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Oral presentations

Evaluating the appropriateness of the Dynamic Appraisal of Situational Aggression for Māori in forensic mental health services in New Zealand: participatory action research

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BACKGROUND

In New Zealand, tāngata whai I te ora Māori, who constitute roughly half of the population in forensic mental health services (FMHSs), are provided with interventions to target mental illness and mitigate the risk of inpatient aggression (McKenna, 2020). Yet, these interventions are oriented towards Western care practices (Wratten-Stone, 2016). The Auckland Regional Forensic Psychiatry Service introduced the Dynamic Appraisal of Situational Aggression (DASA), a risk assessment instrument developed to assess imminent risk of aggression (Ogloff & Daffern, 2006).

AIMS

This study aims to assess the appropriateness of the DASA for Māori in FMHSs in New Zealand.

METHODS

Participatory action research involved seven Māori nurses and a Māori cultural advisor in two hui. The first hui (N=7) explored Māori perspectives on the value of the DASA, while the second hui (N=6) discussed potential adaptations to the measures. Discussions were digitally recorded and thematically analysed.

RESULTS

The findings confirmed support for using the DASA with Māori but identified limitations in measuring cultural elements specifically relevant to Māori. Five adaptation options for cultural enhancement were suggested.

DISCUSSION

Cultural enhancement of the DASA is necessary for its appropriate use with Māori, requiring consultation with Māori cultural expertise and psychometric testing for validity and reliability.

CONCLUSION

For the DASA to be safely used with Māori, there is a need for the current content and process of the DASA to be refined locally within a cultural context and validated with Māori. Consultation with Māori cultural expertise is crucial for informed decisions on cultural enhancement.

Platelet rich plasma for benign vocal pathology

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BACKGROUND

There are few options for treatment of dysphonia secondary to vocal pathology related to lamina propria scar, atrophy, sulcus or inflammatory disorders. Platelet rich plasma (PRP) may provide anti-inflammatory and regenerative properties seen with other tissue engineering therapies without the risks associated with these treatments. We evaluated vocal fold (VF) injection of PRP for feasibility, phonatory effects, patient satisfaction and durability.

METHODS

Patients with dysphonia secondary to vocal fold scar, atrophy, sulcus and inflammatory lesions were included. PRP injections were administered in-office to bilateral vocal folds. Patients were followed up at 1 week, 1, 3, 6, 12 months

RESULTS

Seventy-five intracordal PRP injections were administered to 48 patients. Improvements in VHI-10 scores at 1, 3, 6 months were seen (mean VHI 21.73 at baseline, 15.62 at 6 months, $p < 0.001$).

A total of 72.3% rated improvement at 7 or above on Likert scale and 95.7% of patients would consider a future PRP injection. Secondary outcomes VFI, MPT and GRBAS also demonstrated significant improvements over time. Patients receiving a single PRP injection (n=26) still demonstrated significant VHI-10 improvements at 1, 3 and 6 months.

DISCUSSION/CONCLUSION

VF office PRP injections are feasible and safe and can provide phonatory benefit and reduce vocal effort in benign VF disorders. A single PRP injection is sufficient to provide sustained benefit in some cases.

Acceptability of co-located health interventions within an AAA pilot screening programme for Māori: a mixed method study of patient, family/whānau and community views

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BACKGROUND

Co-located health interventions within screening programmes are gaining recognition as a strategy to increase access and health benefits for populations experiencing access barriers to healthcare.

AIMS

To evaluate the acceptability of accessing co-located health interventions within an Abdominal Aortic Aneurysm (AAA)/Atrial Fibrillation (AF) screening programme in Te Tai Tokerau as a method to reduce inequities in healthcare for Māori.

METHODS

Surveys of screening participants and whānau, interviews with screening participants and community hui were conducted. Descriptive statistics describe quantitative survey responses. Survey free-text responses, interviews and community hui were thematically analysed.

RESULTS

Ninety-five screening participants and 31 whānau completed the survey; 15 screening participants interviewed and 24 people participated in community hui. Screening participants (81%), whānau (81%) and the community valued co-located interventions as part of AAA/AF screening. Reasons were convenience, “could see the value” to improve their health, satisfied with AAA/AF screening and perceived limited time in GP appointments

for prevention. Following Māori tikanga and engagement with skilled and pleasant staff were the main factors influencing satisfaction. Blood tests for heart and other diseases (e.g., diabetes, renal) were the most supported type of test due to family history of heart disease; blood testing was highly valued and provided reassurance about health status.

