

**Orientation
Programme
Community Health Service**

**Capital and Coast
District Health Board**

For: Student Nurses

Name:

Wellington Kapiti Kenepuru

Welcome to Capital & Coast District Health Board (C&C DHB) and Community Health Service (CHS).

Introduction

To make your first few days and weeks a little easier CHS have put together this orientation programme. It contains a lot of information you will need to know regarding your role, our service and Capital and Coast District Health Board. The orientation programme will be useful to you now and can be used to refer to in the future.

The following orientation programme will provide you with important information regarding the service, the physical environment, policies and procedures and will assist you in completing the identified competencies relevant to Community Health Services.

Service Vision

The aim of Community Health Services is to deliver the highest standard of community health care, by providing an effective, responsive specialist community nursing service in partnership with our patients and other primary and secondary health service providers.

Service Values

The service philosophy of Community Health Service provides a framework for the delivery of quality care to patients in the community.

Always Caring – respectful, kind & helpful

Can do – positive learning & growing, being appreciative

In Partnership – welcoming, listens, communicating & being involved

Being our Best – innovating, professional & safe

These values support consistency of response by CHS to patient referrals and needs, regardless of where the person lives or who makes the referral.

General information

Absence from Clinical Placement

If you are unable to attend your clinical placement due to illness, please give the maximum notice you can and your anticipated return date. If you require time off for other reasons, please discuss this with your preceptor, Charge Nurse Manager and your tutor.

Uniforms and Identification badges

Please wear your institutions designated student uniform during your clinical placement with CHS. You are required to wear your designated nursing student identification at all times.

Hours of work

CHS - shift hours are:

AM	08:00 – 16:30
PM	13:30 – 22:00
Night	On-Call 22:00 – 08:00
Weekend Duty	Same hours as weekday hours

Medication administration

Please remember that your Preceptor (who must be a registered nurse) is accountable for your safe practice.

You must check all medications with your Preceptor before administering to a patient. The checking process is not complete until you and your Preceptor have identified the patient, administered the drug and signed the drug chart correctly. A registered nurse must ensure direct supervision of the administration of any drug by the student.

The administration of intravenous medicines and fluids by a student nurse is done under the direct supervision of a registered nurse who holds current C&C DHB basic intravenous therapy certification. The student nurse is directly supervised by a registered nurse throughout the entire process of medicine/fluid administration. If the medicine/fluid being administered requires double checking e.g. opioid or blood product administration, two registered nurses are required to carry out this procedure. A student is not used as part of the double checking process.

Please note that the administration of intravenous medications/fluids is contra-indicated if:

- Your teaching establishment has a policy that does not allow intravenous medicine and fluid administration to be carried out by their students.
- Either you or your Preceptor is uncomfortable about the process going ahead.
- The patient declines to be involved in the process.

(Please read the C&C DHB Policy on Administration of Intravenous Medicines and Fluids and Student Nurses and Student Midwives.

Workload

Community Health Services is a specialised and complex area to work in. We only expect you to be able to look after patients that require basic nursing care and this may mean you do not get great choice in the patients you look after.

You will be responsible for carrying out all the care for your patients under the supervision of your Preceptor. These patients will be delegated to you by their primary nurses. The care you will be expected to undertake will include taking and recording vital sign observations, assessing and dressing wounds, checking pressure areas, maintaining fluid balances, general patient hygiene needs and writing nursing reports and tasks delegated to you by the D/N. All these care situations will be explained and demonstrated to you before you are expected to carry them out. You are encouraged to give constant feedback to your preceptor and seek help or advice whenever you need it.

As a non C&CDHB employee, you are permitted to use a fleet vehicle as long as the CNM has seen your driver's license and information has been sent through to transport so they can be set up on fleet wise by site admin staff.

Remember to think of your patients holistically. Don't forget their emotional care. Many patients and their families may be uncertain how their health issue will impact on their present and future well being; therefore they require and appreciate time to talk about their worries and concerns.

We will also arrange for you to spend some time with our specialist nurses while you are with us. These dates and times will be confirmed.

How do I fit everything in?

Time management and prioritising your workload is often the hardest thing to learn. Your Preceptor will help you develop this skill, but can only do so effectively if you keep them informed. Remember – communication is the key at all times.

The safety of the patient is the ultimate responsibility of the Registered Nurse. If you are unable to carry out a delegated task for whatever reason, tell your Preceptor immediately. They will then be able to tell you if it is a task that can be completed later or if it needs to be done now. Do not attempt to do something you do not fully understand.

