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## NEW ZEALAND NURSING ADVISORY GROUP MEETING MINUTES

### MEETING DETAILS

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion/ Action</th>
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<tr>
<td><strong>Apologies</strong></td>
<td>Jane Gubb, Emma Marsh</td>
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<tr>
<td><strong>Minutes of last meeting</strong></td>
<td>From 7th March 2008 - passed</td>
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<td><strong>Report from New Zealand Board of Dialysis Practice</strong></td>
<td>No report available. Need to follow this up with Emma Marsh</td>
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A draft copy of the Nursing Competencies in Palliative Care in New Zealand (Feb 2008) were e-mailed to all members prior to today’s meeting. There was a general consensus that the Palliative Care competencies align well with the N.Z. Nursing Council competencies and the National PDRP framework and performance review system. The Advisory Group considered the Palliative Care competencies to have many similarities to renal nursing and would be an excellent resource for the development of the Renal Nursing competencies.

International Review of Renal Nursing Competencies

The following renal nursing competencies/standards were reviewed:

Kay – *Competency Standards for the Australian Advanced Practice Nephrology Nurse 1999*

- Summary attached. Comments from the group were that these competencies are directed at the advanced nephrology nurse and will be useful when looking at the expert level nurse in the NZ competency framework.

- *American Nephrology Nursing Standards of Practice 2005*

  - Summary attached. Would need to buy the full document at US$60.00. Appeared to be very prescriptive. The associated BONENT exam process was considered inappropriate for renal nurses in New Zealand. The group felt renal nursing in NZ was more aligned with the European and Australian model.

Margreet – *Dutch Renal Nursing Competencies*. Summary Attached.

- *EDTNA/ERCA Nephrology Nurse Profile and scope of practice 1999*. Focuses on partnership, healthcare and education. The EDTNA philosophy was felt to fit well with the New Zealand view.

Angela – *RCN British Union*

- Comments that this Union would be receptive to our group using their resources for the development of competencies and education programmes.

Maree – Power Point presentation – available on request

- Not Revise the NZ Renal Competency Standards
- Focus on NZ Nursing Council Competencies
- Link the Competencies and Performance Indicators to Renal / Similar to Palliative Care
- Fit in with the NZ Councils Competence Assessment form for nurses appraisal, PDRP, and Audit
- User friendly for Nurse
To progress the development of the Renal Nursing Competencies:

- Karin will write to the Palliative Care group to inform them that we would like to use their competencies as a basis for developing the Renal Competencies and make sure that there are no objections to this. The Palliative Care document will be acknowledged in the renal competency document.
- Kay/Angela to find out if the Palliative Care competencies are now finalised and obtain a copy of the signed off competencies (contacts: Nick Polaschek & Denise Beechey).
- Kay to write an introduction and philosophy/vision statement. Include the background of the ‘Competency Standards for Renal Nursing 1999’ document and the development of the RSA Renal Nurse Advisory Board. Not too long but must include the Code of Health and Disability Services Consumers’ Rights.
- A draft copy for each domain of the Nephrology Nursing Competencies will be developed. The following group members have agreed to take responsibility for developing practice indicators for the competent, proficient & expert level nurse in a specific domain:
  - Domain 1 ‘Professional Responsibility’ – Gillian Treloar
  - Domain 2 ‘Management of Nursing Care’ – Rachael Walker
  - Domain 3 ‘Interpersonal Relationships’ – Maree Macdonald
  - Domain 4 ‘Inter-professional Healthcare and Quality Improvement’ - Angela Jackson

Introduction and Domains to be completed and circulated to all group members by 15th August 2008. To be presented at the next meeting on 5th September.

Communication and Dissemination of Competency Work

To ensure that there is support for the work of the RSA NZ Nurse Advisory Board it was agreed that the Director of Nursing and relevant senior nurses at each DHB are informed of the activities of the group. Advisory Group members also have a responsibility to keep their renal areas up to date.

- Karin – to present the current activities of the group at the Kidney Health New Zealand’s Senior Nurses Meeting in September in Auckland.

The RSA Australian Nephrology Nursing Competencies

These are now almost 10 years old and are also in the process of being revised. There was some discussion about the possibility that registered nurses in Australia and New Zealand will have reciprocal nursing registration rights in the future, Karin commented that there is work being done at a national level.
It was agreed that the Advisory Group needed to work closely with the Australian RSA competency development workgroup and keep them informed of our activity in competency development. Karin will inform the RSA Board at the next meeting.