DISCUSSION

Participants identified significant advantages to additional health checks for improving access and health status. Fostering culturally appropriate, positive and high-quality interactions with Māori within the healthcare system were shown to be essential.

CONCLUSION

Proposed additional health checks included in AAA/AF screening programmes were acceptable and advantageous to health.

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Service evaluation of a novel combined physiotherapy and dietetics services for people with osteoarthritic knees

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BACKGROUND

Osteoarthritis (OA) is a highly prevalent disabling condition that is expected to rise. Arthritis New Zealand estimates the cost of managing OA in 2018 was NZ\$12.2 billion. Surgical and pharmacological interventions appear to supersede evidence-based guidelines advocating conservative options.

AIMS

An initial 6-month pilot was implemented to optimise conservative treatment for moderate–severe OA knee patients referred to the Waitematā orthopaedic service via physiotherapy and dietetic input.

METHODS

From July 2021–June 2023, 439 patients were referred to the OA knee pathway and engaged in one-on-one and group intervention sessions involving education, nutritional advice and exercise prescription.

RESULTS

Of the patients who completed the KOAK survey post-pathway, 82% demonstrated an improvement in their knowledge of OA. Over 39% of patients completing KOOS reported improved quality of life. Of those who completed the eating habits questionnaire, 66% improved their nutrition knowledge, and 64% improved their diet. Twenty-five patients who did not complete the PROMs reported having changed their diet. In total, 54% improved their diet and 17.5% reported lost weight.

DISCUSSION

The findings from this OA pathway demonstrate that with the inclusion of a physiotherapist and dietitian in delivery of osteoarthritis care to patients with moderate to severe OA, patients improved their knowledge, function and symptom management.

CONCLUSION

The results from the pathway show that optimising conservative management, even in moderate to severe OA, can improve function and symptoms. A multi-disciplinary model should be considered a first-line treatment offered to all patients before surgery is considered an option.

ACKNOWLEDGEMENTS

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“I think everyone should be doing it”: a preliminary mixed-methods analysis of DBT STEPS-A, a universal coping skills programme from rangatahi

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BACKGROUND

Dialectical Behaviour Therapy – Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) is a 30-week programme developed from the comprehensive DBT protocol to be delivered in schools as an early intervention programme. This approach takes a preventative position wherein rangatahi are taught skills from DBT for managing challenging situations, with the premise that this may prevent the development of more severe psychological difficulties.

AIMS

To explore the outcomes of DBT STEPS-A based on psychometric data and the views of rangatahi who participated in the programme.

METHODS

This research will use a mixed-methods approach including the analysis of pre- and post-psychometric data and thematic analysis of focus groups completed with rangatahi at five schools that have completed the DBT STEPS-A programme.

RESULTS

Positive improvements were seen across all psychometrics and indicated clinically meaningful change in behaviours and psychological wellbeing. Rangatahi valued the programme, with key themes indicating a positive change in behaviour and coping at school, at home and with friendship groups. All rangatahi endorsed the programme and reported that the programme should be offered universally in schools to all students.

DISCUSSION

DBT STEPS-A appears to be well accepted by rangatahi and produces clinically meaningful change. Although feedback was positive overall, there were also some recommendations for improvement and a karanga from rangatahi to continue to offer the programme to other students due to the positive impact.

CONCLUSION

Overall, DBT STEPS-A appeared to be well accepted by the rangatahi, and shows promising outcomes based on psychometric scores.

ACKNOWLEDGEMENTS

We also wish to acknowledge the rangatahi for their willingness and candidness to share their views with the research team and the schools for supporting STEPS-A and this research project. The Well Foundation with support from Rotary Club of Downtown Auckland, The Trusts, Lottery Community Grants, ProCare and Henderson Rotary has provided NZ\$275,000 of funding for the salaries of Marinoto Child and Adolescent Mental Health Service staff to deliver STEPS-A. The following clinicians facilitated the STEPS-A programme: Lauren Glass, Jessica Klippenstein, Katie Lancaster, Amy Wilson Hughes, Susannah Limbrick, Kirstin O'Connor, Evie Andres, Selena Griffith and Shelly Hindle.

