

CONNECTIONS

Tūhononga

A quarterly magazine for Nelson Marlborough Health staff

March 2020



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- END OF AN ERA FOR THE OLD NURSES' HOME

CE UPDATE



I'd like to start this column with a huge thank you to those who worked through the holidays. Our teams provided and supported great healthcare over the always-busy Christmas and New Year period. Thanks again.

Summer brings a huge influx of visitors to the region, and our own residents brush the dust off mountain

Almost 1-in-4 people presenting to the emergency departments at both hospitals were visitors to the region.

bikes, motorbikes and tramping boots. Visitors and locals alike flock to festivals, parties and family celebrations.

With adventure and indulgence comes accidents and illness, compounding the usual pressure on our health systems.

Almost 1-in-4 people presenting to the emergency departments at both hospitals were visitors to the region. General medicine, orthopaedics, general surgery and cardiology teams were kept very busy.

The Bay Dreams festival brought 17,500 people to Nelson. The event was well supported from a health perspective – the on-site medical teams helped more than 500 people and there were 52 presentations to ED.

Looking past summer to the rest of 2020 – there are two key things of crucial focus this year.

One is our Models of Care Programme, including the various hospital models of care workstreams.

This work is important if we are to have a health system that is fit for the future.

The second focus is completing our indicative business case (IBC) for the redevelopment of Nelson Hospital. We are working hard to submit this, by May, to the Ministry of Health and the Treasury. If we can get the IBC approved then we can move into a detailed planning phase.

These foci in no way detract from the ever-present challenge to deliver quality healthcare, for which demand increases each year. In Nelson, we do this in constrained and aging facilities. These things certainly keep me and the leadership team awake at night.

Thank you again for the contribution you make to supporting Nelson Marlborough Health. What you do every day makes a difference for our community.

Peter Bramley
Chief Executive,
Nelson Marlborough Health

BOARD TALK

In last year's local body elections, five current board members were re-elected and two new members were elected. A further four members were appointed by the Minister of Health.

We welcomed our new members – Jacinta Newport, Paul Matheson, Olivia Hall and Jill Kersey – with a pōwhiri, induction and first board meeting in January. This is the start of their three-year term during which, alongside their colleagues on the board, they will play a crucial role in supporting the health of our community.

The start of the year is a good time to reflect on the previous term

and our goals for the future. I am very confident we have a great team in place to support our vision: All people live well, get well, stay well. Kaiao te tini, ka ora te mano, ka noho ora te nuinga.

I sincerely thank staff who worked over the holiday period and I hope you have had a chance, or will get one soon, to take a break. I know how busy the hospitals have been.

As I write this in February, I'm also aware of the threat of a coronavirus outbreak. I'd like to acknowledge everyone involved in the emergency preparations for an outbreak at all levels across our system – governance, community, hospital,

public health and primary care. We are fortunate to have the expertise of our Public Health Service and emergency planners to call upon.

I hope 2020 has started well for you and your whānau and you will have time to enjoy all the wonderful things our region offers – sun, sea, rivers and recreation.

Jenny Black,
Chair, Nelson
Marlborough
District Health Board



ON YER BIKE DEREK!

Introducing Derek, e-bike enthusiast and healthy commuter.

In suit, tie and helmet, Derek Sherwood commutes to work most days on his e-bike.

The Nelson-based ophthalmologist enjoys hassle-free cycle parking and a quicker commute than if he drove during rush hour.

And with the e-bike taking the sweat out of his journey, he can cycle in his work clothes and walk straight into clinics or meetings.

Derek researched e-bikes and test-rode a variety of models before choosing a Magnum rear wheel-engine mountain bike. It's working out well for him and he's not had mechanical issues in more than two years of riding.



I wasn't allowed to speak because of my op so didn't get to thank them (ward 9) properly - you did an amazing job.
(Via Facebook)

I had a heart attack at home while an ambulance was there...travelled to Wairau Hospital....sent on to Nelson for cardiology assessment and angiogram...I was well looked after by all staff. (Cardiology, Nelson Hospital)

Everyone, however busy they were, gave time and advice and were both human and super-efficient. (Ophthalmology).

...they always had a cheerful attitude, and made sure he had anything he needed. We couldn't have asked for better care.
(Ward 9, Nelson Hospital)

Good on you 😊

Do you have feedback, a story idea or photos to share?

Get in touch.

Connections is your quarterly staff magazine produced by the communications team.

You can contribute articles or contact us with any feedback or story ideas on:

comms@nmdhb.govt.nz

If you are on Facebook, please 'like' and 'follow' Nelson Marlborough Health. By engaging with and sharing our posts you help raise awareness about health messages and the good work you do.

Search

[@nelsonmarlboroughhealth](https://www.facebook.com/nelsonmarlboroughhealth) on Facebook.



PRIVACY PRINCIPLES IN PRACTICE

Imagine the mountain of personal information you've provided, or that has been recorded on your health record, in your life to date.

