Martin**

**Presented by: Meg Goodman & Christine Lynch**

**On behalf of the Primary Health Care Nursing Team: Denise  
Kivell, Andy McLachlan, Terry Rings, Janine Horsfall.**

# Contents

<b>Forward</b> .....	3
<b>Executive summary</b> .....	4
<b>Background</b> .....	5
<b>Introduction</b> .....	5
<b>Goal 1:</b> Develop models of care reflective of our community needs and Continuum of Care. ....	6-8
<b>Goal 2:</b> Improve the capacity of the PHC nursing workforce for the Counties Manukau community. ....	9-12
<b>Goal 3:</b> Assist in the health promotion, prevention, treatment and self-management of priority conditions. ....	13-14
<b>Goal 4:</b> Improve child and youth health. ....	15-16
<b>Conclusion</b> .....	17
 <b>Appendices</b>	
1 Clinical Training Agency funding .....	18-20
2 Report on Kawakawa Bay .....	21-23
3 Report on Port Waikato .....	24-25
4 Continuum of Care – Population Approach Diagram .....	26

## Foreword

11 September 2007

Geraint Martin  
CEO  
CMDHB

Dear Geraint,

This document was put together by the Primary Health Care nurses in response to a question you raised when you first came to see us earlier in the year.

Your question was "How do we know we make a difference?" The Primary Health Care nursing team has been in existence for the last 2 years. While it is early days out there in Primary Health Care land we are committed to building the capacity and capability of Primary Health Care Nursing.

The team took up your question and decided to write this report to correlate our activities and seriously analyse where we are and what needs to happen as we, Primary Health Care nurses believe that nursing is the key to successfully implementing the strategic intent of the PHC Strategy (2001).

Thank you for the challenge



Denise Kivell  
Director of Nursing

## **Executive Summary**

The establishment of the Primary Health Care Nursing team has been important for nursing as a profession and is seen as a major step toward the continuum of care philosophy.

The Primary Health Care Nurses Reference Group has been the conduit for initiatives to be debated, and the CMDHB Primary Health Care Nursing Project has provided evidence to support planning and future development.

The numbers of nurses attending the bi-annual forums for PHCN continues to grow as topics are both topical and relevant to practice. Networking is an important aspect of these forums.

The appointment of Nurse Leaders to the Maaori and Pacific PHO's is a major initiative that will lead to opportunities to grow the workforce and reduce inequalities and improve access to health outcomes.

The team moves into the 2007/08 year with goals in line with the CMDHB Primary Health Care Plan 2007 – 2010.

## **Background**

In October 2005 Denise Kivell commenced in the position of Nurse Leader, Primary Health Care, closely followed by Christine Lynch and Meg Goodman in their roles of Primary Health Care Nurse Specialists. Janine Horsfall Primary Health Care Nurse Educator had already been appointed to her role by Dale Oliff.

A number of other nurse teams link closely with the PHCN teams including the Cardiology CCM nurses Andy Mclachlan and June Poole, with Lesley Powell, Gynaecology/Sexual Health, CNS also being affiliated due to her primary focus. Representatives from the district nurse team, school nurses, Youth Health nurses, Plunket nurses, PHO nurse representatives, KIDZ Community Health and Public Health nurses are members of the Primary Health Care Nursing Reference Group.

CMDHB was one of the fifteen successful proposals that obtained Innovation Funding from the Ministry of Health. This funding, over three years, provided the impetus for the establishment of the PHCN team to address the focus of the Primary Health Care Strategy (2001).

## **Introduction**

The team reviewed strategic health plans nationally and at a local District Health Board (DHB) level. Over forty plans were benchmarked to ascertain common health objectives. This review ensured the nursing team's goals were strategically aligned and collaborative with the DHB's vision.

Four key goals were identified with specific objectives listed under each. Each objective had delegated responsibility to a nursing team member. This report is a review of these objectives and identifies the outcomes the Primary Health Care Nursing Team has achieved over the last 18 months. Each goal and subsequent objective is listed below with a summary of outcomes.