Co-design of a pharmacist-led mental health intervention for long-term condition patients

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BACKGROUND

Subthreshold depression and anxiety are common conditions that are associated with significant suffering, impaired functioning, increased health-care utilisation and economic costs. If unmanaged, it may progress to clinical depression and anxiety in up to 35% of people. Subthreshold conditions are often associated with long-term conditions (LTCs). Community pharmacists have a pre-existing relationship with people with LTCs and offer an opportunity to address their unmet mental health needs.

AIMS

To design a pharmacist-delivered mental health brief intervention for LTC patients with subthreshold depression and anxiety.

METHODS

Semi-structured qualitative interviews with community pharmacists, consumers and key stakeholders exploring their perspectives on a proposed service were conducted. Interviews were transcribed and analysed using a general inductive approach and NVIVO software.

RESULTS

Participants of varying backgrounds, ages, ethnicities and geographical locations were interviewed. Five main themes were identified: current practice, attitudes towards the service, advantages/disadvantages of community pharmacy, barriers/facilitators to implementation and service characteristics.

DISCUSSION

Most participants saw the value of such a service delivered via community pharmacy and intervening early. Community pharmacists were seen as accessible and approachable. Barriers included lack of resources, business outlook, pharmacist characteristics and public/patient-related factors, but participants discussed ways to mitigate these barriers. Service characteristics of in-person delivery and flexibility were emphasised. Interventions ranged from signposting and giving resources to “CBT-like” interventions.

CONCLUSION

Respondents believe there is potential to address subthreshold depression and anxiety in a community

pharmacy setting, but further studies are needed to determine the feasibility and effectiveness of interventions in a community pharmacy setting.

ACKNOWLEDGEMENTS

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Oritetanga paerewa: culturally safe communication and de-escalation practices/strategies for clinicians working with tangata whaiora Māori in acute adult mental health inpatient units

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BACKGROUND

Seclusion is the process where mental health consumers who are considered high risk to others are locked in a room alone against their will. This is a traumatising practice, and Māori consumers are five times more likely to be secluded than non-Māori. Concerns have been raised as to whether unconscious bias and racism may play a part in this. The elimination of seclusion has been identified as a national priority, however there is very limited evidence regarding alternatives to seclusion for Māori, such as culturally safe de-escalation practices.

AIMS

The aim was to identify what culturally safe communication and de-escalation strategies are effective for staff working with Māori who acutely distressed or agitated within adult mental health inpatient units.

METHODS

This was a kaupapa Māori, qualitative study. Nine semi-structured interviews were undertaken with experienced Māori inpatient staff across four adult mental health units. A focus group hui was then held with seven of the original participants.

RESULTS

Five main themes were identified: mana enhancing (personal power), whakawhanaungatanga (relationships), pono (honesty), kanohi ki te kanohi (communication) and huarahi (approaches).

DISCUSSION

Participants felt that there was a better way to work with Māori, however they are hampered by existing attitudes, ward cultures and environments that support the use of restrictive practices.

CONCLUSION

This study contributes new evidence on culturally safe de-escalation strategies for Māori who are experiencing agitation or distress within inpatient mental health settings. The use of such strategies may contribute to reducing the high seclusion rates for Māori.

ACKNOWLEDGEMENTS

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Satisfaction with retirement village living in the context of frailty

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BACKGROUND

Retirement villages are promoted as offering age-friendly environments to support older people. Overall, there are high rates of satisfaction with village-living reported by residents. There is no data on how satisfied people living with frailty are with the village lifestyle.

AIMS

To investigate the association between frailty and residents' satisfaction with village-living.

METHODS

Villages and residents from Auckland and Waitemata districts were recruited. Demographic, health and social data were collected from participants, including satisfaction with aspects of village-life. Frailty was calculated by frailty index constructed from baseline data. Multivariable regression was used to analyse frailty between levels of satisfaction.

RESULTS

A total of 578 residents were recruited from 33 villages. Median (interquartile range) age was 82 (76–87), and 73% were female. Overall, 93% report being “very satisfied”/“satisfied” with village-living. Residents reporting being “neutral” to “very dissatisfied” with overall satisfaction, satisfaction with social activities, opportunities to be active, affordability and with services had significantly higher frailty scores compared to those “very satisfied”.

DISCUSSION

Despite living in an age-friendly and resource-rich environment, those reporting dissatisfaction

have higher frailty, suggesting villages may not adequately support those with frailty. While expectations around purchasing this lifestyle may influence satisfaction, this does raise the query of how those living with frailty in the wider community have their needs met to satisfactory levels.