How that sensitive information is collected, used, disclosed, stored and shared is controlled by the Privacy Act 1993 (the Act) and the Health Information Privacy Code 1994 (HIPC).

The Act ensures your information will be kept private, and that you have the right to view or request a copy. The HIPC is an added layer of protection for sensitive health information.



BUT HOW DOES IT WORK IN REAL LIFE?

Peter Twamley, NMH Clinical Governance Support Manager & Privacy Officer, says that NMH, like all agencies, has the authority to refuse access to health records requested under the Act.

This would occur in situations, for example, where complying with a request would endanger someone or breach someone else's privacy.

"All requests must be weighed up against the organisation's responsibility to protect all personal health information entrusted to it relating to an identifiable individual," Peter says.

"It comes back to one of our NMH values – integrity. Maintaining privacy is one of the ways we demonstrate our integrity."

The privacy team do not see themselves as 'big brother' but Peter says they provide assurance that the organisation is living its values and protecting the privacy of our community.

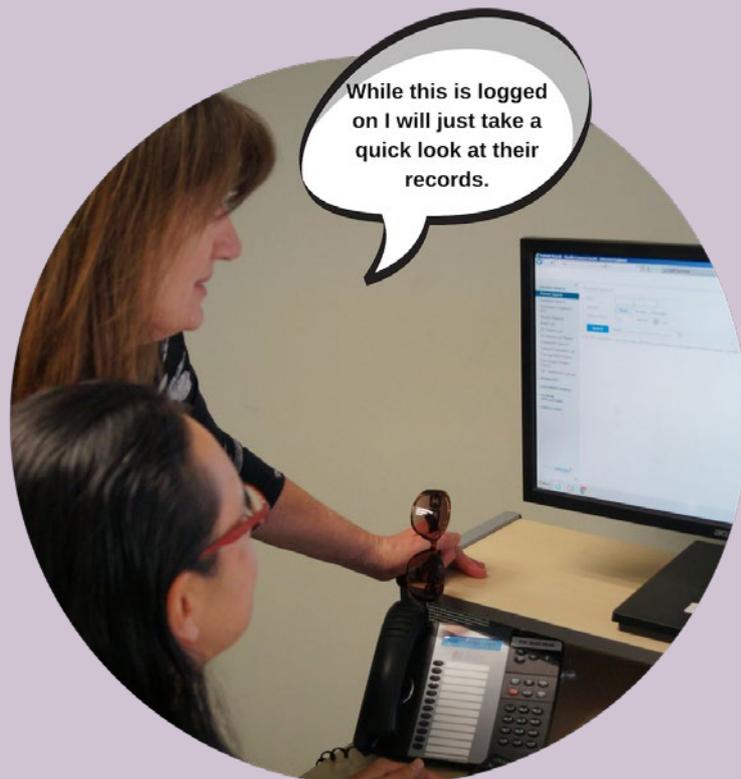
He tries to take a pragmatic approach to releasing information.

"Our patients need to know that we take privacy very seriously. So while fundamentally we have a responsibility to release information, I also have a responsibility to the organisation for the decisions we make."

He says privacy can be seen through different lenses, with differing perspectives and views, so his team will take a collaborative approach if they have a difficult judgement to make on something.

"Sometimes it's not a right or wrong decision, but someone just has to make a decision. If I am right, that's great. If I am wrong people have the right of appeal to the Office of the Privacy Commissioner," Peter says.

"We are always doing it with the best intentions – acting in good faith and releasing information where we can."



TAKING IT TO THE TOP: THE ROLE OF THE PRIVACY COMMISSIONER

About once a year a complaint is made about NMH to the Office of the Privacy Commissioner.

Peter Twamley says the type of complaint tends to be where a person believes they have a right to information, but he doesn't believe they do.

"The Privacy Commissioner is the arbiter of whether I have applied the Privacy Code appropriately," Peter says.

"For instance, someone might want to access their daughter's records, if she is under 16, but it might not be in the daughter's best interest. We have to be able to justify the decision we make."

Peter does this by arguing NMH's decision with the Privacy Commissioner and providing sufficient evidence to justify the decision.

"We also acknowledge where we might be wrong but we need to advocate for and protect our staff as well."

He says the Privacy Commissioner makes a judgment once both sides have presented their views.

"We want to do the right thing by everyone so it can be a very lengthy process and a lot of work goes on behind the scenes. A debate around a recent case took over a year to resolve."

ACCESS, REDACT, RELEASE

The majority of requests (80%) come from the Accident Compensation Corporation (ACC), most typically for a patient's hospital discharge summary.

The NMH privacy team also handle requests from the police (as part of investigations), insurance companies (investigating claims), lawyers (eg where the activation of an Enduring Power of Attorney is in dispute), GPs and other DHBs (seeking information about their patient) and individuals' personal requests.

Myrene Williams is one of the five clerical staff, guardians of patient records, who process these requests.

Myrene starts the process by recording the request and checking that it has been made to the right agency.