# Goal 1: Develop models of care reflective of our community needs and Continuum of Care.

## 1.1 Develop new ways of working in PHC

- The Primary Health care team has been actively involved in the Primary Health Care Nursing Scoping Project. Phase One and Phase Two were completed in 2006. This report supports the involvement of the Primary Health Care Nurse along the entire patient continuum of care. This allows for comprehensive and integrated approaches that may well combine and/or amalgamate existing primary health care roles. To date this report has been placed on hold. Concepts of the report have been used in the Mangere Integrated Community Healthcare project (MICH). *(All)*
- Research on wound care practices of Practice Nurses and District Nurses is underway. Completion due early 2008. *(Janine Horsfall, Karyn Sangster)*.
- Team members are representative on many PHC meetings and CMDHB initiatives. **(All). PHC Nurses are represented on all governance committees across the sector.**
- A global literature review in regard to nursing models and nursing teams was undertaken with the articles retrieved available for reference. *(Meg Goodman)*
- Presently, the nurses submit a monthly report of their activities to the Nurse Leader (PHC). These reports are incorporated into the monthly report of the Director of Nursing. *(All)*
- Clinical Training Agency (CTA) funding has enhanced the opportunity for enrolment in University of Auckland papers, especially in the Chronic Care Management PG certificate which will influence the uptake of CCM enrolments and the development of nurse clinics. A flow-on effect will be a sustainable workforce. In the last year 12 nurses each semester have received CTA funding for PHC related papers. (see Appendix 1) *(Janine Horsfall)*
- The Surgical Clinical Nurse Director is currently scoping nurse-led clinics within CMDHB, and one nurse specialist is to work collaboratively with this project. It has major implications for the primary health sector.
- District Nurses (DN) are currently investigating possible options of working in the Primary Health Care setting. Opportunities exist such as combination roles in rural communities e.g. Port Waikato, Kaiaua

and the Awhitu Peninsula. This was clearly expressed in the rural health consultation project. *(Karyn Sangster, Denise Kivell)*

## **1.2 Position PHC team strategically in the DHB by increasing our profile**

- We have increased the sector awareness of the purpose of the team by regularly contributing to Connect, speaking at Manukau Technical Institute, attendance at all Nursing meetings and Senior Nurses meetings. *(All)*
- Primary health care professional forums were established in 2005. These twice yearly forums are attended by nurses from the primary and secondary sector as well as associated universities and health providers. Agendas are available on request if required. *(Karyn Sangster, Lesley Powell)*
- Our involvement with the Nurse Entry to Practise (NETP) programme has raised our profile locally and nationally. This concept is funded by the provider arm - unique in NZ. Next year will see a roll out of NETP with the Primary & residential sector. This concept was presented at a national conference. A full evaluation on this initiative is available. *(Janine Horsfall, Meg Goodman & Christine Lynch)*
- We have developed and maintain a web page within the CMDHB website which can be accessed globally. This site advertises educational opportunities, links, resources and contacts. It is an excellent initiative to promote collaboration. *(All)*
- Further work is currently been undertaken to identify a formal communication strategy for key committee involvement. *(All)*

## **1.3 Support rural nurses in their professional practice**

- A stock take of all current contracts incorporating rural nursing was undertaken. Rural nurses were visited and interviewed. Areas for potential growth were identified which resulted in the reports. *(Appendix 2 & 3) (Christine Lynch)*
- Team members participated in community forums in conjunction with Mr Tony Kake, Community Liaison Manager, Funding and Planning and the PHC Nurse leader. This consultation took place to assess the needs of the rural population so that a business case for rural health can be developed in line with the Primary Health Development Team Strategic Plan for the next three years. *(Denise Kivell, Christine Lynch, Meg Goodman)*

#### **1.4 Build capacity for Maaori and Pacific model of care and develop relationships with nurse leaders.**

- The team works closely with the Nurse Leaders of Maaori and Pacific PHO's. Support is given to achieve common goals. *(All)*
- The Maaori and Pacific Nurse Leaders were invited members of the CMDHB Primary Health Care Nursing Scoping Project. They also attend the monthly Primary Health Care Nursing Reference Group chaired by the Director of Nursing. These positions are now sustainable and are firmly sited in their PHO structure. *(Dolly Rewha & Tepora Peseta)*
- Professional Development Recognition Programme (PDRP) through CMDHB has been offered and utilised by the Maaori and Pacific PHO's. Both PHO's nursing population are now aligned to an accredited programme. *(Janine Horsfall)*
- The team have worked in collaboration with Nurse Leaders on strategies to enhance recruitment and retention of both Maaori and Pacific nurses. This includes placing ethnic specific NETP graduates and Return to Nursing Registered Nurses within the relevant providers within the PHO's. *(All)*
- TKOH and Ta Pasefika staff has taken the opportunity to use CMDHB PDRP which has the potential for the process to be better managed.
- PHO's are developing data bases of nurses' compliance and skills, including performance reviews.
- A Maaori Nurse Educator has been seconded to the Maaori PHO to assist with building capability.