CONCLUSION

Further research is required to explore reasons for less satisfaction in those with higher frailty in order to inform how best to support people living with frailty, whether in villages or the wider community.

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Participating retirement village managers and residents.

Microbial resistance patterns in periprosthetic joint infection of the knee—a 20-year longitudinal study

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BACKGROUND

Understanding the causative micro-organisms and initiating early appropriate empirical antibiotics is imperative in the management of periprosthetic joint infections (PJI).

AIMS

To identify patterns of micro-organism and antibiotic resistance profile in early and late PJIs and analyse changes in profile over the last 2 decades. This information is crucial for guiding empiric antibiotic selection.

METHODS

PJI data from three tertiary centres from 2000–2023 were identified and reviewed. First episode of PJIs were classified using the Auckland classification into early (<1 year since primary) and late (>1 year since primary) PJIs. For each case, the causative organism(s) and antibiotic sensitivity were recorded and analysed.

RESULTS

A total of 539 PJI cases with 606 cultures were included. Early PJIs were significantly more likely to involve resistant micro-organisms (OR 2.85, CI 1.71–4.76, P<0.05) and be polymicrobial (OR 8.714, CI 3.95–19.22, P<0.05). The predominant organisms for both early and late PJIs were *Staphylococci Aureus*,

with gram-negative micro-organisms contributing to 20% of cases in both early and late PJIs. Flucloxacillin monotherapy provided sufficient coverage for 54% of early PJI cases and 74% of late PJI cases. In comparison, Vancomycin monotherapy provided sufficient coverage of 82% in both early and late PJI cases. The number of resistant cases remained unchanged across the 23-year period, involving approximately 1 in 6 PJIs ($P>0.05$).

DISCUSSION/CONCLUSION

Despite significant usage of empiric antibiotics for PJIs, the primary causative micro-organisms have remained the same, with no notable increase in resistance cases over the past 2 decades. In early PJIs, Vancomycin with the consideration of Gram-negative agent should be considered as the choice of empirical antibiotic, given the high proportion of polymicrobial and resistant cases.

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A comic book for information prior to coronary angiography

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BACKGROUND

Levels of education and literacy influence patients' understanding of informed consent.

AIMS

We produced information for coronary angiography in comic book format. It was designed to be easier to comprehend than the Heart Foundation booklet but narrower in scope. Before distribution we needed to ensure the comic booklet was going to be accepted by patients.

METHODS

A questionnaire was administered to evaluate perceptions of the comic book (CB) compared with the existing Heart Foundation (HF) pamphlet. Twelve nurses and 15 patients were surveyed.

RESULTS

There was no difference in the perception of completeness of information: CB 41%, HF 56%, both 4%. No respondent felt CB contained unnecessary detail, but 22% felt it was present in HF ($p<0.001$). Fifty-nine percent felt neither format had unnecessary detail.

All respondents felt CB was best for those who struggle with understanding ($p<0.001$). No respondents felt CB was too long or too wordy, whereas 41%

felt HF was ($p<0.001$). Thirty-seven percent felt neither was. If having a coronary angiogram, CB was preferred by 67%, HF by 22% and either by 11% ($p=0.002$).

Compared with patients, nurses were significantly more likely to view HF as too wordy ($p=0.003$) and containing unnecessary information ($p=0.005$).

DISCUSSION

The comic book format was more succinct and understandable. It was preferred by the majority of respondents. However, some patients do prefer more detailed information. Clinical staff may not always recognise this.

CONCLUSION

As a result of our survey, we provide the comic booklet in addition to the current pre-angiography education to all patients before the consent process.

The use of the graphic comic booklet can be seen as an important educational tool to aid patient understanding of angiography and risks involved prior to the angiogram consent process.

ACKNOWLEDGEMENTS

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Implicit factors overwhelm patient informed consent

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BACKGROUND

Informed consent and education are the explicit manifestations of patient-centred healthcare. However, patient understanding is not always increased following informed consent.

AIMS

We aimed to assess how patients' understanding alters following informed consent and education for outpatient elective coronary artery stenting.

METHODS

A questionnaire on beliefs about stents was administered to: 1) patients after elective outpatient stenting for stable angina, 2) a reference group of lay people with no history of stenting in themselves or their first-degree relatives, and 3) five interventional cardiologists, two non-interventional cardiologists, three cardiology trainees and 15 nurses.