Renal Nursing Education

It was acknowledged that nurses now have a clear tertiary pathway to progress their academic career (Post Graduate Certificate and Masters qualifications) however there is a large number of nurses who did not want to pursue academic study but are keen to improve their renal nursing knowledge. How do we support nurses who want to focus on a clinical pathway only? These nurses are more likely to be at the competent and proficient levels of the PDRP.

Suggestions:
- Produce a national workbook similar to the EDTNA workbook
- Online continuing education modules. Ideally would be placed on the RSA website. EDTNA have an excellent site with 15 modules up and running. Need to liaise with RSA executive to develop this, could be a joint Australian/NZ initiative.
- Develop clinically based workshops/education days in South Island and North Island. Could be in the form of an Education Day Package where the same day was run using the same resources
- A possible date for the first education day was put forward as Friday 6th November 2009 10am – 4pm. Locations suggested were Auckland and Palmerston North with Saturday 7th November preferred for Christchurch due to staffing issues.
- There was some discussion around whether non RSA members would be eligible to attend the workshop days, it was felt that non members should be able to attend one workshop only (for a higher fee than members) and would need to become a member to receive ongoing education from these forums.
- Would need to go to the commercial companies to seek funding as well as using RSA funds. Karin commented that the RSA is currently developing guidelines around endorsement from trade for education days; this information will be available on the web when completed.
- Each group member to consult with their senior renal nurses regarding appropriate content for these days remembering the focus of competent/proficient level.

The group agreed that the Renal Nursing Competencies needed to be completed before starting work on clinically focused education days.
**Group membership and support**

Karin commented that there is a commitment from the RSA to support this group however endorsement from each DHB is also crucial particularly around paying for travel to attend meetings. Where possible meeting are held in conjunction with other gatherings such as workshops or conferences. In reality this means only about 2 meetings a year require travel funding. Cheap flight can be purchased as the meeting dates are set well in advance.

**Karin** - to email each DHB DON and service manager to outline who we are and the support required.

National Renal Advisory Board (NRAB) – Karin will now attend the NRAB meetings to represent this group, next meeting is 8th August 2008.

NZBDP – Emma to continue to represent the Advisory Group. Will need to confirm that she is happy to do this at the next meeting.

| Next Meeting | Friday 5th September 2008 prior to the Kidney Health New Zealand Senior Nurses Meeting  
|             | Venue: Heritage Hotel, Auckland – Carmel Gregan-Ford to arrange a room  
|             | Time: 1pm – 5pm |
| Meeting Closed | 3pm |
**Kay’s Summary**

**Review of the Competency Standards for the Australian Nephrology Nurse 1999**

**Key Factors**
- Now almost 10 years old
- Were developed to align with the Australian Nursing Federation and ANCI Competencies
- Reflect the quality of care in the hospital and community setting
- Promotion of professional accountability to the public
- Competencies are broad enough to capture nephrology nurses working in many different settings and situations
- Represent one of the assessment tools for credentialing the advanced practice of the nephrology nurse

**Benefits to Nephrology Nurses**
- Identification of competencies at a national level helped define advanced practice in the area of nephrology nursing
- Clarification of the role of the nephrology nurse to other health professionals
- Values the unique knowledge, skills and attributes of the nephrology nurse
- Provides a tool that can be used in job description development and performance appraisal
- Informs the development of undergraduate and post graduate nursing curricula
- Offers the nephrology nurse an opportunity to be professionally and clinically accountable, at an advanced level

The Competency Standards for the Australian Nephrology Nurse are divided into domains:

1. **Domain 1: Professional Practice**
2. **Domain 2: Reflective Practice**
3. **Domain 3: Empowerment**
4. **Domain 4: Clinical Problem Solving**
5. **Domain 5: Teamwork**
6. **Domain 6: Leadership**

**Qualifications**
- Registered Nurse with current knowledge and skills in nephrology nursing
- Recognised nephrology nursing qualification and/or a minimum of 2 years current clinical experience within nephrology nursing
Summary of the American Nephrology Nursing Standards of Practice

The Nephrology Nursing Standards of Practice and Guidelines for Care – published in 2005. Cost US$60.00 for non ANNA members; US$40.00 for ANNA members