#### **Barriers to achieving objectives**

- The presence of nursing is evident; however the voice/perspective needs to be acknowledged and strengthened.
- A national questionnaire indicated that 87% of DN's did not want to work for Primary Health Organisations (PHO's).
- Achievement of Proficient and Expert portfolios maybe inhibited due to lack of monetary reward.
- Key barriers to new graduates discussed in evaluation report.
- CTA PG papers – these were funded however time commitment is an issue and work pressures are inhibitors for PHC nurses embarking on study.

## **Goal 2: Improve the capacity of the PHC nursing workforce for the Counties Manukau community.**

### **2.1 Foster collaboration through a variety of networking opportunities.**

- Four biannual regional networking forums for all nurses employed in the community have been held. **(see 1.2)**
- A representative of the PHC workforce advisory group is a member of the PHCNR group. *(Bronwyn Anderson, PHC Nurse Leader)*
- Delegates of the PHCNSRG represent nursing on all appropriate CMDHB strategic meetings and report back to the group. *(All)*
- All members are involved in relevant regional and national committees which elevate our profile, innovation and expertise. *(All)*
- The Primary Health Care Educator offers to assist with needs analysis for PHC and makes recommendations for potential education & training opportunities. *(Janine Horsfall)*
- A register of nursing expertise within CMDHB has been compiled and is available for a resource for primary health care nurses. *(Meg Goodman)*
- We support Advanced Nursing roles in CCM. Disease specific resources for the PHO's have been developed and are available from PHO's. *(Meg Goodman, Andy McLachlan)*

### **2.2 Contribute to a sustainable workforce by influencing tertiary education providers to meet local needs**

- Relationships have been established with MIT undergraduate team and we have participated in curriculum development which meets the regulatory requirements. *(Janine Horsfall)*
- A close relationship with MIT placement coordinator has led to the increase in the capacity and quality of student placements. *(Janine Horsfall, Christine Lynch, Meg Goodman)*
- Membership in
  - Collaborative Development Unit *(Janine Horsfall)*
  - NETP Advisor Board *(Janine Horsfall)*
  - Framework for Education and Development Committee *(Janine Horsfall)*
  - Framework for Education and Development Advisory Board *(Janine Horsfall)*
- NETP guidelines established *(Janine Horsfall, Christine Lynch, Meg Goodman)*
- "Nurse Entry to Practice Orientation to PHC Nursing" (available on shared drive) developed. *(Janine Horsfall, Christine Lynch, Meg Goodman)*
- Developed process for NETP graduates to attain a vaccinator's certificate through Well Women's Nursing Service (WONS). *(Christine Lynch)*

- Facilitate in Return to Nursing (RTN) – transition programme for PHC (*Christine Lynch, Janine Horsfall*)
- A team member has active membership on Board of Studies UOA. (*Denise Kivell*)
- The CCM education curriculum is continually evaluated to meet the needs of the providers. The CCM education is now PHO driven with our team engaging in presentations on request. (*Andy McLachlan, Meg Goodman*)
- The PHC Nurse Leader role was a joint appointment with the University of Auckland; this has ceased due to the current vacancy. However this role assisted in the development and implementation of a Chronic Care PG certificate pilot that was established in semester one 2007 with a total of 30 Practice Nurses from across the greater Auckland and Northland region. (*Denise Kivell*)
- The PHC Nurse Educator established and coordinated the PG wound care course (her previous speciality). (*Janine Horsfall*)

### **2.3 Utilises IT to support nurses in practice.**

- CMDHB PHC nursing website advertises educational opportunities and allows for easy booking. (*Janine Horsfall*)
- A PHC Nursing site has been developed which provides a home for our minutes and updates as well as links to other nursing links across CMHB. (*Denise Kivell*)
- We recognise a need for Medtech training and have influenced the development of a course through MIT. (*Bronwyn Anderson*)
- Our standards, protocols, policies and practices are available for use across CMDHB. Medication, Health and Safety, Infection Control and Complaints policies encouraged. (*All*)
- Advocated for Immunisation Certificate to be an online process - equity with GP and decrease time away from work. (*Christine Lynch, Denise Kivell*)

### **2.4 Enable clinical nursing leadership through individual pathways**

- We continue to build capacity of PHC Nursing and PHC workforce through relationship and support with all PHC Nurse Leaders. (*All*)
- Nursing leadership opportunities for PHC Nurse Leaders is on-going with the LAMP course attended by *Dolly Rewha* Nurse Leader for Maaori & *Denise Kivell, Deidre Cameron* and *Anne Blundell*. Advocate for Nursing leadership initiatives with PHO's e.g. Procure NP scholarships, Senior Nurse Proposal.

