

BREAKING NEWS

NEW ZEALAND ORTHOPAEDIC NURSES ASSOCIATION 2007. Issue 8

Hi everyone,
Welcome to this issue of Breaking News.

The conference in Rotorua was well attended, with over 190 participants. The sessions were informative and relevant to practice. The sessions will be posted on the ANZONA web site. The conference dinner was well attended and a good time was had by all.

The regional meeting in Tauranga was held on 24 November 2007. The orthopaedic ward has recently moved to brand new premises which we had the opportunity to see.



As with all things new, there are teething problems, but the facilities seem much improved on the old one. The wards at Middlemore have been in their new facilities for almost a year and it seems to have gone fast. Please take care with the festive season coming up and enjoy your time with your families and friends.

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The Orthopaedic nurse maintains current orthopaedic knowledge through formal and informal education.

Orthopaedic Scholarships.

The Ministry of Health is currently offering scholarships for nurses working in Orthopaedics, particularly in the area of elective surgery. (Joint

replacements primarily).

The scholarships can cover courses of study, conference attendances and site visits.

Contact your Director of Nursing office for further information or go to MoH website for details and contacts.

The Speciality practice paper at AUT will be available in 2008.

Plea from the editor:

Is there anyone out there who would love to contribute to the newsletter in some way?

Have you written an interesting exemplar/case study that could be shared?

Have you attended a conference or seminar that was productive and beneficial?

Are you leading or involved in any research relating to orthopaedics?

I would love to have some help with contributions to the newsletter

LynleyP@middlemore.co.nz or papafam@ihug.co.nz

Website Development.

Our website is now up and running. Go to www.nzona.org to see the results.

The NZONA committee wish to express our gratitude to Liz Blake-Palmer for all her hard work and ideas.

We would like to see case studies and exemplars on the website as well.

Also if you have done any research, either as part of your studies or your role, we would love to see this on the web site as well. Research can often seem a scary prospect but if those who have participated in the process share their research and any tips they learnt along the way, it will encourage others to take up the challenge as well.

Upcoming events:

Queensland Nurses Special Interest Group.

POP- Progressive Orthopaedic Practices

Holiday Inn,

Surfer's Paradise,

Gold Coast,

Queensland.

7-8 March 2008.

Website: www.gonsig.org

Early Bird Registrations by 13/01/2008

NAON Congress San Jose California

Gateway to Excellence

May 17th -21st 2008

www.orthonurse.org

Grow with Us in Orthopaedic Nursing

The 31st Annual Canadian Orthopaedic Nurses Association

Best Western Lamplighter Inn

London,

Ontario, Canada.

Send to: Bob Harris

161 Brian Ave
London,
Ontario N6G2L8
e-mail: valerie.uniacc@lhsc.on.ca , laura.anderson@lhsc.on.ca

4th Annual Orthopaedic Nurses State Conference
Articulate, Align, Unite: Taking Orthopaedics Into the Future
22-23 August 2008
The University Club
The University of Western Australia.
Perth.
Call for abstracts coming soon.
For further information e-mail: president@ona.asn.au

Diamonds are forever: RCNSOTON 22nd International Conference and
Exhibition.
25-27 September 2008
Llandudno, UK

Northern region education offerings for 2008.
5th April 2008-
Casting Workshop
Waikato Hospital

July 2008-
Spinal seminar
Auckland
Date and venue to be decided

November 2008-
Metabolic meeting
Rotorua
Date and venue to be decided

November 2008- AGM

Some useful websites:
www.orthopaedicnursing.org
www.ona.asn
www.orthonurse.org

Services offered:

TYPING SERVICES

Assignments, Essays, Notes, Thesis, Interviews, Minutes, Reports

Previous Orthopaedic Typing Experience

Contact: Heather Almao PH 021 478 846

Presentation from NAON Congress 2007 attended by Kim Brooks, Associate Director of Nursing, Rototrua and Taupo Hospitals Lakes DHB.

Nurse Case Management; A Recipe for success.

**Joan C Burton, RN, BSN, ONC, COHN, CLNC
Burton Legal Nurse Consulting LLC.**

Joan presented the “Nurse Case Management”, she is self employed with Burton Legal Nurse consultancy. She is happy to be contacted re advise and or discussion on this topic. www.BurtonLegalNurse.com

She made it sound as easy as making a cake and proclaimed it is if you get the recipe right. Understanding the reasons why a nurse case manger should be involved in the care of the orthopaedic patient and identifying ways to maximize the appropriate utilisation of nurse case manager in the orthopaedic setting.