Each requested record is then downloaded or, in the case of paper records, retrieved. Myrene then reviews every piece of information, redacting as she goes.

"If it is an ACC request we only release information that is directly related to the event leading to the claim. We redact all other information," Myrene says.

Redaction is done using a digital tool that removes or obscures the text.

Myrene describes redaction as a skill that is developed over time.

"You develop a pretty good sense of what should be released and what shouldn't."

Myrene's rule of thumb is to ask: 'Would I like someone to know this about me?'

On a good day the team can process around 15 requests day, but some requests can take several hours.

"Some records have 300 pages, so you become a fast reader. You get good at picking up personal information

PATIENT RECORD REQUESTS

- More than 350 requests for patient information are received each month.
- Requests come from ACC, police, coroners, private institutions, psychologists, genealogists and patients.
- Each record is accessed, reviewed, and any information that could breach a person's privacy is redacted (removed or hidden).
- Handling patient record requests is only part of the privacy team's responsibilities.

that doesn't need to be disclosed, such as phone numbers, social work comments, or information about other family members."

Team leader Pam Graham says although privacy issues can be challenging her team do a fantastic job.

"They meet every few months to go over the Privacy Act, talk about the law and what it means, share ideas and problem-solve," Pam says.

This collaborative style and commitment to learning is helping the team navigate increasing volume and complexity of requests.



SHARED CARE HEALTH RECORDS: WHO HAS THE KEY?

Only people directly associated with someone's healthcare should access that person's health information securely stored in HealthOne, SI PICS and similar systems.

Access is usually available to a patient's doctor, specialist or nurse, and other health-related agencies such as ACC or the Ministry of Health may also be granted access.

Each week NMH auditor Kira Byrne checks who has been accessing patients' information.

Kira can see the name of the person who looked up the record, their designation, the number of National Health Index (NHI) numbers they looked up that week and their explanation for accessing a record.

"If the comment section says 'I am directly involved in this patients' care', that's fine. But if it is blank or someone has tried to bypass the comment section by putting in some invalid text that raises a flag for me to follow up."

Kira asks anyone who has not completed the comments section to explain why they accessed a particular record.

"Usually they have some sort of prior involvement with the patient and might just be looking up their vaccination history or something like that but they have failed to complete the comments section."



The majority of requests (80%) come from the Accident Compensation Corporation (ACC), most typically for a patient's hospital discharge summary.

WHEN PRIVACY IS BREACHED

June Johnson, NMH Deputy Privacy Officer, says that privacy breaches happen for many reasons, and with varying degrees of significance.

All breaches are taken seriously and are responded to quickly to lessen any potential harm. June gives some examples of privacy breaches at NMH:

"There's been printed patient notes found in a stairwell by a member of the public. And computer screens displaying patient information being left on in public view. Or staff members have let slip a patient's name in conversation," June says.

The Office of the Privacy Commissioner identifies four steps for dealing with a breach:

- 1. Contain the breach and make a first assessment**
- 2. Evaluate the risks**
- 3. Notify any affected people as required if necessary**
- 4. Put steps in place to prevent a repeat breach**

"We aim to be open and transparent when we talk to people affected by a privacy breach, and let them know how we are handling it," June says.

"We assess the potential harm, such as risk of identity theft, humiliation or damage to a person's reputation, and consider any legal obligations.

"We are always looking at ways to prevent breaches, whether it is system failure or an isolated incident, our policies and procedures, our physical and technical security, and at privacy training practices," June says.



SIGNIFICANT APPOINTMENT FOR NMH SPECIALIST

Congratulations to Dr Bruce King for his appointment to the Pharmacology and Therapeutics Advisory Committee (PTAC).

This committee provides objective clinical advice to Pharmac about the use of medicines for New Zealanders.

PTAC comprises senior health practitioners, from a range of specialties, who consider clinical evidence for funding applications before making recommendations to Pharmac.

CE Peter Bramley says this is a significant appointment for Dr King as decisions made by the committee make a real difference to the health of New Zealanders by making more medicines and medical devices available for more people.

"This appointment recognises his experience and skills as a specialist in general medicine and I am confident he will make an excellent contribution to the committee," Peter says.

"Patients are at the centre of everything PTAC talks about, and the clinicians are able to bring a patient viewpoint, combined with evidence-based experience, into their considerations before making recommendations to Pharmac."



Bruce says that he is pleased to have been offered the role, as it's been a goal of his since his 2016 and presents him new challenges.

Bruce resigned from his role as NMH Clinical Director of Medicine in order to take up the position with PTAC.



DONATION BRINGS COMFORT TO PARTNERS IN THE MATERNITY DELIVERY SUITE

Women and their birth partners will have a more comfortable time in the maternity delivery suite thanks to the donation of a recliner chair by the Rotary Club of Nelson.

Retired obstetrician and past Rotary president Dr Kevin Hill arranged the presentation of the chair in memory of Dr Brian Neill. Dr Neill was Nelson's first specialist obstetrician and worked at Nelson hospital from 1962 until 1994.