In general

We want you to enjoy your placement with us and hope that you will get a lot out of it. We also want to see you using your clinical time well and achieving lots of practice hands on experiences and learning. If you feel unsure about something, overwhelmed or confused, then please speak up. There is NO such thing as a silly question. We all have been new at some time or other.

Health and Safety – Hazard Management

This is a comprehensive policy covering the role of health and safety representatives, responsibilities of managers including Charge Nurse Managers, health and safety education and C&CDHB's hazard management process.

All identified hazards are recorded on the unit hazard register. All relevant documentation is included in the orange Health and Safety Manual in each unit – ask who the health and safety representative and familiarise your self with the hazards that are indentified for community nursing.

District nursing bags

Core equipment is provided in a district nursing bag, which is refilled in Wellington at Materials Management on a Monday - Friday basis. These bags are then delivered to each base. Bags are taken out by the district nurse at the beginning of the day and once they have finished are returned to be collected for replenishment at the designated area. Your preceptor will tell you how we utilise these bags and the boot boxes which are held in cars.

Patients' notes

Patients' notes are accurately and comprehensively completed following each patient visit. Some district nurses prefer to do this during or immediately following the visit. Current patient's notes are kept securely along side the primary nurse's desk. We are also using electronic notes which are accessed via the progress notes page on MAP

Patient lists

Each primary nurse has a list of patients, along with the schedule of visits for those patients. These lists are updated continually by the visiting nurse and are updated electronically daily by the D/N via patient s information on the g drive At the end of each day, the district nurse will plan the next day's work from these electronic lists.

Daily district nursing running sheet

A patient loading score is calculated on the basis of time spent with patients. This is done in ten minute blocks. One ten minute block is given a patient loading of 1; two ten minute blocks are equivalent to a loading of 2 and so on. Patient work loads are allocated discussed and distributed accordingly to each bases system by the CNM. This will take into account the skill mix of the District Nursing team.

Statistics need to be completed for each patient seen, these are added when documenting the visit via MAP (concerto). Your preceptor will go through the statistics and how to add them on to MAP.

Weekend lists

Patients who need to be seen over the weekend are placed on a weekend list. There is reduced staff on during the weekend, only essential patients are visited. A weekend list is generated by the Charge Nurse Manager on a Friday. Maximum notice as to who needs to be on the weekend list is appreciated. Weekend clinics are available in some areas.

Staff car parking

Currently parking at CHC Kenepuru and at CHS Kapiti Health Centre is free. Parking at CHS Wellington. Parking in Wellington is on the main roads and there is limited parking with 'residence only' signs on the streets. It is suggested that students take public transport if their placement is at Wellington Regional Hospital (Ewart) where possible.

Central equipment pool

There is currently an equipment loan pool (short term loan) for community patients. This is situated in Wellington. It is possible to rent equipment if it is not available from the loan pool. You will be shown how this is managed in your area.

Rostering

Rostering is arranged by the Charge Nurse Manager of each area and each nurse is responsible for self-rostering and signing off attendance every day.

Security

C&C DHB has the Security Orderly Service to assist with any difficulties on hospital grounds in Wellington and Kenepuru but this is not the case at Kapiti Health Centre site which instead use main security. It is advised that staff do not bring valuables to work (See Security and Reportable Events Policy and Emergency Procedures flip charts).

Should any items go missing, please contact the Security Orderlies and file a Reportable Event. You are responsible for your own personal equipment. Kapiti staff – please contact police.

NZNO

There is a NZNO noticeboard at each CHS base, where up to date information from NZNO is displayed. Please do not hesitate to contact your delegate if you would like to join NZNO (they have application forms), or have a problem or concern you would like to discuss with your delegate.

Community Health Service (CHS) team

The team at CHS includes skilled nurses who work along side other community providers to ensure the needs of the individual are met and patients receive specialist nursing services in their own homes. The team includes:

- Service Manager
- Associate Director of Nursing (DON)
- Charge Nurse Managers (CNM) (3– One per site)
 1. Wellington: Kate Wild (027 440 9137) phone extension 6391
Ewart building. 2 Coromandel Street. Wellington
 2. Kenepuru: Wendy Lewis (027 274 8453) phone extension 7389
Community health building, Raiha Street, Porirua.
 3. Kapiti: Pamela Hill (027 422 3575) phone extension 4217
Kapiti health centre. Warimoo Street. Paraparaumu phone 04 9030224

- Community Clinical Nurse Specialists with speciality portfolios of palliative, wound and acute community care, continence, respiratory and stoma.
- Nurse Educator
- District nurses
- Enrolled nurses
- Health Care Assistants
- Pulmonary rehab nurse- Reviennne Chettyand Amanda Tunbridge
- Administration personnel Wellington, Kenepuru & Kapiti
- Community Cancer Nurses located at each base

CHS is located within the Capital & Coast District Health Board area, which extends from Wellington city to the Kapiti Coast (Peka Peka).

