

Nursing Oral Presentations

The Hyponatremia Hazard in Bowel Preparation

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Session 4C: Nurses Free Papers, 1st Time Presenters, Dunedin Centre, November 22, 2018

9:00 AM - 9:15 AM

Introduction

Hyponatremia is a well-known but seldom encountered adverse effect of taking bowel cleansing medication in preparation for colonoscopy. As pressure increases on clinical services to provide safe, efficient and effective outpatient colonoscopies it becomes imperative that the risk of hyponatremia in outpatients is recognised and minimised.

Method and Results

A case study will be used to review an incident of hyponatremia during bowel preparation for colonoscopy in the outpatient setting, and subsequent review of our clinic practice to minimise risk of recurrence.

Conclusion

Hyponatremia remains a very real concern for patients preparing for colonoscopy in the outpatient setting. It is important to identify and reduce risk factors throughout the patient preparation process.

“The Master’s degree, an Unexpected Journey”

Medication adherence rates and beliefs about medications in NZ adults with IBD

Mrs Kirsten Rosser¹

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Session 4C: Nurses Free Papers, 1st Time Presenters, Glenroy Auditorium, November 22, 2018,
9:15 AM - 9:30 AM

Background

Non-adherence to prescribed medications is a significant problem in IBD treatment and has been widely researched internationally. As part of a Master’s of Health Sciences (Nursing - Clinical), this research project was undertaken to determine the rates of medication adherence in a NZ adult IBD population, as well as exploring general beliefs about medicines.

Method

This study used an anonymous online questionnaire to ask IBD patients questions regarding medication adherence, and beliefs about medication generally. In addition to these, various demographic questions were asked to help describe the study cohort.

Results

The results of 337 included questionnaire responses showed that rates of adherence to prescribed medications in an adult IBD population in NZ, are at least as low as, or lower than, those reported in the international literature. The statistically significant variables associated with higher rates of adherence were; NZ European ethnicity, increased age, diagnosis of CD, and beliefs regarding general overuse of medicines. The variables associated with poorer adherence were; tertiary education, diagnosis of UC, non-NZ European ethnicity and concerns about adverse effects of medicines outweighing belief about their necessity.

Conclusions

This research showed that patients who are younger and educated to a higher level, are more likely to be non-adherent, as are those of a non-NZ European ethnicity. It also showed that beliefs about medication and concerns about adverse effects, are significantly associated with non-adherence. The data collected from this study will help to define the problem of non-adherence in a NZ population. Future research can focus on interventions which address the specific concerns about medications, and the other variables that were found to be significant in this study.

Bowel Screening - Two Nurse Co-ordinators Journey

Mrs Genevieve Cowley¹, Ms Laura Bane¹

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Session 4C: Nurses Free Papers, 1st Time Presenters, Glenroy Auditorium, November 22, 2018

9:30 AM - 9:45 AM

Background

Every year, more than 3000 New Zealanders are diagnosed with bowel cancer and more than 1200 die from it. Here in the Southern DHB, we have some of the highest rates of bowel cancer in the country.

The National Bowel Screening Programme (NBSP) has been live in 3 North Island DHB's as of August 2018 and, as of 24th April 2018 Southern residents were among the first in the South Island to benefit from taking part in the NBSP.

The Bowel screening nurse co-ordinator role was designed to ensure that the patient journey through the NBS programme is smooth and, in as far as is possible, trouble free. We would like to share our journey with you.

Conclusion

The role of Bowel Screening Nurse Co-ordinator is an incredibly rewarding one. The theory behind the programme – to identify bowel cancers earlier and improve outcomes was known from the outset, however, now that we are underway, seeing the difference it makes in real life, with real patients, not just statistics, is an incredible feeling. The fact that we are with our patients throughout their time on the programme, that we are their “go-to”, feels quite unique.

We would like you to join us on our National Bowel Screening Programme journey.

Appreciation in the Workplace!

Mrs Georgina Voschezang¹

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Session 4C: Nurses Free Papers, 1st Time Presenters, Glenroy Auditorium, November 22, 2018,
9:45 AM - 10:00 AM

Introduction

Do you feel appreciated by the people you work with? Do the people you work with feel appreciated by you? Can we "do appreciation" better?

According to the co-authors of "The Five Languages of Appreciation in the Workplace" Dr. Gary Chapman and Dr. Paul White we can "do appreciation" much better.

Method

A Staff Survey, November 2016 in the Gastroenterology Department at Counties Manukau highlighted that many of the staff were feeling undervalued and under recognized.

It was my interest in the survey results that prompted my reading of "The Five Languages of Appreciation in the Workplace" by co-authors Dr. Paul White and Dr. Gary Chapman.

According to the authors we all have a unique way, in which we feel appreciated in the workplace.

These unique ways have been identified as Words of Affirmation, Quality Time, Acts of Service, Tangible Gifts, and Appropriate Physical Touch.

I will reflect on these.

Understanding how we ourselves and members of our team prefer to be appreciated, allows us to show appreciation in ways that will "hit the mark".

The online Motivating By Appreciation (MBA) inventory assessment tool developed by the co-authors is very helpful here.

I will share my personal application of this.

Results

As endoscopy teams we will be both encouraged and challenged to engage and apply the concepts of authentic appreciation, that "hits the mark" in our own workplaces.

Conclusion

We can "do appreciation" better!

By effectively communicating authentic appreciation to our colleagues we can create a more positive work environment for ourselves, and ultimately our patients.