## **2.5 Influence the CMDHB strategic direction of PHC nursing education workforce development by participation in planning and development**

All nursing education is free of charge to PHC and actively encouraged.

- We promote the continuum of care philosophy and participated in the establishment of the CMDHB nursing educational framework as well as presentations on post graduate courses. *(Janine Horsfall)*
- Nurse educators are strategically led and supported by the PHC team in ensuring the continuum of care is available in all education. *(Janine Horsfall)*
- PDRP's are encouraged and supported as requested. (Currently two PHO's aligned to CMDHB. One provider developed own). Assessment workshops for Nurse Leaders developed. *(Janine Horsfall)*
- CNE sessions at PHO level challenged to achieve set objectives through needs analysis. Support and education provided as requested. *(Janine Horsfall)*
- Medication/IV/Cannulation policies disseminated and PHO's encouraged to set these as standards to maintain competence. *(Janine Horsfall)*
- Workshops, clinical and lecture style have been facilitated to PHO's at their request. Successful topics include triaging, IV cannulation, medication updates, wound care and professional development. *(Janine Horsfall)*
- Access to all CMDHB Learning and Development programmes established. Limit of 2 PHC nurses per session. *(Denise Kivell)*

## **2.6 Build capacity of PHC workforce by fostering and evidenced based approach to practice and encourage professional accountability through continuum of care based on education for all CM nurses.**

- Educational opportunities are developed as requested to meet the identified needs of all nurses working in the community. They are facilitated to meet a high educational standard. *(Janine Horsfall)*
- Forms developed for nurse leaders to use when requesting education to identify objectives and ensure session meets nurses needs. This role models best practice education and ensures appropriate delivery of education. *(Janine Horsfall)*
- Peer support/supervision concepts developed for PHO Nurse Leaders. *(Janine Horsfall)*
- MOH, educational scholarships and CTA funding is available and promoted for nursing education for PHC workforce. Data base of applicants and study is kept for analysis purposes. From this data workshop support has been offered. Key areas have been identified and support in place. *(Janine Horsfall)*
- Leadership, coaching, mentorship and professional advice in educational activities is provided. *(Janine Horsfall)*

- Nurse led clinics have been established within PHO's with varying degrees of support required. (*Andy McLachlan, Meg Goodman, June Poole*)
- Pandemic planning in the primary sector has progressed over the last 12 months. The emphasis has been in SUPPORTING the primary personnel (usually nursing) to develop plans that fit their organisation. Most larger practices now have robust plans in place. This was tested during exercise Cruickshank. (*Terry Rings*)
- Several Office based practices have sought assistance in improving procedures or in redesign their sterilisation facilities. (*Terry Rings*)
- Supported GP practices undergoing Cornerstone and NZQHS certification e.g. Turuki, Pukekohe Family, Crawford et al. Initial feedback from auditors indicates noticeable differences. (*Terry Rings*)
- Outbreak management has assisted 2 ARC facilities in outbreaks (Scabies). One facility was hit a second time and instituted the procedures worked out during the first outbreak. (*Terry Rings*)
- Education thus far has been fairly facility focussed but will move to a broader base over the next 12 months. (*Terry Rings*)

## **Barriers to achieving objectives**

- Placements with qualified preceptors limited – release for nurses to undergo preceptor course.
- Buy in from PHO Nurse Leader, Practice Manager, Practice Nurses required to support graduates and students as a workforce development initiative.
- Some education difficult to implement due to inability/time for practice nurse to attend.
- Quality education with theory to practice link and evaluation of change in practice and return on investment seen as too difficult.
- Difficulties in the implementation of policy and guidelines required with some education supplied by CMDHB eg IV cannulation.
- Education administrators for CNE session often suggest objectives that aren't aligned to workforce needs.
- Lack of policy and procedure for nurses to support and govern practice.
- Lack of awareness of professional accountability and knowledge of the HPCA Act by PHC nurses is an inhibitor to changing practice.
- Nurses access to IT inhibits use of DHB website and advertised educational activities.
- Small practices have a higher risk of leaving the new graduate unsupported.