Dr Hill said Brian was a lovely man who for many years did a 'one-in-two' roster, which meant being on-call every second night and every second weekend.

Lexie O'Shea, NMH General Manager Clinical Services, thanked Rotary members for their kind donation. She says that while the maternity unit is well-resourced with essential items, the budget didn't always stretch to 'nice to have' items like the reclining chair.

From left, The Very Reverend Charles Tyrrell (President, Rotary Club of Nelson), Pamela Kiesanowski (NMH Director Nursing & Midwifery), Sylvia Keller (NMH Charge Midwife Manager), Dr Kevin Hill, Jenny Dickie (Rotary) and Lexie O'Shea (NMH General Manager Clinical Services).

CHOOSING WISELY GATHERS MOMENTUM

Nelson Marlborough Health (NMH) supports the global 'Choosing Wisely' movement by promoting a culture where low-value, no-value and inappropriate medical tests, treatments and procedures are discouraged or avoided.

Choosing Wisely steering group chair and ophthalmologist Derek Sherwood says NMH committed to the movement in 2018, six years after it began in the United States. 18 of 20 NZ district health boards now have Choosing Wisely projects underway.

Derek describes the Choosing Wisely principles as health professional-led, patient-focussed and evidence-based.

"We want to ensure patients and health professionals have well-informed conversations around their treatment

options, which leads to better decisions and outcomes," he says.

"So we need to look at how we interact with the community and how we can encourage patients to ask questions."

Derek says both patients and medical professionals need to be more aware of the risks of medical tests and other procedures.

"Explaining about testing is difficult. People are generally unaware about the risks of false positives and false negatives, which require further testing, and the doctors fear complaints about 'not doing enough'."

Derek says the steering group can advise how to apply Choosing Wisely principles. The group is also keen to hear about projects that reduce testing and treatment.

Contact the Choosing Wisely steering group at:

choosingwisely@nmdhb.govt.nz

Members of the NMH Choosing Wisely steering group are: Derek Sherwood (chair), Bruce King, Elizabeth Wood, Juliet Elvy, Peter Twamley, Neil Whittaker, Keith Marshall, Roz Gellatly and a (rotating) member of the NMH Consumer Council.

Derek Sherwood is the keynote speaker at this year's Health Innovation Awards event in Blenheim on 2 April. Choosing Wisely supports continuous quality improvement in the delivery of services and care to patients and whānau.

Esme Palliser (Consumer Council representative), Elizabeth Wood, Neil Whittaker, Peter Burton (Public Health Services Manager) and Derek Sherwood.



THE SUPER-SPRINGTIME SOIREE



From left, event organisers Susan Xian, Merryn Ng-wai Shing, Maria Briggs, Max Blackwell, Gauri Prasad, Peter Burrell, Sarah Blackmore, Ros Pochin, Lucy Barron and Joana Simpson

Congratulations to Lucy Barron and her fantastic team who organised a stellar social event and fundraiser in November last year.

The Nelson Hospital 'Springtime Soiree' raised \$7,129 for Alzheimers Nelson Tasman through ticket sales, a silent auction, raffles and games.

170 people attended the soiree at Pic's Peanut Butter World. Lucy would like to thank the sponsors and all attendees – especially the radiology department who brought their A-game to the party; team leader Jess Ettema won the nerve-wracking 'buzzwire' competition, and the department placed first, second and third in the quiz.

"Also a special mention to Chrissy, the wife of one of our medical registrars who was a close runner up in the buzzwire challenge," Lucy says.

Many thanks to John-Paul Pochin for the photographs.



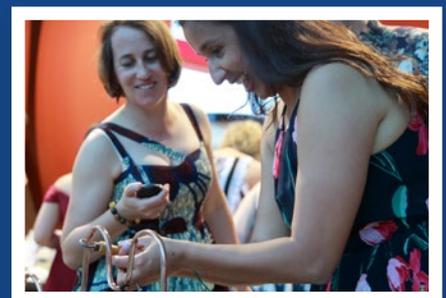
The soiree at Pic's Peanut Butter World.



Ros Pochin MC'd the event.



Heather Lackner and Carole Kerr representing chosen charity Alzheimers Nelson Tasman.



Pratistha Dhakal and Rose Maclaurin take on the buzzwire challenge.

MAKING A TRIP TO ED A MORE POSITIVE EXPERIENCE

A rather bland, clinical space in Nelson Hospital's emergency department (ED) is now a lot brighter thanks to new, colourful artwork by children from Auckland Point School.

Registered nurse Anne Geange invited children to paint pictures on large sheets of plywood. The children gave it their creative best, painting Christmas and summer activities on one side, and winter scenes on the other, meaning that the panels can be switched around to match the season.

Anne hopes the paintings make a child's visit to ED a more positive experience, with their familiar iconography – waka ama, sheep, paddle boarding, helicopters and Mako players. The paintings are a useful distraction for children during procedures in the paediatric room;



they are asked to 'find the sheep', scooter, or dog.

