PCNNZ Chairs Report 2015

AGM 10th November 2015

Introduction from the Chair

Palliative Care Nurses NZ continues to grow in terms of membership, productivity and influence. This is my last year as a member of the PCNNZ committee and I feel it is a great privilege that in my final year I have taken on the role of chair and that it is a conference year.

I have enjoyed these past five years and have learnt and developed many new skills, met and worked with some amazing palliative care nurses and colleagues and have had the opportunity to be part of a committee that has always worked hard to communicate and inform its membership with what can be at times a minefield of information, reports, strategies, research requests and changes.

This year has been particularly challenging and I say that from my own individual place as Chair and on behalf of the PCNNZ committee. We have had to make some rapid decisions and deal with some incredibly sensitive information. I would like to honor my colleagues from this committee for their support and contribution to the running of the PCNNZ Society and recognize that this is only just the beginning: Jane Rollings (Deputy Chair), Judith Bailey (Treasurer), Gloria Morgan (Newsletter Editor), Mark Singson (Website co-ordinator), Kate Bird (secretary) and Vanessa Leota (registrant) .

Highlights of the year

Our membership continues to grow steadily in numbers of ; we currently have 209 active members on our database. The majority of our membership comes from within the hospice workforce and whilst that is fantastic it has been part of our strategy to look at how we can connect with those nurses who deliver palliative care outside of specialist palliative care areas.

We are delighted therefore to have had the opportunity to offer two- places to this years conference within our scholarship program this year which have been awarded to Leah Cavanagh (Southern District Health Board) and Zis Fish (Nurse Maude Hospice Christchurch).

Our engagement with the Ministry of Health has continued this year following our face- to -face meeting with Julia Singa (palliative care portfolio manager at the time) at the beginning of the year, and has continued with input from Helen Sawyer representative on Palliative Care Council (now disestablished), request for input into the Health of Older Persons Strategy, Last Days of Life Working Group and the current Review of Adult Palliative Care Services.

Conference year is a hugely busy year for the committee and this year has not been an exception to this. However as Chair it is also a privileged position to be, in terms of shaping the two days.

I give the outgoing committee my grateful thanks for all their support and wish the incoming committee my best for the year ahead.

Palliative Care Leadership

For some while the need to have better connections with existing palliative care organizations has been recognized. It has been a year of change with the disestablishment of the Palliative Care Council (PCC) for which Helen Sawyer has been our representative and has been chairing the Last Days of Life Working group ("Te Ara Whakapiri" awaiting publication and an implementation plan).

Both Helen Sawyer and Jane Rollings have put forward Expressions of Interest to be part of The Palliative Care Advisory Panel (PCAP). There appears to be much on the work plan for this group within a short space of time to deliver, it is vital that there is strong nursing representation on this group. The key priorities including:

- Review of Palliative care services for Adults
- Last Days of Life – Te Ara Whakapiri and Palliative Care Glossary
- Palliative Care workforce development
- Implementation of Budget 2015 Palliative Care funding (including services in the aged care and primary care sectors)

Overarching Leadership in New Zealand for Palliative Care has been discussed within the committee, recognizing that there is a need for consistent leadership and direction.

A group has teleconferenced consisting of members representing HNZ, HPCT, ANZSPM, PAMTRACC, PPC and others. It has been agreed in principle that a representative group would add value working alongside and with the Ministry. Draft terms of reference are currently been formed before taking this further.

It has certainly been of added benefit collaborating with colleagues such as ANZSPM, PAMTRACC and HNZ on such things as the Workforce crisis in New Zealand and Verbal Orders for CDs.

ENDORSEMENT'S

PCNNZ have Endorsed "Te Ara Whakapiri- *Principles and Guidance for the Last Days of Life* "A comprehensive process was undertook when developing this piece of work:

- An analysis of the findings of a United Kingdom review of the LCP and compared this to NZ findings
- A stock-take across all NZ health sectors and services to establish how care is being provided to people in the last days of life
- A literature review of international and national models of care for people in their last days of life to establish best practice and evidence
- A survey of family/whanau about their experiences of how their loved one was cared for in their last days of life

PCNNZ have Endorsed a letter sent to the ministry alongside NZ Palliative Medicine Training and Co-ordination Committee (PAMTRACC), highlighting the crisis in palliative medicine training and requesting urgent action.