CHS has over 100 staff committed to delivering the highest level of community health care to patients. Services are delivered from three bases located on the Wellington, Kenepuru and Paraparaumu sites.

In any year, over 140,000 visits are co-ordinated and delivered across the Wellington region.

Operating from 3 sites, staff travel over 480,000 kilometres each year to deliver nursing service to over 8,000 patients.

The Service

Community Health Service, in partnership with the Therapies Service, provides inter-disciplinary professional services and home support services to patients with a personal health need that may be appropriately managed in the community. People experiencing difficulty caring for themselves due to an illness, chronic medical condition or recent hospitalisation are considered to have a personal health problem as distinct from a disability (see access criteria for Capital Support). Community Health provides specialist nursing input and Home Help Services.

By providing nursing services at home we can enable people to spend as much time as possible in their familiar environment, retaining control and using their own resources.

As hospitals work towards a model of ambulatory care and early discharge, CHS increasingly provides the acute nursing services previously provided in hospital. The broad range of competencies practiced by community nurses enables an appropriate response to the critically ill, the dying, post acute, frail, disabled, rehabilitating patients and patients managing chronic conditions.

After a referral is received, an initial assessment in the home is made where the primary nurse determines and negotiates in partnership with the patient (and carer), the best plan of care to meet their needs. This may include assisting the patient towards self management in certain aspects of their care plan.

Community Health Services include:

- Acute Nursing Care (after hospital discharge) and to avoid hospital admission
- Hospital in the home
- Cancer nursing services (under the direction of Wellington Blood & Cancer Centre)
- Assessment and treatment of complex and chronic wounds
- Home intravenous therapy
- Domiciliary oxygen and respiratory nursing services
- Stomal therapy services
- Continence services
- Tracheostomy care
- Enteral care and equipment
- Palliative care services in partnership with Mary Potter Hospice
- Enuresis
- Home based chemotherapy
- Pulmonary rehabilitation programme
- Continence, stomal and oxygen consumables supply service
- Home support services (Personal Care & Home Help)

Mary Potter Hospice provides palliative care co-ordination services in partnership with the Community Health Service. Mary Potter Hospice Palliative Care coordinator work with the district nurses to provide nursing care to palliative patients in their homes.

Clinics are provided at each base to meet the needs of patients who are not are not mobile and whose needs cannot be met by their General Practitioner or Practice Nurse.

Admission of patients to CHS

Criteria for access to this service

- Patients who require complex care that is unable to be provided via general practice or could be housebound.
- Short term assistance with personal care following hospitalisation.

Referral process

1. Once a decision that community nursing care is required, a referral to the community health service is required.
2. Referrals are found in MAP, all referrals are emailed to a central email box for processing.
3. The response time for each referral will be based on the level of patient risk which will be assessed from the information given within the referral.
4. Telephone notice (as well as a written referral) is required if the patient is to be seen urgently or within the same day. This assists with workload planning and prioritisation. There are occasions when the Community Health Service is at capacity and unable to accept new referral
5. Referrals will be actioned between the hours of 8am and 6pm Monday to Friday and 8am to 4.30 during the weekends and public holidays.

6. Referrals received after 6pm Monday – Friday and after 4.30pm during the weekend and public holidays will not be processed until the following day.

After a referral is received, an initial assessment in the home is made where the primary nurse determines and negotiates with the patient (and carer), the best plan to meet their needs.

Discharge of patients from CHS

Discharge planning starts from the moment a patient is admitted into the service. Patient problems/needs are identified on admission and those likely to impact on their discharge need to be addressed as soon as possible. Independence and self management is encouraged.

On discharge a discharge sheet must be completed and the discharge notification form is completed on line in MAP where it is then sent to the GP. All ACC documentation needs to be completed ask your mentor about this. You can also refer to ACC elearning package on connect me

All patients should know whom to contact if they have any questions or concerns, and should be encouraged to ring their GP however minor their problem may seem. When patients are transferring to another service i.e. another district nursing service, a full nursing referral must be emailed or scanned .