Auckland Point School art teacher Cheryl Betman (also known as Whaea Betti) admired Anne's enthusiasm for the children's art and describes the project as rewarding.

Thanks to Mitre 10 and Resene who donated the plywood and paint respectively.



NEW MRI SCANNER IMPROVES PATIENT COMFORT AND WAIT TIMES

It's quieter, less claustrophobic and it's all ours. The magnetic resonance imaging (MRI) scanning suite at Nelson Hospital was upgraded last year, and NMH no longer has to share a scanner with Pacific Radiology.

This means that more patients can be scanned in Nelson, using a technologically-advanced machine that has a wider bore (the space a patient lies in).

Jess Ettema, NMH Radiology Operations Manager, says the new Siemens 1.5T Sola MRI system is a big investment and a step forward for the radiology team.

"It also means that breast imaging patients no longer have to travel to Blenheim to be scanned at Wairau Hospital, and we have been able to significantly reduce the time patients are waiting, which is really great news for the region," Jess says.

The new scanner also has better lighting and patients can listen to music during their scan.

"A patient can be in the scanner for anywhere between 20 and 90 minutes, so these improved comforts will make a difference."

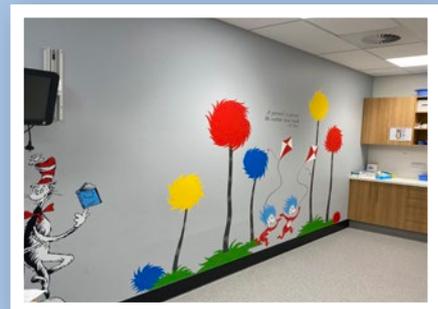
Jess says the radiologists are enjoying the superior images created by the scanner.

The new system presented a challenging but rewarding learning curve for the technologists. Lead MRI technologist Phil Taylor says staff completed intensive MRI cardiac and breast imaging apps training and that ongoing training is increasing the capabilities of the service.

Installation of the new scanner began in July 2019 with building work completed in mid-November.



The radiology team with the new scanner and the new improved patient waiting area.



DOGGED DEVOTION BRINGS JOY TO THE WARD

Wearing her specially-made nurse's uniform, Storm radiates fun and friendliness as she walks around Ward 9 at Nelson Hospital.

Storm is a four year-old labradoodle owned by registered nurse Desiree Johns. Her role as a 'therapy dog' is to bring joy to our patients.

Desiree picked Storm from a litter as a birthday present for her husband. However, the puppy couldn't live with them initially in their rental accommodation so Storm lived with Desiree's mother-in-law. It was with her that Storm began doing therapy work visiting a day service for people with special needs.

When Storm was able to live with Desiree, she continued her therapy work, with monthly visits to Ward 9.

"She's placid, intuitive and a real people person," says Desiree. "She just gently goes up to patients that want to see her."

Therapy dog Storm with the team from Ward 9.

Inset: Desiree Johns introduces Storm to Ruth Chignell, a patient on Ward 9.



CELEBRATING 50 YEARS IN NURSING

Registered nurse and NMH Resuscitation Educator Michele Udy celebrated 50 years in nursing with an impromptu morning tea party with her colleagues (Michele is fourth from the left).

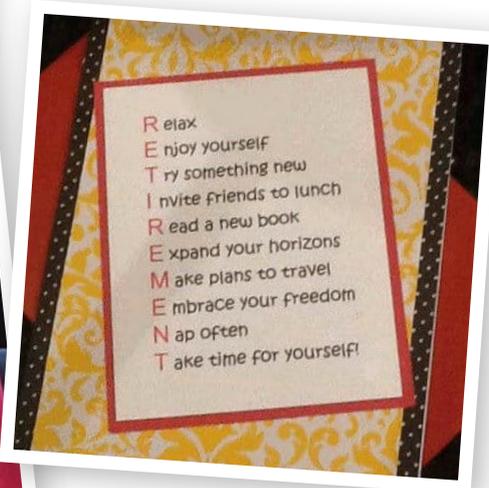
Michele's nursing career started in 1970 at Invercargill Hospital, moving to Wairau Hospital in 1985. Wairau Hospital Operations Manager Joyce Forsyth says Michele specialises in cardiac and high-dependency nursing and is well respected by her colleagues for her knowledge.

"As well as her official resuscitation training role Michele encourages and coaches colleagues with knowledge and skills in cardiac care, particularly ECG recognition," Joyce says.



WELCOME TO OUR NEW NURSES

We welcomed 40 NEtP (nurse entry to practice) and NEsP (nurse entry to specialist mental health practice) nurses to NMH in January. They are working in the Wahi Oranga mental health inpatient unit, in GP practices, in Golden Bay and Murchison, in Nelson and Wairau hospitals, in Te Piki Oranga, in hospices and at Nelson's Medical & Injury Centre. Say hello and welcome when you meet them.



A FOND FAREWELL FOR OUR MIDWIFERY EXPERT

"Today Lois, you close the door to the past, and open the door to the future. Take a deep breath, step through and start a new chapter in your life – welcome to retirement!"