## **Goal 3: Assist in the health promotion, prevention, treatment and self-management of priority conditions.**

### **3.1 Analyse barriers to uptake of CCM programme & recommend potential initiatives to GPHO.**

All CCM disease specific advisory groups have PHCN team representation. We contribute to projects as nurse representatives on the following:

- Regional Sexual Health
- Youth Sexual Health Education Project
- Colposcopy DNA initiatives
- Initial After Hours project
- National and local Pandemic Planning Group
- Secondment to MOH for resources for NGO's
- Wound care
- Nursing Education & Nursing Framework for Education
- CVD working party – Predict II
- Respiratory Quality Group, Airway group
- Disease State management Nurses review, and support for implementation of the He Puna Oranga Maaori nursing initiative
- Mangere Integrated Community Healthcentre (MICH)
- Pandemic Immediate Response Team.
- Self management website working groups

### **3.2 Participate in meeting nursing needs in long term conditions at practice levels**

- We are endeavouring to benchmark & data collect to support future innovations which will validate the “Access to Chronic Care Management” project that we are currently working towards. *(Meg Goodman, Christine Lynch)*
- Support given to a PHO initiative to improve uptake of CCM enrolments. *(Andy McLachlan, Meg Goodman, Christine Lynch)*
- The appointment of personnel within the PHO has negated our input being required to support the CCM transitional phase in Procure.

### **3.3 Develop linkages with smoking cessation**

- PHO's are notified of dates and how to access the course through CMDHB. *(Janine Horsfall, Meg Goodman, Christine Lynch)*
- We are actively engaged in this programme to meet our shared vision. *(All)*

### **3.4 Develop linkages with: sexual health project, pandemic planning, integration initiatives**

We have knowledge of programmes and resources and act in an advisory role on the following:

- Advisory role for implementation of outcomes from the Sexual Health project including support and training for completing First Specialist Assessments for Tubal Ligation in the Primary Sector (GPSWI's) IUCD insertion, primary sexual health guidelines. *(Lesley Powell)*
- Colposcopy DNA initiative. *(Lesley Powell)*
- Participation on Pandemic committee. *(Terry Rings)*
- Develop the strategic position for the PHCN team. *(All)*
- Advocate for improving Infection control. *(Terry Rings/All)*
- Formalise linkages with Acute Care Team role in EC. *(Meg Goodman)*
- Maintain link to respiratory quality group. *(Meg Goodman)*
- Pandemic Immediate Response Team training. *(Terry Rings, Christine Lynch)*
- PREDICT CVD/DM electronic clinical decision support. *(Andy McLachlan)*

## **Goal Four: Improve child and youth school health.**

### **4.1 Support nurses working with children & youth in school based environment developing their nursing standards.**

- These nurses are members of the PHCNR Group and although employed by the Ministry of Education receive professional development, on-going support and career pathway development and access to all CMDHB Learning and Development programmes. Three School Nurses have been part of the ongoing AIMHI project. They are assisted financially to enrol in post-graduate studies. School based clinics currently see 750 young people daily. These nurses have led a renaissance for school nursing which has provided IT systems, policies, procedures, guidelines as well as a variety of tools. Supervision has been established. New Service Specifications are pending.
- Support was from a professional context - work on Job descriptions, scope of practice, standards and utilising CMDHB policies etc.

### **4.2 Support nurses working with youth**

- The Centre for Youth Health nurses was represented at the PHCR Group and the team have made submission on the Child Health Plan and the Youth Plan.
- Team member facilitates integration and education through communication and training on sexual health issues with the school nursing teams.
- Quarterly meetings with the Centre for Youth Health – including Youth Justice Nurses occur.
- Two NETP graduates have been placed within the Centre for Youth Health with the aim of supporting further workforce development. *(Janine Horsfall, Christine Lynch, Meg Goodman)*

### **Barriers to achieving objectives**

- Delay in the commencement of training for standing orders for sexual and reproductive health for primary healthcare nurses.
- National 'buy' in to issues for school nurses- scope was around young people
- Working with education to influence health for young people is a challenge
- Enrolled Nurses in positions outside Scope of Practice - support given for NZ Nursing Council – still an issue
- IT systems that are not linked- therefore no access to CMDHB Intranet-library etc

- Attempted to do an evaluation on a brief Interventions model. Unfortunately timing was wrong. Waikato was able to pick up and run the evaluation. Counties already had increased work in place with the School Nurses

## **Conclusion**

The establishment of the team, the representation on groups and projects has occurred. The team acknowledges the work involved over the year in regard to embedding ourselves in the culture of primary health care nursing.

We look forward with vision and drive to future endeavours focussed on improving health outcomes for the peoples of Counties Manukau.

We acknowledge the PHC nurses, be they in general practice or other roles who have taken up the challenge of further education in their chosen field.