In terms of workforce, comments were sought from PCNNZ via the Nursing Review as to Health Ministers John Coleman's additional investment over the next four years to support the hospices. From July 2015, $13 million is being allocated each year to help hospices expand their community services to support people at home and in aged care. Specifically mentioned was the recruitment of 60 new nurse specialists and palliative care educators. It was highlighted by PCNNZ that we viewed any additional funding as a positive step for Palliative care but expressed the concern that 60 nurse specialists will take time and funding to develop and that all care settings including hospital settings would benefit from additional funding.

Health of Older Persons Review

PCNNZ was asked to put forward a representative to assist with the review of the current Older People Strategy which was published in 2002 and due to be updated. The idea of the workshops was to provide an opportunity to bring together people and organisations form various disciplines and sectors to help inform the drafting.

EOI were sought from the membership and we were delighted with the strong expressions that came through, it was difficult to identify as all of the applications had merit and strengths that would lend them well for this piece of work. In the end the committee asked Sandra Notely (Palliative Care CNS Waitemata DHB) to represent us with a reference group of two other members. Jacqui Bolam (Mary Potter Hospice community co-ordinator) and Debbie Coates (lecturer in Nursing and Health studies Te Pakaro a ihenga).

The first workshop was held in Wellington 14th October and included representatives from Aged Concern, Osteoporosis NZ, HNZ, NZNO, Mental Health Nurses, Social workers to name a few. This workshop focused on what was working well and what could be improved for better health outcomes for older people and included such areas as:

- Healthy Ageing and

KAI WHAKAHAERE

The Kai Whakahaere is a member of the committee who is able to consult and represent on the views and matters that effect Maori, nursing practice and membership. We are delighted that Pare Cockran (Palliative Care CNS – Arohanui Hospice) has accepted this role

Visit from Anne Maria Olphert

Chief Nurse : Erewash UK visits Wellington Hospital after contacting PCNNZ Pictured (L) with Alison Rowe NP Candidate Palliative Care

Continued

independence

- People living well with simple or stable conditions
- People with complex care needs are supported well
- Rehabilitation and recovery from acute episodes
- Respectful end of life care

PCNNZ are pleased to be involved with this important and relevant piece of work and look forward to collaborating over the next year.

Verbal orders & CDs

Concerns were raised at the beginning of the year with regards to what had been "usual practice" for many nurses particularly working in the community around receiving verbal orders for Controlled Drugs (CD's). It was raised as no longer safe without specific legislation to cover this practice.

Over the coming months PCNNZ heard of a variety of different practices and creative measures that were being used nationally to try and overcome this. Confusion as to what was and what was no longer permitted.

Several meetings were held including discussions with NZNO, Chief Nursing office, Hospice NZ and PCC with the hope of adding clarity. A further meeting on the 23rd September at the Ministry of Health including Don Mackie and Bob Buckham.

The following is a summary of this meeting and advice that has been given:

1. **Drug already prescribed and dispensed/supplied – administration:**
   If a controlled drug has already been prescribed and dispensed/supplied, then that medicine is generally administered in accordance with the instructions on the label. However, if the prescriber changed those instructions (or "advice" as noted in Section 8(2)(d)) either verbally or in writing – for example the patient needs an additional PRN dose if not already prescribed, or a dose increase of that medicine is required, then those new instructions can be followed and carers, or indeed the patient themselves, may administer the medicine in accordance with that new advice. Plus:

   a. A new prescription is **not required** to permit **administration** in accordance with the new instructions.

   b. A new prescription **is required** for a pharmacist to **dispense/supply** more drug (see below). A pharmacist isn't permitted to dispense/supply more of that medication if it has already been dispensed pursuant to a prescription – a new script is required.

   c. If a controlled drug has not previously been prescribed or supplied by the doctor for that patient, then Section 8(2)(d) by definition cannot apply. Verbal order for administering a controlled drug in this case is not permitted.

   d. If the doctor had previously supplied a quantity of the controlled drug (for example a box of morphine amps or a small bottle of Sevredol tablets from a PSO), then this **would** fit within Section 8(2)(d) and could be administered with any instruction or advice from the doctor – either verbally or in writing.

2. **Drug already prescribed but dispensed/supplied stock has been used up:**
   When a controlled drug is prescribed, a pharmacist will dispense a quantity in accordance to how the prescription is written – either total quantity or the period of supply as specified. Once that supply is exhausted, a pharmacy would require a new prescription to supply more.

   a. Misuse of Drugs Regulation 34 does permit an **oral prescription** to be communicated from the prescriber to a pharmacist who "personally knows" the prescriber "in the case of an emergency" (emergency is not defined).

   b. An oral prescription, as described in Regulation 34(1) would come under the "prescribed by a medical practitioner" reference in Section 8(2)(d) of the Act, and so could be administered accordingly. Again, if the instructions (or "advice") for administering that medicine changed (as described above), then that medicine could be administered in accordance with any new instruction or advice from the doctor.