Patients ($n=110$) and lay persons ($n=118$) differed in sex but not age, deprivation or ethnicity.

RESULTS

As expected, patients' views moved closer to those of doctors and nurses for belief in the relief of stable angina by stents ($p<0.001$). Patients' views did

not differ significantly from lay persons for symptomatic and prognostic benefits of stents in acute heart attack.

Paradoxically, patients' views diverged further from those of doctors and nurses with regard to the prognostic benefit of stents in stable angina ($p < 0.040$) and for the general question of whether stents or "healthy lifestyle and medicines" have the most prognostic impact ($p < 0.041$).

DISCUSSION

The implicit factors causing paradoxical divergence of patient views from that of the doctors and nurses are unknown. Patient-related factors could include self-education and cognitive biases such as choice-supportive bias and the narrative fallacy.

CONCLUSION

Explicit informed consent and education may be overwhelmed by implicit factors.

Characteristics, transmissibility and outcome of healthcare associated COVID-19 (HA-COVID) in the initial Omicron era—Waitematā experience

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BACKGROUND

Healthcare associated (HA) COVID-19 poses a significant challenge in terms of infection prevention/control measures and excessive morbidity affecting the duration of hospitalisation.

METHOD

We performed a retrospective review of all HA-COVID acquisitions at Waitematā Health from 1 May till 1 August 2022 in order to understand the clinical characteristics, transmission rate, treatment and outcomes of these patients. A unique case definition and surveillance plan for those exposed was implemented.

RESULTS

Analysis of 198 healthcare associated COVID-19 acquisitions revealed an average duration of illness 8.7 days, average length of stay 24.2 days and 30-day mortality rate of 6.1%, which is significantly higher compared to patients with community-acquired COVID-19 in New Zealand as shown in COHESION-2 study. The average age of the study population was 76 years old. This population was 50% male and female. Predominant comorbidities include chronic lung (30%), heart disease (35%), hypertension (53%) and CVA (30%). COVID-19 was mild in 86% of cases, moderate in 8% and severe in

6%. Specific treatment included paxlovid in 18% and remdesivir in (11%), dexamethasone or equivalent (14%), supplemental oxygen therapy (18%) and antibiotics (25%). Almost all HA-COVID events occurred in a multi-bed environment in selected wards with suboptimal engineered bedspace (95%).

CONCLUSION & DISCUSSION

We have demonstrated high transmission of COVID-19 in multi-bedded rooms in certain wards with poor airflow, unique clinical characteristics, suboptimal utilisation of antivirals, and higher morbidity and mortality rate.

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Infectious Diseases Waitematā District Health Board.

How do mental health nurse practitioners work to improve access to healthcare services?

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BACKGROUND

The prevalence of mental health and addiction disorders in New Zealand is growing, with access to services a major challenge for individuals and communities. Nurse practitioners (NPs) have the potential to improve this access, addressing health inequities and poor health outcomes. However, little is known about how they work, and the models of care used.

AIM

To outline the variety of roles, positions and differing models of care held by mental health nurse practitioners (MHNP), and identify how they improve access, health inequities and outcomes for people accessing mental health and addiction services.

METHODS

Descriptive qualitative methods were applied in this study. Ten MHNP, across a variety of national clinical settings, participated in individual face-to-face or Zoom interviews.

RESULTS

Three exemplars demonstrated the unique models of care established by NPs. Thematic analysis identified three key themes: the unique role of the MHNP; enabling access; collegial relationships, ambiguity and challenges.

DISCUSSION

Three main themes and six sub themes were

identified in the findings. The three themes are discussed in conjunction with the research question, aims of the research and the literature review.

CONCLUSION

MHNP are uniquely placed to improve access to healthcare services through flexible patient-centred care. They are leaders in healthcare, address health inequities and improve patient outcomes through innovative integrated models of care. They are adept at improving access to healthcare services for all New Zealanders by bridging nursing and biomedicine disciplines, with their advanced scope of practice offering a solution to transforming mental health service delivery to reach all New Zealanders.

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Posters

Opportunistic HPV self-testing in ethnically diverse GP clinics

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BACKGROUND

The introduction of human papillomavirus (HPV) self-testing in September 2023 has potential to transform access to cervical screening.

AIMS

This study tested implementation of opportunistic self-testing in six culturally diverse GP clinics for 20 months prior to the programme change. Along with HPV type prevalence, real-world challenges and enablers to offer, and uptake of the self-test were explored to provide policy-relevant findings for the national screening programme.