The dynamic nature of the team enhances how primary care and PHO's utilise the skills, knowledge and resources of the team. The expansion of team personnel to include an Infection Control Practitioner, Gynaecology/ Sexual Health CNS, CVD CNS, and a Heart Failure nurse specialist makes us a valuable resource for primary. The appointment of a Pacific Nurse Leader, (following a resignation from this position) and the secondment of an educator to the Maaori PHO further demonstrates our commitment to improving our service.

Our challenge in 2007/08 is to align ourselves more closely with the "CMDHB Primary Health Care Plan 2007 – 2010" and the Ministry of Health Targets.

## **Appendix 1**

### **Clinical Training Agency – Post Graduate Study Funding for Primary Health Care Nurses**

#### **Background**

Clinical Training Agency (CTA) funding was released to Primary Health Care (PHC) nurses in 2005 for Post Graduate study. Historically CTA funding was traditionally available for secondary care nursing staff and PHC nurses could access Ministry of Health (MOH) and PHC mental health scholarships for post graduate qualifications.

Requirements for CTA funding were minimal and nurses could apply for a paper or to complete a qualification. There was little follow up of students success or ongoing study. PHC nurses often switched between MOH and CTA funding. This ensured neither the MOH or CMDHB could collate data on qualification completion.

In 2007 CTA introduced new criteria for their funding allocation. Ring fencing of money was required for certain areas such as aged care and PHC. A CTA coordinator was appointed by CMDHB to support the process and students through mentoring and curriculum planning. Additional criteria required nurses to commit to a qualification; it was no longer acceptable to complete single papers. This encouraged a more structured and supported education plan for the studying nurse.

In 2007 some nurses had to be waitlisted as demand exceeded supply for CTA funding. Precedence is given to those already in study with CTA funding and new to study applicants. Study was historically to be completed at the University of Auckland although flexibility of institute is offered now.

Completion of a qualification includes a PG Certificate (60 points/4papers), PG Diploma (60 points/4 papers) or Masters (120 points).

#### **Process of application**

Applications are available twice a year to allow nurses to start in either semester. PHC nurses have application forms available on line through the DHB web site. PHO nurse leaders are also informed when applications are being sort.

Workshops are offered as well as assignment writing support sessions. The Student Learning Centres are encouraged to new students.

#### **Primary Health Care Spread**

The uptake of funding over the three years is across the PHO's, although not proportioned to the PHO's size. See table 2

## Topic Spread

PHC nurses' have undertaken a variety of papers. Common themes of popular papers are visible, these include:

- Health Assessment
- Applied Science
- Evidence Based Nursing
- Community PHC
- Chronic Care Management
- PHC interventions
- Health promotion

## Successful qualifications

Many nurses are completing qualifications this year. This is indicative in their use of DHB channelled CTA funding since 2005.

## Overview

Nurses' new to study is indicative of new CTA requirements. As nurses are now required to complete a qualification more consideration has been given to applying for study as a greater commitment is required.

Table 1

Year	New to study
2005	13
2006	19
2007	10

In summary the below table details the areas PHC nurses are applying from as well as their success.

Table 2

PHC area	# of students completed or in active study with CTA funding	# of students who have received CTA funding	# of students who have completed a qualification with CTA funding	#of students withdrew from study or funded elsewhere	# of students who have failed or DNC papers
Procare	3	13	2 end 2007	10	
East Health	1	1	1 end 2007		
CMDHB	1	1			
TKOH	4	6	3 end 2007	2	1
Mangere Community Trust	2	3	2 + 1 end 2007		
Ta Pasefika	3	8	2 + 1 end 2007	2	3
School	1	1	1 end 2007		
ETHC		6		6	1
<b>Total</b>	<b>15 (38%)</b>	<b>39</b>	<b>13 end of 2007 (33%)</b>	<b>20 (51%)</b>	<b>5 (13%)</b>

**Note:**

Figures for failed or did not complete papers could be higher as University data has only been released from 2006 semester 2. There are two unknown CTA funded recipients whom no work place details were kept.

**Concerns**

Key themes are clear from Table 1. Areas such as Procure and East Tamaki Health Care have high proportionate number of nurses not completing qualifications. In addition, did not complete (DNC) or failed papers are linked to areas with high withdrawals.

The CTA coordinator has concerns regarding nurses applying for CTA funding and then pulling out. Although PHC is less of a concern than secondary care for this anomaly it is a concern. The coordinator states that PHC has a higher DNC rate proportionality than secondary care.

**Conclusion**

CTA funding has had an impact on PHC nurses access to post graduate education. With 33% of CTA funded students completing study this year it is expected this number will continue to rise. Although no formal evaluation of the impact this higher education has made to practice is it assumed practice has been enhanced.