Definition of a Case Management:

Case Management: A collaborative process of assessment, planning, facilitation and advocacy for options and services to meet an individuals health needs through communication and available resources to promote quality, cost-effective outcomes.

Philosophy of Case management: The underlying premise is that when an individual reaches the optimum level of wellness and functional capability, everyone benefits. The individuals being served, their support systems, the health care delivery and the various reimbursement sources.

The overall goals of the Nurse case management is to facilitate the organisation and acquisition of high quality, approachable, health care services in order to promote the optimal level of physical, cognitive, psychosocial and functional rehabilitation in the most accelerated and cost-effective manner for the patient and the payor.

Effective case managers:

- Actively assess and interpret the medical information for factors that have implications for the file
- Look at all aspects; Not just medical, but also vocational, emotional, psychosocial and financial aspects
- Identify situational factors that can affect the rehabilitation of the patient
- Educate the patient regarding: medical condition, treatment plan – what to expect, return to work issues
- Motivate the Patient: encouraging them along their journey, Improved compliance and attitude equals optimal outcome to their injury
- Don't just schedule appointments
- Work as a team with patient, surgeon, employer, physical therapist etc

- Work with Physician/surgeon to determine casual relationship and ensuring that the treatment is related to the current injury verses pre-existing problems
- Communicate with eh employer regarding return-to-work, work restrictions, etc.

Key to success:

- The right Nurse Case Manger
- The right Physician/Surgeon
- The right Diagnosis
- The right Physical Therapist

The Outcomes of a Nurse Consultant Led Postoperative Six week Review Hip and Knee Arthroplasty Clinic.

Gail Parsons: MSc, ONC, RGN

Nurse Consultant in Trauma and Orthopaedics

Dr Rebecca Jester, Head of School of Nursing and Midwifery

Dudley Group of Hospitals, NHS Trust, West Midlands, UK

The genesis of advanced nurse practitioner clinics within orthopaedics in the UK is in part response to the increasing number of patients requiring orthopaedic joint replacement surgery and the drive to promote patient centred care and treatment.

Traditionally, within the author's workplace, in the UK patients would attend a medical led review appointment six weeks following total joint replacement to assess their progress. Patients would often leave the busy clinic not having had all of their questions answered, eg questions related to resuming various activities, review of medications and many other issues. This may be due to the patient perceiving that the Consultant surgeon was too busy to be asked such questions or that the work load of the clinic portrayed an unreceptive environment. Lack of information and feelings of not being listened to were two key components leading to patient dissatisfaction.

Rationale for introducing a nurse led postoperative review clinic:

- Medical led clinics over subscribed
- Patients contacting advisory line to ask questions following their outpatient appointment
- Development of the Advanced Nurse Practitioner role and current Nurse Consultant role (advanced clinical decision making skills/autonomous practitioner/diagnostician).

Bates' model of holistic health assessment was modified and implemented in practice within the author's work place. Clinical outcomes were recorded which included: examination of the joint, incidence of deep vein thrombosis, infection, general health status, gait analysis, pain assessment and patient satisfaction.

In the past four years since the implementation of the nurse led review clinic, over 4,000

patients were assessed by the Advanced Nurse Practitioner/Nurse Consultant resulting in the orthopaedic surgeons being able to see more new patient referrals in their clinics with a positive impact on waiting times for consultation. Also it has provided the opportunity to review systems of collecting patient outcome data enabling greater analysis of quality of service provision.

Once of the major advantages of the ANP/Nurse Consultant clinic is creating an opportunity for holistic health assessment and care, rather than a medical diseased focused model. Patients and their relatives are given an opportunity to ask questions about their progress and health status which has resulted in fewer patients needing to phone the advisory line or visit their GP. There is also evidence of improved patient satisfaction with direct and indirect impact on physical outcomes and concordance with treatment and advice.

Incidence of Complications

An analysis of the incidence of complications such as wound infection, deep vein thrombosis, leg length discrepancy, hip dislocation and skin blistering from a sample of the total population reviewed during the clinics will be presented and compared to national data. Also data regarding patient outcomes such as range of joint movement, walking distance and pain scores will be discussed in the context of improving patient care and treatment and its use in future patient information literature.