Those are Associate Director of Midwifery Debbie Fisher's warm words to Lois McTaggart at a farewell function for Lois in January. Debbie spoke of Lois' enduring passion for women's health rights, normal birth and life-long learning. Also about Lois' belief that 'if mum is ok, bubby will be ok, and dad too'.

"Your career is nothing short of inspirational and your work ethic – motivational," Debbie said at the farewell function.

"Attending births is like growing roses. You have to marvel at the ones that just open up and bloom at the first kiss of the sun but you wouldn't dream of pulling open

the petals of the tightly closed buds and forcing them to blossom to your timeline."

Lois shared her gratitude with her colleagues: "It has been a career of fulfilment and satisfaction, a vocation rather than work. I couldn't have asked, nor wished, for more."

A little about a legendary career

After training as a registered general obstetric nurse in 1969 Lois worked at Ashburton, Timaru and Wairau hospitals. In 1979 she was accepted into her midwifery training at Simpson Memorial Pavilion Maternity Hospital in Edinburgh, Scotland.

Lois worked in Scotland and London, before returning to New Zealand to work in the Holmdale Homestead and Nelson Hospital maternity units.

Lois met her future husband and they moved to his home country of Canada where she worked as a midwife, teacher aid and journalist.

In 1993 she returned to New Zealand where she gained a BA and a MA (Hons) from Massey University, eventually making her way back to the Nelson region to be a lead maternity carer in Motueka.

From here Lois was appointed as a clinical co-ordinator and, in 2003, a charge midwife manager at Nelson Hospital. In 2016 Lois took the lead on NMH's Maternity Quality and Safety Programme.

THE POWER OF TECHNOLOGY; REMOTE MONITORING DEVICES

Healthcare professionals are increasingly looking at the potential of technology, big data, the internet and artificial intelligence to provide more preventative, proactive and efficient models of care.

The future is exciting and Dr Steve Low is particularly interested in the potential of remote monitoring technology. Examples of this include wearable devices that continually monitor someone's glucose levels, that deliver drugs subcutaneously and that monitor and report someone's vital signs.

The Nelson Hospital anaesthetist says that, in an age where connectivity and devices are the norm, the health sector has an opportunity to look at how remote technologies can be incorporated into patient care, wherever the patient is.

"Focusing on care closer to home and incorporating monitoring technology into people's everyday lives can have a significant impact on how chronic health conditions are proactively managed, leading to reduced hospital admissions," Dr Low explains.

"Devices that are capable of sending and receiving data in real time provide patients with the ability to manage their health at home with confidence knowing that their care team is monitoring this data."

The use of remote monitoring devices is commonplace in the UK and US. Dr Low saw some of these devices at the Medtech conference in Boston last year, and can see the potential for them in our region.

"We have an aging population, with an associated increase in chronic health issues, and people live in a geographically-diverse and relatively large area.

"Imagine a patient with a chronic heart condition living in Golden Bay who is regularly admitted to Nelson Hospital with complications of heart failure. If they could use an app or device to track their symptoms and vital signs, and transmit the data in real time to their general practice to be monitored and managed via GP care or electronic prescriptions, their condition could be stabilised and their quality of life improved," Dr Low says.



"There are hundreds of monitoring and therapeutic devices and apps being developed and as clinicians we have a great opportunity to find out more about them and how they could improve patient care."

Dr Low is part of a new working group at NMH making this happen. The group will explore remote technology options, assess what is already in place and help identify and recommend new solutions.

For anyone interested in this kind of technology, or in joining the working group, contact modelsofcare@nmdhb.govt.nz



The Clinical Governance Team warmly invite all staff to attend the Health Innovation Awards at Blenheim's ASB Theatre, on Thursday 2 April 2020.

Doors open at 2.30pm so that you view entrants' posters and place your vote for the People's Choice award. The awards ceremony, including refreshments, is between 5.30 and 7pm. Bus or transit vans are available as a convenient and sustainable transport option.

See the NMH website for more information:
www.nmdhb.govt.nz/health-awards

Healthy Commute Challenge

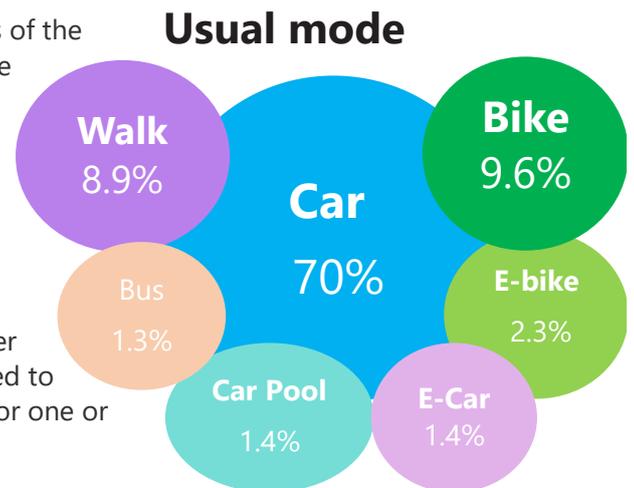
1- 29 March 2020

You are not stuck in traffic. You are traffic. Break free.