The reduction in new applicants in 2007 is not discouraging as it is believed this is indicative of the PHC nurse's commitment to studying for a qualification. The high number of nurse's not completing qualifications has been addressed by the funding criteria and it is envisioned that this percentage will reduce greatly over the next two years. It is not to be overlooked as a concern though. Students may have withdrawn for reasons other than just wanting to complete one paper. Failure, stress, workload and work life balance all require investigating for future non success. Ongoing partnership between the CTA coordinator and the PHC nursing team will help identify areas of concern and offer strategies in conjunction with the PHO nurse leaders.

## Appendix 2

### Kawakawa Bay Orere Point Nursing Service

January 12th 2006-Visited both clinics to see what these unique nurses do.

Kawakawa Bay is a coastal settlement on the southeast coast of the Hauraki Gulf, 35 km from the centre of Manukau City. The Bay has approximately 600 residents, with some seasonally occupied homes.

A further 20 minute drive is the seaside location of Orere Point population of 150 residents increasing over summer holiday period

In February 1994 an agreement between the Northern Regional Health Authority and the Kawakawa Bay / Orere Point Health Clinic Incorporated was signed. This agreement was for the provision of nursing services to these areas. The service provided a comprehensive Primary Healthcare nursing service integrating primary healthcare nursing, Public health and community development.

This report is to describe the activities and contractual obligations are provided in this agreement.

The initial contract was for one year's duration and provided a much needed service to the mainly elderly population in this area.

Routine Practice nursing duties are undertaken along with immunisations, health promotion, health education, health screening and assisting the Home Health care service by seeing to ulcer dressing and wound care, as well as terminal care.

The Registered Nurse also responds to the acute and emergency calls initiated by St John's Ambulance (tele-pager), Fire Brigade and community members.

The R/N is required to improve and update the communities awareness and knowledge on issues such as organising first aid lectures, assisting in CPR training, holding education sessions on nutrition, weight and exercise classes, organising early childhood classes as requested by Plunket and kindergartens, holding well Woman's Clinics and WOF- Warrant of Fitness health days.

Another role is to liaise with other groups such as Diabetes and Asthma educators, hospital, Plunket, Karitane, Home Health care, Hospice, St John's Ambulance, Coast Guard, Civil Defence, C.A.D.S, Family Planning, Manukau City Council etc.

Initially the original contract was very specific regarding the number of patients who must receive preventative care, have appropriate treatments initiated and received increased health education.

The latest contract signed October 1<sup>st</sup> 2005 is for a 2 year period and expires on 30<sup>th</sup> September 2007.

The Community group are the Trustees of the Kawakawa Bay / Orere Point Health Clinic. The latest contract signed October 1<sup>st</sup> 2005 is for a 2 year period expiring on 30<sup>th</sup> September 2007.

The contracted amount is for \$59,400.

The services are delivered from two different clinics, the main clinic is a wooden prefabricated building situated as you leave the Kawakawa coastal road on the Kawakawa, Orere Bay Rd opposite the fire station and Ambulance first response area. The clinic at Orere Point is located on Orere Rd opposite a superette.

The clinic has a head Nurse Alex Derry who is responsible for the clinic and she has 3 part time R/N's to assist with the day to day functions of the clinic and services.

All the nursing staff are on the first response roster, this means they are on call 24/7.

The head nurse provides quarterly reports to the CMDHB these include all patients seen, in each age band and clinic, the number of nurse consults and GP consults, the number of health promotion sessions offered, accepted referrals and referrals out to specialist care, attendees at health promotion events, number given flu vaccinations, immunisations, health promotion, professional development and Procure nursing cell groups.

Annual Reports are also provided as well as Performance monitoring returns are sent to MOH.

The Kawakawa Bay clinic has a visiting GP - Dr Holmes from Papakura and he has two sessions each week.

Tuesday 1630-1930

Friday 0830-1130

The nurses have clinics

Monday 0900-1200

Wednesday 0830-1130

Thursday at Orere clinic 0830-1130.

The clinic hours are clearly written and posted on the surgery door along with advice re who to call in an emergency and how to access medical help 24 hours a day.

The surgery is a member of Procure Network Manukau and the patients are mostly registered with the Holmes and McKay practice in Papakura. Non enrolment does not exclude you from attending this service.

Patients pay a surcharge if not enrolled. The area does not have many Maaori, Pacific or quintile 5 populations so SIA funding is limited but services can be accessed through the PHO.

The clinic contributes and advertises all education and free checks through "Whispers" a community newsletter, which costs \$5.00 to subscribe. Notices advertising projects etc are on all community notice boards.