METHODS

We trained 40 clinicians in offering the self-test to women eligible for screening who attended a participating clinic for any reason. Women had the option to take a kit home. HPV results were followed up by specialist study nurses. Feedback surveys with participants and post-study interviews with clinicians were thematically analysed.

RESULTS

HPV test results were received from 3,922 participants (Māori 14%, Pacific 39%, Asian 38%, Other 9%).

Of the 16% of participants who took kits home, the return rate was 63%.

Ten percent of samples tested positive for HPV (HPV 16/18 2%, HPV other 8%). Follow-up cytology was achieved for 96% of participants with HPV other detected

Survey responses were highly positive and indicated a preference for mailed kits when next due.

DISCUSSION

Women were receptive to opportunistic offer of self-testing in clinic. Supportive practice systems, good communication and centralised follow-up are facilitators, as is the option to take kits home; however, resourced active follow-up is required to ensure good sample return rates.

CONCLUSION

Opportunistic offer of HPV self-test in GP clinics is an important component of a multipronged strategy to increase equitable participation in cervical screening.

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Change: addressing youth addiction via digital innovation

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BACKGROUND

Addiction in young people is a global concern; however, access to treatment is poor. Specifically, there are few options addressing behavioural addictions such as gambling and social media. Digital interventions focussed on addiction can meet this treatment gap; however, few of these are designed for young people.

AIMS

To create a digital intervention for youth addiction treatment.

METHODS

We consulted with young people and addiction clinicians to develop a framework for digital addiction treatment. We collaborated with software and design experts to incorporate this into “Headstrong”, a rule-based chatbot accessible via a native app. We created scripts that were adapted and inputted into

the chatbot software system. Feedback from youth consumers was sought.

RESULTS

Beta versions of preliminary modules have been developed and released on the Headstrong app and platform. Youth consumer feedback has been positive and has been used to refine and improve the modules.

DISCUSSION

Change is designed as three courses based on psychoeducation and harm minimisation (Get Smart), motivational interviewing (Explore It) and cognitive behavioural therapy (Make tracks). Each course contains five to eight modules covering information (e.g., Safe Partying, Porn) or adapted psychological interventions (e.g., values activity, coping with cravings). Badges, memes, GIFs, audio clips and interactive quizzes are used to engage and entertain users.

CONCLUSION

The Headstrong digital app is an ideal platform upon which to provide addiction interventions. As digital youth addiction treatment options are scarce, the Change Headstrong course has the potential to fill a key treatment gap.

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Health New Zealand – Te Whatu Ora.

Intensive care unit staff perceptions of redeployment to other clinical areas: a mixed method approach

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BACKGROUND

Nurse redeployment is not a new practice in the intensive care unit (ICU) and high dependency unit (HDU); it has become much more significant during the COVID-19 pandemic to address the staffing deficit in other clinical areas. Redeployment helps in controlling varying patient acuity and census. In 2022, around 5,537 nursing hours of redeployment occurred for registered nurses and healthcare assistants in the study ICU/HDU. According to the available statistics from the study ICU, when there are extra staff in the unit, managers send staff to another unit where there is a shortage. However, deployment from another unit to study ICU is never practiced.

AIMS

To explore the perceptions of intensive care unit staff deployed to other clinical areas and identify challenges that the staff face during redeployment.

METHODS

Forty nurses and HCAs completed an anonymous online questionnaire, and five nurses participated in one-to-one semi-structured interviews. Participants were recruited through purposive sampling from the selected ICU/HDU.

RESULTS

Content analysis of the data revealed three major themes: “Negative feelings of redeployment”, “Positive feelings of redeployment” and “Visible and structured leadership interventions”.

DISCUSSION

Our results showed that ICU nurses reported an increased level of stress, anxiety, feelings of unsafe, low morale and dissatisfaction. Positive perceptions include friendliness and warm welcome by ward nurses. Participants suggested redeploying ICU nurses in the specialised area, discussing redeployment in the interview and redeployment allowances would boost nurses’ morale.

CONCLUSION

This research will create insight into the redeployment of intensive care unit staff to other clinical areas. It will add value to patient safety and improve institutional healthcare policies.

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Immunoglobulin A vasculitis in Aotearoa: incidence, clinical features, treatment and outcomes

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BACKGROUND

Immunoglobulin A vasculitis (IgAV) is a small vessel vasculitis. Few studies describe outcomes in adults.