Our individual work habits have a big impact. As members of the community, we each have a role to play in helping to make our region a better place to move around.

70% of NMH staff get to work by driving a vehicle, usually as the only occupant. 25% of these drivers live less than 5kms from work so walking or cycling might be an easy option. Staff living further away could consider combining driving and walking or biking.

Although we have a good number of people who use other modes, the NMH survey (Aug 19) suggests more of us need to think about how we can improve on this, even if it is just for one or two days per week:



We want to encourage as many staff as possible to think about walking or cycling

There are lots of benefits:

- **It's better for our environment:** transport is a significant cause of greenhouse gas emissions, *NMH car commuters currently drive 8,000,000km a year! (That's 200x around the equator!)*
- **It's better for our region:** every time one person breaks their single-occupancy car habit, it reduces the pressure on traffic and NMH parking facilities.
- **It's better for our health:** Getting exercise by commuting by biking or walking can decrease the risk of cancer and heart disease, and improve our mental wellbeing.

Let's get motivated to take a different way to work

The Healthy Commute Challenge is a 4 week challenge to help you leave the car at home when you come to work. Between **1 – 29 March**, log your walking and cycling trips on our link on the Healthy Commute page to be in to win some **great spot prizes**.

<http://nmhintranet/staffhub/healthycommute/>





NMH staff join with past and present trainee interns to celebrate Nelson Hospital's 10th anniversary as a teaching hospital. From left front row: GM Clinical Services Lexie O' Shea and Don Wilson, with current TIs Ella Barclay, Tea Elliot and Juliet Bergin surrounded by former TIs, teaching, management and support staff.

10 YEARS OF TOP NOTCH TEACHING

It's been 10 years since medical students started coming to Nelson Hospital to complete their sixth and final year of study with the University of Otago's School of Medicine.

Professor Don Wilson, Regional Associate Dean with the School of Medicine, says around 12 TIs come to Nelson Hospital each year. They work in medicine, surgery, paediatrics, psychological medicine, obstetrics and gynaecology, general practice and critical care (including anaesthesia and emergency medicine).

"TIs are supervised as undergraduates, a bit like

apprentices, but who are very much part of the medical team," Professor Wilson says.

"They see patients on their own, take histories and work out medical plans, in consultation with the medical team."

He says the majority of the teaching staff are NMH employees who have honorary appointments as university clinical lecturers.

"They teach with great enthusiasm and commitment and the hospital benefits when the students go on to become excellent doctors and perhaps stay in the region."

After their TI year the students graduate as house surgeons or PGY1s (post graduate year one) and progress to PGY2s and then go on to a registrars training programme for about six years.

It takes around ten years after their TI year to become a specialist or general practitioner.

It's a simple but critical message: When the chopper is coming in to land, or the gates are closed and the lights are flashing, keep away from the helipad.

Emergency Manager Pete Kara says there have been a number of incursions on the helipad that could have had serious consequences.

"The closed gates were opened, despite all of the warning signs, and cars have driven through," Pete says.

This puts a driver at risk, but also the patients. If the helipad area is not clear then the chopper can't land, and critical care may be delayed.

Pete reminds everyone to treat a helipad like an ambulance bay and to obey instructions from the orderlies who control the area. Entry to a closed-off helipad can only be

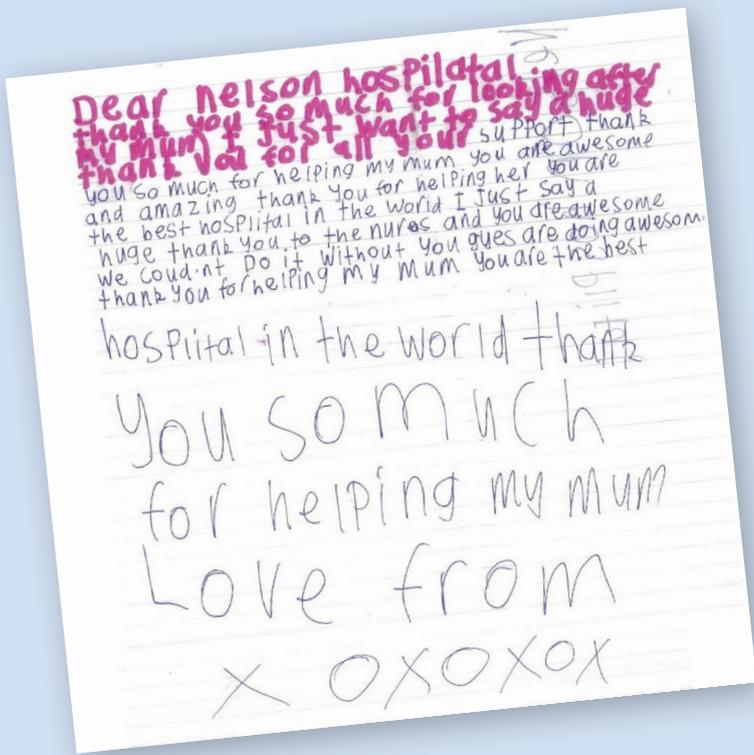


authorised by an orderly, designated safety officer or the air crew.