Other services within the directorate

Therapies

Therapies are a part of Medicine Cancer & Community Directorate (MC&C). See structure chart on intranet. Therapies itself encompasses all Physiotherapy, Occupational Therapy, Speech-Language Therapy, Dietetic and Social Work staff based on Wellington, Kenepuru and Paraparaumu..

Capital Coast Rehab

Capital Coast Rehab is an Assessment, Treatment and Rehabilitation service for clients 16 years and over. The service is goal directed and provides specialised inter-professional assessment of a person's needs. The focus of the AT&R Service is meeting the rehabilitation needs of clients with neurological conditions, stroke, brain injury, musculo-skeletal and orthopedic conditions, cognitive or mental health needs and others who have potential to benefit from rehabilitation that is best provided by a specialist non-acute service.

Whanau Care - CSS Maori Liaison – This position (0.6 FTE) works across Community Health, Therapies, and ATR, and provides an interface between primary Maori Health Care Providers/Service and our services. The position is responsible for developing networks and liaison with Maori Health providers, iwi and community agencies, communicating the needs and priorities of Maori, providing leadership in partnership with Charge Nurse Managers, Advisors and Clinical Nurse Specialists for the delivery of culturally appropriate and safe clinical practice. Providing assistance in monitoring professional practice in relation to cultural safety and development and implementation of an annual plan that outlines how our services will provide culturally appropriate care.

Capital Support – Needs Assessment Service Coordination (NASC) for Disability Support Services

Capital Support is responsible for managing the eligibility to Disability Support Services (DSS). A person is eligible for DSS funding if they meet the following definition of a long-term disability as established by the MOH:

A person with a disability is someone who is assessed as having a physical, intellectual, sensory or age related disability (or a combination of these) which is likely to continue for a minimum of six months and result in a reduction of independent function to the extent that ongoing support is required.

Needs assessment

Needs assessment is a process for gathering information identifying person's current abilities, and identifying areas where a person may need support. The outcome of the needs assessment is to identify person's prioritised needs to achieve independence and maintain a quality of life.

Service coordination

Service coordination is the development of a package of support based on the identified prioritised needs. This can consist of:

- Informal assistance from family and friends
- Services of voluntary agencies
- Privately purchased services
- Government funded services.

Service coordination also incorporates coordination of other services and agencies that may be required to support the person based on an understanding of the person's holistic needs.

Referrals

A referral can be made direct to Capital Support by the person with a disability, their family/whānau, general practitioners, health professions or other support services. The referral can be made on the Capital Support referral form on MAP, or by making a telephone call to the agency. Referrals are assessed in terms of meeting the eligibility criteria, followed by determining the urgency of response. If a person's needs change at any time, then a review of the support services or a reassessment of the needs can be arranged. All NASC agencies have an on-call service for urgent situations that could facilitate support outside of office hours.

Types of support services

Carer relief:

- These are services for people with high levels of support being provided by a primary caregiver.
- Carer relief services provide the primary carer with support to continue in their caring role.

Domiciliary carer relief (family/non-family)

Facility-based respite care:

- Shared Care
- Home Support
- Household Management
- Personal Cares

Residential Care/Group Homes:

- This service is providing support to a person in a group home situation, where they live with others of similar ability.
- Support is provided into the home based on the needs of the people
- Based on a need for 24-hour support
- Residential providers are responsible for access to appropriate day programmes

Supported Independent Living:

- This is a service that supports people with intellectual and/physical disabilities to live in a more independent environment, where the support is specific to the person.
- The focus is on supporting the person to acquire new skills to achieve a higher level of independence.
- Support needs usually reduce over time as the level of independence increases

Patient Care Co-ordination Service (CCC)

CCC is a C&CDHB service provided to work with those adult patients who have:

- Complex conditions, often more than two chronic conditions
- Extended length of stay
- Frequent presentations
- Multi disciplinary input required
- Hospital at home (home IV therapy)

Exclusions

- Patients with a primary mental health diagnosis
- Patients under the age of 16 years
- Obstetric patients
- Attendances for renal dialysis

Objectives

- Early identification of patients that require care co-ordination
- To ensure patients with many services involved receive co-ordinated care and develop a care plan if needed
- To ensure patient and family/whanau are involved and aware of care plan and any changes made
- Support staff in timely assessment, discharge planning and referral processes for all patients
- To forge good links/liaison with primary care services
- To improve the utilization of hospital resources

Hospital Telephone System

All calls for each base (Wellington, Kenepuru and Kapiti Health Centre) are all direct to the Call Centre at Wellington Hospital and then put through to the appropriate extension. The Wellington Hospital phone number is (04) 385 5999. After hours all calls come through the call centre and are forwarded to the District Nursing staff who are on duty or on call, (currently one staff member per site), otherwise all calls are directed to each base.