AIMS

To describe the incidence, clinical features and outcomes in adult patients, with renal biopsy proven IgAV over an 18-year period.

METHODS

Ethical approval was obtained (AHREC 25461). Potential cases were identified, in patients over the age of 16 years, who underwent renal biopsy between 2003–2020. A retrospective review was performed. Data were analysed using SPSS 29.

RESULTS

The incidence was 2.09 cases per 100,000 patient-years with no excess by ethnicity. Mean age at presentation was 42.8 yrs (range 16.4–70.5 yrs). Mean creatinine at presentation was 118µmol/L (range 51–410µmol/L).

Twenty-six patients received corticosteroids (CS), with two patients also receiving cyclophosphamide and five patients also receiving azathioprine.

Six patients (17.6%) needed dialysis, with four patients going on to receive a renal transplant. At end of study, 12 (35.3%) patients had chronic kidney disease (CKD). Four patients (11.8%) died.

DISCUSSION

We saw an incidence of renal biopsy proven IgAV of 2.09 per 100,000 patient-years, greater than the incidence of historic hospital-based cohorts in adults (0.8–1.1 per 100,000 patient-years).

The majority of patients (76.5%) received CS, with a fifth of patients (20.6%) receiving concurrent therapy with azathioprine or cyclophosphamide. Use of these medications did not impact on the future need for RRT.

CONCLUSION

We see an incidence of IgAV of 2.09 cases per 100,000 patient-years. Morbidity was high, with 17.6% needing RRT and 35.5% having CKD with 11.8% mortality.

Te Oranga Pūkahu: Māori participant experiences of the first lung cancer screening study in New Zealand

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BACKGROUND

In Aotearoa, lung cancer (LC) is the greatest contributor to inequity in mortality for Māori. Lung cancer screening (LCS) using low dose CT demonstrates significant mortality reduction; however, no population-based testing has been conducted in Aotearoa, and internationally no studies have focussed on equity or Indigenous people.

AIMS

The effectiveness of LCS has not been determined for any Indigenous population, hence we tested the assumptions and study processes relevant to the implementation of LCS in Aotearoa.

METHODS

We assessed our approach using established implementation frameworks. Whānau support was welcome across the process. Participants and whānau were invited to provide feedback through post participation surveys regarding:

- Their experience of LCS
- The acceptability of the shared decision-making/results management processes
- Participant burden.

RESULTS

Survey participation rates were 55% for participants having a CT scan, 29% for those undergoing risk assessment but who were not eligible for a CT scan and 27% for those eligible for CT who decided not to proceed. Most participants were happy to take part, while some felt anxious. Ninety-seven percent of participants remembered the study nurse explaining the risks and benefits when deciding whether to have a CT scan, and 87% of participants felt that this discussion helped them to take part.

DISCUSSION

Respondents were positive regarding their experience, with some suggestions for improvement.

CONCLUSION

Developing LCS acceptable to Māori participants will be essential to ensuring equitable uptake of a future national programme. This study provides important implementation context for LCS in Aotearoa.

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Systemic lupus erythematosus (SLE) patients in Auckland, New Zealand: attainment of lupus low disease activity (LLDAS), prevalence and ethnic differences in renal disease

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BACKGROUND

Systemic lupus erythematosus (SLE) is a multi-system autoimmune disorder with diverse clinical manifestations. There is a lack of SLE research in New Zealand.

AIMS

To assess attainment of lupus low disease activity state (LLDAS) in the Auckland cohort of Asia Pacific Lupus Collaboration Treat to Target study. Additional aims include examining clinical features, prevalence and understanding lupus nephritis outcomes in different ethnic groups.

METHODS

All patients fulfilled either 1997 ACR or 2012 SLICC SLE classification criteria. At each study visit (3 to 6 monthly), patients were assessed prospectively for flares using SLEDAI-2K. Information on demographics and clinical data were collected. Patients were assessed annually for SLE damage.

RESULTS

A total of 144 patients from three Auckland hospitals (Waitematā, Auckland and Middlemore) were recruited during 2018–2020. Seventy-six percent (n=109) of patients achieved LLDAS at least once. Lupus patients in Middlemore Hospital had lower LLDAS attainment (40%) compared to the other two hospitals (88–90%; p<0.001).