References:

The "Five Languages of Appreciation in the Workplace" by Dr. Gary Chapman and Dr. Paul White. The "Seven Habits of Highly Effective People" by Steven Covey. The Gastroenterology Staff Survey CMHB 2016.

'The eyes have it' - do we value our endoscopy nurses?

Ms Paula Mason-riseborough¹

¹*Waikato Hospital, Hamilton, New Zealand*

Session 4C: Nurses Free Papers, 1st Time Presenters, Dunedin Centre, November 22, 2018,
10:00 AM - 10:15 AM

Introduction

The presence of the endoscopy nurses' observation during procedures is associated with higher polyp/adenoma detection rates. The challenge for the future will be to not only foster that experience but to build it into a framework that supports the entire endoscopy team.

Method

Nurse recognition of polyp detection was higher when the endoscopy suite was staffed with experienced endoscopy nurses (> 6 months endoscopy experience). This can also be related to nurse confidence in 'speaking up' in the endoscopy room. A 2013 study in the American Journal of Gastroenterology showed increased detection rates with experienced registered nurses as second detectors but stated the level to attain endoscopy 'competency/experience to be two years' experience in the endoscopy room.

Results

The current situation with the National Bowel Screening program puts pressure on the whole of New Zealand to train, retain and bolster the nursing staff in endoscopy screening areas. Experienced/competent endoscopy nurses are in short supply. Kai Tiaki-August 2018 also interestingly stated factors which enhance nurse retention among different groups of nurses are teamwork, individually targeted strategies, including mentoring, leadership interest and in depth orientation (Experienced registered nurses). Difficulties in recruiting and retaining endoscopy nurses, along with the need for more endoscopists in general, was noted in the 2011 report to Health Workforce New Zealand (HWNZ) by the Gastroenterology Workforce Service Review. Nurse endoscopy is a new service in New Zealand which along with experienced competent nurses assisting in polyp detection, will bring enhanced practice and detection rate.

Conclusion

The bowel screening program locally and nationally, needs to retain the old knowledge as well as encouraging the new and ensures new staff are mentored and supported thoroughly. There is more to mentorship than skill acquisition - mentorship also involves inspiring new staff to have the confidence to speak up, ask questions and investigate.

References

Gastrointestinal Endoscopy Nurse Experience and Polyp Detection During Screening Colonoscopy, Dellon,E.S.;Lippmann,Q.K.;Sandler,R.S: and Shaheen,N.J: Clinical Gastroenterology and Hepatology 2008

Does the Presence of an Endoscopy Nurse Influence Adenoma Detection Rate during Colonoscopy? Evans,B; Pace,D;Borgaonkar,M;Peckham,J;Hickey,N;O'Leary,M;McGrath,J;Fallows,G;and Hogan,R: International Archives of Nursing and Healthcare 2016

Kai Tiaki- Nursing New Zealand- Volume 24/No 7; August 2018, page 6

Nurse Observation During Colonoscopy Increases Polyp Detection: A Randomized Prospective Study The American Journal of Gastroenterology volume 108, pages 166–172 (2013);Harry R Aslanian MD, Frederick K Shieh MD, Francis W Chan MD, Maria M Ciarleglio PhD, Yanhong Deng MPH, Jason N Rogart MD, Priya A Jamidar MD & Uzma D Siddiqui MD

New Zealand Nursing Practice Competency statement - Nursing council of New Zealand -February 2011
The New Zealand Medical Journal- Doctors and the nurse endoscopist issue in New Zealand ,Mohammad I Khan, Robert Khan, Wanda Owen; 29th June 2012, Volume 125 Number 1357
Nursing Review.co.nz/Nurse endoscopists: the evolution of a new nursing role, August 2014
Gastroenterology Workforce Service Review 2011-Health Workforce New Zealand Board (2020 vision)

Addressing Improved Patient Service Delivery - A new model of Mortality and Morbidity Meetings

Mrs Alison Bowman¹

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Session 4C: Nurses Free Papers, 1st Time Presenters, Glenroy Auditorium, November 22, 2018,
10:15 AM - 10:30 AM

Introduction

Mortality and Morbidity Meetings (M&M) are internationally established method of providing a dedicated, trackable and safe multidisciplinary forum for broad quality improvement. M&M is an opportunity for everyone involved in patient care to come together to present, understand adverse outcomes and near-misses and collaboratively foster improved patient care and quality service delivery. The data obtained, assessed and evaluated, dynamic quality outcomes have been achieved through a united team approach.

Objectives

To enhance the quality of clinical care, patient safety and patient experience. To support the growth of an inclusive team culture/model with an open and transparent learning process in a no-blame environment.

Methods

A literature review identified nine core standards for M&M that produce tangible improvements in patient outcomes and staff experience. A DHB wide M&M stocktake highlighted variations in practice, process and outcomes with no single service meeting all recommendations. The project team proposed an M&M model with agreed measure against the nine standards. A three-month test phase commenced at Waitemata DHB Gastroenterology, using Plan Do Study Act (PDSA) process to support continuous participant engagement and development.

Results

An average of 19 attend from five disciplines per meeting, all recommended standards are met with improvement solutions agreed in real time with timelines and responsibility for outcome recorded and followed up at subsequent meetings. Staff report feeling included, encouraged to share, learn and challenge each other and confident in change process.

Conclusion

M&M for gastroenterology at Waitemata DHB has exceeded expectations, including recordable improvements for patient safety. Staff engagement with serve delivery, risk management, collegial communication and shared understanding of respective pressures has all improved.