Key Points
- Established using the American Nurses Association generic standards of Practice 2004
- K/DOQI and the Renal Physicians Association (RPA) clinical practice guidelines are incorporated
- Recognises kidney disease as a major health problem
- Optimal individual and family functioning throughout all phases of disease management are the primary goals of nephrology nursing
- Format introduces a patient outcome goal (desired or optimal outcomes), followed by elements of nursing assessment, intervention and patient education
- Nephrology nursing is provided in a variety of settings; inpatient, outpatient, freestanding clinics and home care

Nephrology Nursing Standards of Practice:

Standards of Care
1. Assessment
2. Diagnosis
3. Outcome Identification
4. Planning
5. Implementation
5a. Coordination of Care
5b. Health Teaching & Health Promotion
5c. Consultation
5d. Prescription Authority and Treatment
6. Evaluation

Standards of Professional Performance
7. Quality of Practice
8. Education
9. Professional Practice Evaluation
10. Collegiality
11. Ethics
12. Research
13. Resource Utilisation
14. Leadership
Profile of the Dialysis Nurse

Packet of care of the dialysis nurse:

Methodical professional care

1. Identify patients need of care, e.g. home situation, information, possibilities of care
2. Accrue information, e.g. collect and interprets info on the patients specific situation based on intake info, handovers, notes etc.
   Info examples: cause of renal disease, diet, medication, psychosocial background, how he/she sees the future, access, physical assessment.
3. Diagnosis: e.g.: side effects of treatment, results (short and long term), complications, problems (psychosocial), training: resulting in a Care Plan
4. Planning of care: in conjunction with multi disciplinary team. Looking at nursing care plan, medical care plan, interventions, activities, evaluation, dialysis treatment etc
5. Practical care around the dialysis treatment e.g. dialysis machine, needling, checkups during treatment, interpretation of fluid status, blood test results, medication, IV’s etc. All of the above for chronic as well as acute renal failure
6. Special forms of dialysis e.g.: HF and HDF
7. Care around acute dialysis
   (Acute dialysis is: first haemo treatment, after transplant, dialysis because of hyper kalaemia, fluid overload, uremic pericarditis, etc
8. Handover for the ward
9. Care for dialysis machines (practical)
10. Calamities
11. Care for the PD patient e.g.: training, preparation for PD, care for catheter pre and post op, PD treatments (CAPD, APD), treatment of complications, follow up care, psychosocial, establishing the need for other caregivers like district nurses
12. Different dialysis techniques e.g.: plasmaphoresis, haemoperfusion Prisma (mostly done in ICU setting), providing information for ICU staff and support. Also providing on call support

Providing information and support

1. Holistic care
2. Care to family/whanau
3. Pre dialysis information program
4. Information on transplantation
5. Support e.g.: process from being healthy to living with a chronic illness, consequences of the above, loss of status and responsibilities, work-school, loss of future perspective, sexual problems
6. problems with treatment e.g.: non-compliance, vascular access problems, choice of treatment

Providing teaching/ training

1. Buddying and assessment of junior staff, new staff, training of patients and their family/ whanau
2. Development of training tools and methods
3. Assessing patients skill levels, need for re-training
4. In service sessions for staff
5. training and support for other health professionals like: registrars, allied health, etc
6. Quality audits
Coordination and organisation of care

1. Intake
2. Evaluation and support of and with patients and family/whanau
3. Nursing handovers e.g.: holiday dialysis, transfer to other centres, documentation
4. Administration
5. Organising and participating in MDT’s and other meetings
6. Referrals for other disciplines, and coordination thereof
7. Participating in doctors rounds
8. Home visits
9. OT advise
10. With the team: responsibility/ advise on choice of dialysis equipment
11. Provision of on call services
12. Quality assurance e.g.: care plan, advise other health professionals, testing to determine effectiveness of dialysis treatment and the interpretation of these tests, identifying deficiencies in plan of care, organisational and technical aspects
13. Dealing with suggestions/ complaints from patients
14. Dealing with (near) incidents
15. Maintaining own professional development
16. Membership of professional bodies and participation in associated activities, e.g. procedures/guidelines, quality assurance projects, new developments
17. Participation in workgroups (ward level, nationally and internationally), research, development and implementation of guidelines, sharing/transfer of knowledge with peers (symposia, workshops, literature)