Arthritis (n=115, 80%), was the most common clinical feature. Asian (n=23/60, 38%) and Pacific people (n=9/28, 32%) had more renal disease (p=0.03). Pacific people had proportionally more proliferative (Class III/IV) lupus nephritis (n=8/9, 89%; p=0.046). The prevalence of SLE in Auckland is 56.9 per 100,000.

DISCUSSION

The differences in LLDAS attainment and ethnic disparities in lupus nephritis highlight the need for access to funded targeted SLE drugs in New Zealand.

CONCLUSION

This is the first New Zealand study to provide prospective data on SLE disease activity and damage. There are ethnic differences in the ability to achieve LLDAS and lupus nephritis outcomes.

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Review of quality of smoking data in primary care practices comparing to smoking data from the New Zealand Māori and Pacific Abdominal Aortic Aneurysm screening programme.

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BACKGROUND

Accurate smoking data is essential for assessing smoking-related health risk and eligibility for interventions based on smoking status. Smoking information collected in primary care practices (PCPs) is widely used as a major data source.

AIMS

To assess PCP smoking data quality comparing to the data from the Māori and Pacific Abdominal Aortic Aneurysm (AAA) screening programme.

METHODS

The PCP smoking data was extracted and compared with the smoking data collected from participants at the AAA screening session. The concordance was assessed using kappa scores. For a subset of participants who had discordant smoking status, their longitudinal PCP smoking records were reviewed. Data was compared in three groups: current smoker (smoke at least monthly), ex-smoker (stopped >1 month ago) and never smoker (smoked <100 cigarettes in lifetime).

RESULTS

Of the 1,841 people who underwent AAA screening, 1,716 (93%) had PCP smoking data recorded. PCP smoking data showed 82% concordance with the AAA data (adjusted kappa 0.76). Fewer current or ex-smokers were recorded in the PCP data. Among 93 participants still enrolled in the participating PCPs, 43% had their smoking status updated. Details on quantity, duration or quit date of smoking were largely missing in PCP records.

DISCUSSION

PCP smoking data quality is consistent with international findings. Given the misclassification and missing detail on quantity and duration, smoking status-based intervention programmes (e.g., lung cancer screening, AAA screening, cardiovascular risk assessment) should consider complementary mechanisms to ensure eligible individuals are appropriately invited to the programme.

CONCLUSION

Ongoing quality improvement of PCP smoking data is important, alongside alternative mechanisms to identify smokers for programmes based on smoking-related risk.

ACKNOWLEDGEMENTS

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participating PCPs and the primary care leadership who supported this audit during a period of ongoing COVID-19 related disruption. KP is supported by a New Zealand Heart Foundation Heart Health Research Trust fellowship.

Refeeding hypophosphataemia and syndrome in parenteral nutrition: a single centre experience

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BACKGROUND

Refeeding syndrome (RFS) is a potential complication of restarting nutrition. NICE guidelines assess the risk of developing RFS. No consensus exists currently within the proposed definitions of RFS and refeeding hypophosphataemia.

AIMS

Assess prevalence of RFS within patients receiving parenteral nutrition (PN). Identify risk factors, where possible.

METHODS

Included were patients receiving PN for ≥ 48 hours (October 2017–February 2022). Electrolyte abnormalities were corrected prior to initiating PN, with initial half macronutrient provision for those at risk. Data were collected from nutrition and lab-

oratory databases. Clinical records of cases meeting biochemical criteria for RFHP/RFS were reviewed. Risk factor analyses were performed using logistic regression. Explanatory variables investigated included patient age, period NBM, BMI, recent weight loss, baseline magnesium and potassium levels.

RESULTS

A total of 354 cases received PN for at least 48 hours. According to NICE criteria: 199 were high risk (1 risk factor), 123 were moderate risk (2+ risk factors) and 32 were minimal risk. Seventy-one cases met criteria for RFS/RFHP (all asymptomatic). Logistic regression using the combined set of criteria identified baseline potassium and weight loss as being the only explanatory variables that reached statistical significance ($p=0.047$, $p=0.0157$). The predictive model generated failed to predict development of RFS when tested against the patient dataset.

DISCUSSION

Clinically significant RFHP/RFS is avoided with correction of electrolytes prior to, and reduced macronutrient provision upon starting PN. No contributory factors were identified that could predict development of RFS.

CONCLUSION

Current practice mitigates risk of developing symptomatic RFS in our patient group.