This Service has continued to grow from its inception. The nursing team is well supported by Dr Holmes and another GP, Dr Scott.

The nurse are also supported by PNM (Procure) and belong to their nursing cell Groups, they attend their monthly meeting at Manukau.

2005 saw the clinic introduce MedTech which has enabled them to electronically manage numerous tasks electronically. They are now using MedTtech very proficiently.

The clinic at Orere is manual and the nurses return to the Kawakawa Bay Clinic to down load the information at the end of each clinic.

They now have a good cold chain process thanks to receiving a new vaccines fridge from CMDHB; cold chain audit was successfully achieved. Nurses have up-skilled to do venepuncture and provide this service for their patients instead of having them travel into Papakura for a blood test.

The nursing team are very loyal and supportive of each other. Alex Derry, in consultation with the committee, has delegated the managerial aspect of the service to Lynette Cashmore and Alex now concentrates on the staff/patient areas.

The other part time nurses

Sue Ashby and Mandy Seabrook have taken the responsibility for one community education programme.

Great work is being done by this group of nurses and I can only see the role growing as the urban communities spread and move more to coastal rural Manukau for the wonderful lifestyle.

Christine Lynch  
PHC Nurse Specialist

January 2006

## Appendix 3

### Port Waikato Nursing Service

May 8<sup>th</sup> 2006-Visited rural port Waikato Area with Belinda Paku, Public Health Nurse based at Franklin / Pukekohe Hospital.

The name Waikato comes from an incident during the journey of the Tainui canoe. When the canoe arrived just off the mouth of the river, the current could be seen exerting a pull (kato) in the sea- so the river itself was named Waikato (wai meaning water).

Situated on the west coast where the Waikato River flows out to the Tasman Sea, Port Waikato is about an hour's drive south-west of Auckland airport. The town enjoys relaxed pace and beautiful scenery. Sunset Beach, with its long stretch of sand and ocean breakers, is popular for surfing and surfcasting, and known for its glowing red sunsets. Population growth of 6.9 % in the Port Waikato area between 1996 and 2001 was double the national average.

There are five Marae in this area

- |                   |                      |
|-------------------|----------------------|
| 1. Te Awamarahi   | (Te Kohanga)         |
| 2. Te Kotahitanga | (Muir Rd Te Kohanga) |
| 3. Tauranganui    | (Te Kohanga)         |
| 4. Oraeroa        | (Port Waikato)       |
| 5. Pukerewa       | (Waikaretu)          |

This report is to describe the activities of the Public Health Nurse who also has a District nursing role.

Routine duties are undertaken along with health promotion, health education, health screening and follow up role as part of a PHN and Home Health care service by seeing to ulcer dressing and wound care, as well as terminal care in the rural environment at the Port.

Another role is to liaise with other groups such as Diabetes and Asthma educators, hospital, Plunket, Karitane, Home Health care, Hospice, St John Ambulance, Coast Guard, Civil Defence, C.A.D.S, Family Planning, Manukau City Council etc.

The PHN Belinda Paku is very well respected in this community as she has a unique dual role and covers all age groups. She has developed a special relationship within this community and her role and work is varied. An example of calls during my observation:

- Rural Schools visits to check on 2 families where children were being treated for impetigo.

- Visited a Kura kupapa school the Port (total immersion school with incredible reading resources in Maaori) to arrange consents for Year 11 immunisations. High school students are bussed out to Tuakau or Pukekohe Secondary schools
- Visited a single Maaori woman who has adopted a child with Down syndrome-checked on all tests (hearing) - being completed and follow-up paediatrician visits. Discussed feeding, nutrition and growth and development etc.
- Visited a beautiful Marae on the banks of the Waikato River, the marae has accommodation similar to “pensioner housing” at this site. Visited three patients, one referred for an ulcer dressing but checked on other residents as they all have health issues ranging from diabetes to CHF. Health education, delivered in a culturally appropriate environment, was evident.

This area has a high level of deprivation, many beneficiaries choose to live at Port Waikato as rents and accommodation are cheaper, however there is no Health clinic or visiting GP to the area.

Tuakau Medical Centre has a high proportion of the residents enrolled at their practice (approximately 400) and Belinda Paku has a strong relationship with this practice.

This would be an ideal setting for the development of a nurse led initiative to meet the needs of this rural community. The population increases over the summer months as holiday makers are drawn to the beach.

Christine Lynch  
PHC Nurse Specialist

## Appendix 4

### Continuum of Care – Population Approach Diagram