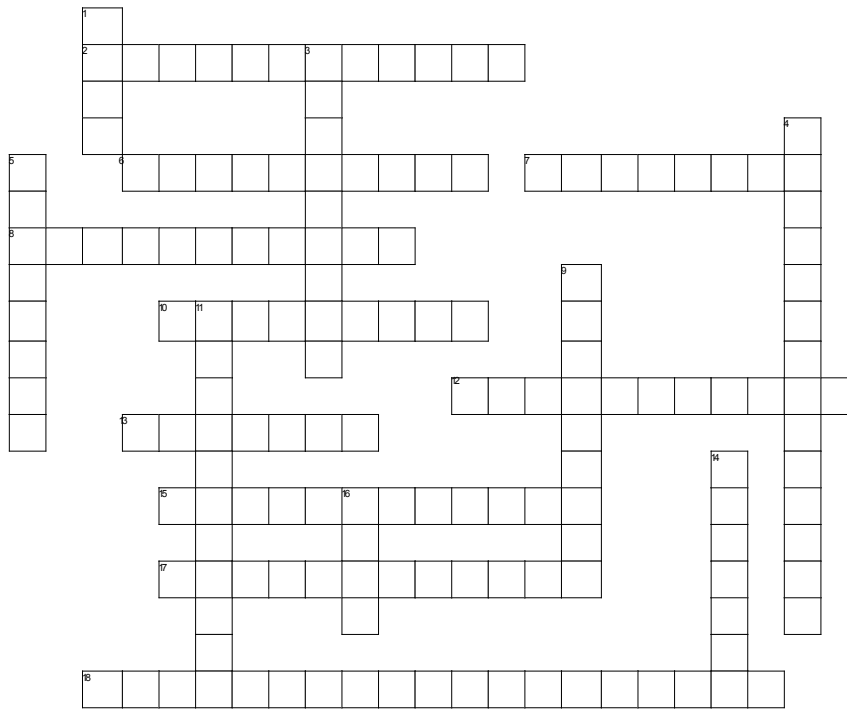
What have they learn?

- That a significant number of TJR patients experience issues of coping psychologically with their surgery and rehabilitation.
- Information given by health care professionals during the inpatient stay is often misinterpreted by patients and their families.
- Patients and families can have unrealistic expectations of progress after TJR.
- The biggest part of the role is support and reassurance.
- Identifying issues requiring further clinical research, eg skin blistering.
- Community based practitioners need education for specific orthopaedic care, importance of early detection of infection, appropriate use of anti-embolic stockings, reducing oedema.
- The role of the expert patient needs to be developed; specifically in helping to prepare patients pre-operatively.
- Patient outcome data needs to be used and analysed to improve clinical practice – closing the loop.

Demonstrating by advancing practice:

- Enhancing job satisfaction/career development for expert nurse clinician
- Increased skills and knowledge of advanced health assessment and diagnostic reasoning
- Exploration of how to manage data and analyse outcomes.

Metabolic Bone Disorders



www.CrosswordWazoo.com

ACROSS

- 2 In this disease the rate of bone resorption is more rapid than the rate of formation
- 6 This substance is produced in the thyroid gland and is released when plasma calcium concentration is increased
- 7 _____ deformans is also known as Paget's Disease
- 8 Hypoparathyroidism results from low levels of the _____ hormone
- 10 This mineral plays a key role in the maintenance of healthy bone. Half of this is found in bone. It is required for neuromuscular activity, calcium metabolism, calcium channel activity and ion transport
- 12 Increased serum alkaline _____ is found in Paget's Disease and is due to excessive osteoblastic activity
- 13 Mineral needed for bone formation and resorption
- 15 Bone becomes abnormally soft, resulting in marked deformities of weight-bearing bone due to inadequate concentrations of calcium or phosphorous and inadequate mineralisation of bone
- 17 Male hormone that increases size and strength of bone
- 18 This condition results from excessive secretion of PTH. In bone there is increase in osteoclastic and osteoblastic activity, a decrease in bone density, generalised bone weakness and extensive decalcification

DOWN

- 1 A metabolic disorder of altered uric acid metabolism
- 3 Hormone that strongly influences the rate of bone loss
- 4 This results from excessive osteoclastic activity causing this defect in bone development
- 5 This deformity can result from spine involvement in Paget's Disease
- 9 An important element in bone metabolism
- 11 The stage of life where most bone mass is accumulated
- 14 A disturbance on formation of the bone in the growing skeleton, characterised by softened and deformed bones.
- 16 Peak bone _____ is achieved by the ages 25-30

Last month's answers.

Nerves.