3. **Patient requires supply or administration of a controlled drug <u>not previously supplied or prescribed</u> by the doctor:**

   a. A pharmacist requires a prescription in order to dispense/supply the medicine - either written prescription or oral prescription as described above. A nurse or carer could administer that medicine as dispensed.

   b. If not previously supplied by the doctor for that patient, there is no permission for nurses/carers to obtain supply of that medicine, nor to administer that medicine solely on the verbal instruction of a doctor.

   c. A nurse could administer that controlled drug in accordance with an appropriate standing order.

4. **Standing orders:**
   Standing orders permit the supply or administration of a controlled drug (as well as prescription medicines). As previously mentioned, a nurse could administer a controlled drug without a prescription if working under a standing order. Standing orders could be used for hospice patients to describe clinical situations which would permit the administration of a medicine without a prescription.

Which patients, conditions, medications and doses

a. Standardised care assessments/pathways could be used to identify which patients could be administered the medicine.

b. "Urgent" clinical scenarios which necessitate the prompt administration of a medicine could be identified. The specific circumstances that would permit administration of that medicine(s) by a nurse under a standing order, and those that would exclude administration could be described in the order.

c. The Palliative Care Handbook already describes the initiation of a number of difference medicines for various symptoms.

d. Clinical and procedural assessments nurses would have to undertake before administration would be put into a standing order to manage risk (risk to both patient and nurse). Could include contraindications and precautions, or for some situations even a requirement to telephone a prescriber first.

e. Limits could be placed on the number of doses that may be given under a standing order before medical review is required eg. some morphine "iv protocols" in hospital place maximum of 5 prn doses before medical review is required.

f. If there was a need to administer a medicine urgently without a prescription, a standing order could

Supply of the medicine

g. Standing orders permit the "administration or supply" of a medicine. "Supply" is generally taken to mean providing a patient with a supply of the medicine (akin to dispensing).

h. Standing orders assume the medication is available on-site (see guidance note #14 in the Ministry's Standing Order Guidelines 2012).

i. Standing orders do not permit the generation of a prescription for a pharmacist to dispense from. A pharmacist could not supply a medicine to a nurse who is operating under the standing order and is making the clinical judgement for administration or supply.

Euthansia & Physician Assisted Suicide in NZ

Over the past three years PCNNZ has been called to task around the subject of Euthanasia and Physician Assisted Suicide. It has left all of us who have been members of the committee over these years with many hours of debate, discussion, trepidation and concern. As I write this now I do so with an awareness of how sensitive this topic is.

For some years PCNNZ had remained quiet in the discussion, our position paper which was published in 2012 was the first step towards ensuring that we were not being permissive by our silence. I am aware that as individual people and nurses there are many differing views. However as a professional society it became clear that we needed to ensure we had a voice in the discussions.

Lecretia Seales case this year was emotive and compelling and drew with it some high profile support and engagement. PCNNZ along with Care Alliance and ANZSPM put in submissions in writing to ensure our position was heard

As I am sure our membership is aware Lecretia died a few hours after the court case reached its verdict. The discussions continue following Justice Collins remarks on delivering the verdict, explaining that 'only parliament can change the Law to reflect Ms Seales wishes and that the Courts cannot trespass on the role of Parliament'.

Here we are some months later with another "end of life choices bill, 2015" in the ballot box from David Seymour ACT MP.

When the title for the 2015 conference was set two years ago, we had not anticipated that we would be in the midst of this at the time that Conference would be convening and we look forward to some robust presentations and discussions whilst we consider "the good, the bad and the ugly".

This is topic is unlikely to go away and we have to be part of the discussion, we cannot bury our heads in the sand and we must as questions around if a bill is passed what will be our role in this?

The euthanasia debate has been very time consuming for us as a committee. At times it has seemed that it has distracted from other important matters for PCNNZ. Therefore I propose at this AGM that the on going committee looks to putting together a sub committee/working group to work on a submission for the Health Select committee due in February 2016.

Recommendations from the out going chair

- *PCNNZ workload is increasing, I recommend a separate conference subcommittee for planning 2017 conference*
- *A working party to develop a submission for the health select committee on Euthanasia and PAS on behalf of PCNNZ*
- *Review of the PCNNZ current strategy over 2016 and develop plan for the year ahead*
- *Stronger collaboration with other nursing groups including Chief nursing office , Nursing council and NZNO*

Palliative Care Nurses NZ Incorporated Society

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