Emergency Number

When in the hospital or CHS buildings in wellington and kenepuru, phone **777**, for all emergencies i.e. fire, cardiac arrest, security emergencies etc. Advise the operator of you exact

position in the hospital and the type of emergency. Follow the emergency procedures on the flip chart in your area.

In the community and at the kapiti base it is 111 – remember you need to dial 1 first for an outside line.

Quality

Policies and Procedures – Capital documents

Examples of the policies to begin to be familiar with are:

- Major Incident Plan (yellow folder) and Emergency Procedures Flipchart
- Health and safety (orange folder)
- Transport Policy
- Reportable Events
- Privacy – access to health information
- Privacy – health information
- Chaperone – for clinical examination of patients
- Documentation – in Clinical Record
- Falls – prevention
- Falls - management
- Study Leave
- Informed Consent Adult
- Security
- Complaints (consumer)

Clinical policies are available under capital docs on the intranet

Reportable Events

All near misses (e.g. where a medication was almost given incorrectly) and incidents or accidents resulting in harm to a patient or yourself,, damage or a reduction in the quality of services are reported via on line on CCDHB home page via squares.

You are required to read and be familiar with the Reportable Events Policy. It is critical that Reportable Events are completed online as per the policy, as they are C&C DHB's quality improvement tools for the detection of potential and actual problems. The reportable events form is obtained from the intranet page the reportable events square is in the middle of the page in a blue square.

When an event occurs it is your responsibility to:

- Prevent further injury/accident and provide any care as required e.g. organise a medical review by a doctor for yourself/patient.
- Ensure the appropriate staff members complete the RE form (on line).
- Inform your Charge Nurse Manager and the CSS Quality Facilitator or after hours Duty Manager of any serious or sentinel events then complete the review (see below)

Mentorship/Preceptorship

To support your placement and optimise your learning, we have arranged a preceptorship programme.

You will be assigned a preceptor who will be available to you for your placement. You, your preceptor, and Charge Nurse Manager will plan your initial orientation period and subsequent attainment of community nursing skills/knowledge and competencies.

You will be expected to communicate your learning objectives and help plan activities to ensure you achieve those objectives.

In order that you get the best learning experience, we utilise the preceptorship model of clinical teaching advocated by the C&C DHB Preceptorship Policy. We would appreciate your comments on your experience in order that we can improve the learning experience we offer new staff. At the back of this orientation document you will find a Preceptorship evaluation form. Please fill this out and hand it in at the end of your orientation experience.

Your preceptor for your placement period is:

General objectives for your CHS orientation

At the end of your placement experience you should:

1. Be aware of the department layout and routines, location of equipment and location of administrative and resource documents.

2. Have an understanding of Community Health and other services in the hospital and community settings.

3. Have an understanding of and be able to safely be involved in the admission, transfer, referral or discharge of patients.

4. Be able to assess, plan, deliver and evaluate nursing care for patients in the community setting.

5. Be able to be involved in the management of a wide range of patient care problems in the community setting.

6. Have gained experience in providing nursing care – wound assessment and management, respiratory assessment and monitoring, continence assessment, palliative care, medication administration, holistic health assessment and care.

7. Have an understanding of and be able to safely undertake vital sign observations – Temperature, Pulse, B/P, Respiratory rate, O2 Saturations, BM monitoring.

8. Have an understanding of and/or be able to safely administer oral, IV, and SC medications. This will include opiod and sedatives that are administered in the community. All medication administration is under direct supervision.

9. Have an understanding of intravenous access devices commonly used in the community setting, including implanted port (e.g. Port-a-Cath) and skin tunnelled central venous catheter (e.g. Hickman line, PICC)

10. Have an understanding of and be able to be involved in the management of supra pubic, intermittent and indwelling urinary catheters.

11. Have an understanding of safe and effective care for patients receiving chemotherapy and/or radiotherapy once discharged home.

12. Have an understanding of and effective care for patients with a stoma.

13. Have an understanding of safe and effective care for patients having undergone breast surgery.

14. Have an understanding of effective care for patients with respiratory conditions.

15. Have an understanding of and be able to safely assess and manage simple to complex wounds.

16. Have an understanding of and be able to be involved in the provision of safe and effective care and symptom management for the palliative care patient.

Community health has self directed learning packages which will support your learning objectives.

Evaluation of Preceptorship Experience

District Nurse: Dates of Placement:to.....

Date of Evaluation:

Preceptor:

This evaluation is intended to offer feedback to the preceptor and their clinical area.

How preceptorship worked	1 Strongly Agree	2 Agree	3 Neither agree or disagree	4 Disagree	5 Strongly disagree	Comments
A preceptor(s) was identified/introduced to me on arrival to area						
One preceptor had an overview of my experience						
My "named preceptor" completed my assessment						
An orientation tool/document was used						
My learning objectives were achieved						
I had continuous/a period of supernumerary practice						
I formally met with the "named preceptor" at least fortnightly						
How was the Preceptor?						
The preceptor assessed and acknowledged my previous skills and knowledge						
The preceptor discussed my prepared learning objectives						
The preceptor assisted with planning learning activities						
The preceptor supported me by observing and supervising my clinical practice						
The preceptor was a good role model for safe and competent clinical practice						
I felt comfortable asking my preceptor questions						
The preceptor provided me with regular constructive feedback on my practice						

Additional comments:

.....

Please return this form to Charge Nurse Manager

Agenda for nursing placement for third year nursing students

Welcome to our service at CCDHB

Your preceptor will be for the duration of your stay.

Please ensure you have an orientation programme handout for CCDHB and that you read this. Any questions relating to this please discuss with your preceptor

This agenda can be amended at any time to meet your learning needs.

A suggestion would be that you meet with your nurse for the day on your arrival each morning. It may be useful to read some of the patient's records in advance of your joint visits.

Your various nurses will challenge your knowledge and observational skills from time to time. If you have any down time please familiarise your self with the main policies and E-learning packages. Any of the nurses will be able to show and log you in to access these resources which are available on online. These packages will give you knowledge and information but are for education purposes only. When doing e learning packages please put student and your ID next to your name when completing packages online, then you can print this off as evidence of learning.

Also please have your own assignment work with you to do when not out with the nurses or if they are doing paper work in the afternoon.

The main e learning packages that would be helpful to read are the:

Home oxygen package

Inhaler package

The palliative package

Continence

And any others that are of interest to you

To be included in your agenda if able

Role of the CHS Nurse Clinicians in:

- Stoma,
- Respiratory
- Continence
- Oncology
- Wound
- Palliative
- IV

Also the roles of the:

- Occupational Therapist,
- Social Worker,
- Physiotherapist,
- Health and safety rep? (A lot of this is in your orientation programme).

The Clinical Nurse Specialists have days that they visit each base and depending on D/N commitments, they may be able to spend some time with you on these days. See times on document attached.

CNS and multidisciplinary team visits:

This system is designed for support of our D/Ns and patients but you or your preceptor may be able to negotiate some time with some of these specialists over your stay.

The general CNS's with specialty focus will be attending each of the bases every week. Below are the scheduled days (that might change from time to time).

Continence nurses. (Read troubleshooting catheters and polycys and male indwelling catheter packages available on connect me related to change of catheters and SPCs)

Stoma Nurses (stoma package available on conect me. A resource to read prior to visits with stoma nurses or D/N if stoma nurse unavailable)

Mon/Wed/Thur/Fri Wellington/Porirua- Tuesday Kapiti

Ongoing Longterm Conditions Nurses

Acute Care

Palliative Care

Wound Care. Rea“wound care fundamental on connect me

Allied health (Depending on availablity)

Contact these people to organise OT, Physio. Social worker
EX6341 Wellington, Porirua, Kapiti (Anne Gregory)

House keeping

- We are willing to assist you, dont hesitate to ask.
- Please have any (clinical goals achieved), pages signed by the District nurse with you at the time (much easier then at the end of the placement when trying to catch up with a nurse who may not be on duty).
- Ask questions as you travel out with nurse.
- We will be attending educational sessions and team case study presentations and associated professional discussion. You are very welcome to join us and will be given a certificate for your portfolio for that time.
- If you carry a cellphone please leave it on vibration when visiting patients
- When we stop for lunch you are welcome to join us. It is advisable to bring a water bottle with you as we are often a long time on the road.
- Any feedback (postive /negative /constructive) about your time with us, the planning, suggestions for future student placements is welcomed.

*Note here that we use an holistic approach to our assessment and car