"Keep away if the lights are flashing – it's not like an airport where you can wander out to the chopper. A helicopter is typically only on the pad

for seven or eight minutes – it's not a long time to wait."

There are round 400 helicopter missions and 40 Life Flights each year, to Murchison, Nelson and Wairau hospitals.



Our staff receive some awesome thank you notes but this one given to Nelson's ICU staff is particularly gorgeous.



THANK YOU ROSEMARY FOR YOUR 15 YEARS OF KNITTING

Rosemary Clark, together with her friend Barbara Wordsworth from Hastings, has been knitting blankets for the babies in the special care baby unit (SCBU) for over 15 years. What a legend!

She is photographed here receiving an appreciative hug from SCBU registered nurse Helen O'Kane.

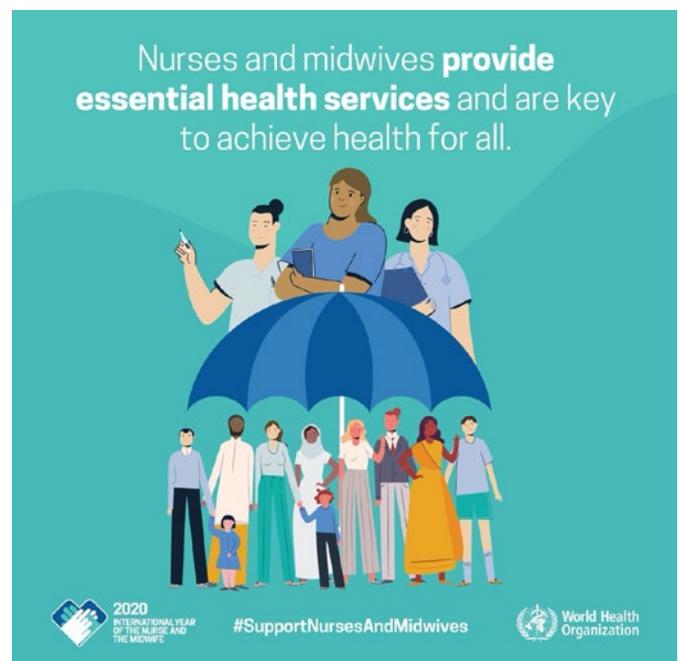


2020
INTERNATIONAL YEAR
OF THE NURSE AND
THE MIDWIFE

THE WORLD HEALTH ASSEMBLY HAS DESIGNATED 2020 THE INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

Nurses and midwives play a vital role in providing health services. These are the people who devote their lives to caring and meeting everyday essential health needs. They are often the first and only point of care in their communities.

Pamela Kiesanowski, Director Nursing & Midwifery says the International Year of the Nurse and the Midwife is an opportunity to shine a light on, and celebrate, the Nelson Marlborough nursing and midwifery workforce and the



difference they make.

"During the year we will showcase the achievements of some of our senior staff and identify and support our emerging leaders. We want to show the depth of talent we have in our district and demonstrate where a career pathway in nursing and midwifery can take you," she says.

Look out for events, activities, profiles and more as we celebrate and promote International Year of the Nurse and the Midwife throughout 2020.

WHAT YOU DO MAKES A DIFFERENCE EVERY DAY

Thank you to the Christensen family of Christchurch for sharing their Nelson Hospital experience in a thoughtful letter sent to CE Peter Bramley.

While staying with his son in rural Nelson in January, Kevin Christensen experienced terrible chest discomfort which he thought was indigestion. When his condition deteriorated his wife Anne called 111. What happened next Anne describes as "simply amazing".

An ambulance was dispatched and Kevin was prepared for a flight to Nelson Hospital. But 12 minutes after departure he experienced a heart attack and went on to have two stents inserted.

After two nights in hospital Kevin was back at his son's farm before heading home to Christchurch.

Anne writes:



Ambulance staff prepare Kevin Christensen for his helicopter flight to Nelson Hospital.

To all of the emergency services who played a valuable part in saving the life of Kevin Christensen:

Emergency III, Motueka ambulance, Nelson Rescue Helicopter, Nelson Hospital Emergency Department, Nelson Hospital Cardiac Unit, Dr Liam Hughes – 'the plumber cardiologist', Dr Allan Plant – 'plumber's assistant', Jane Besley Charge Nurse, Cath Lab team, ICU and Medical Ward staff.

My husband, Kevin Christensen is alive today due to the combined efforts of the abovementioned list of people and related services of the Nelson district.

Our family are indebted to the combination of the actions that took place that morning.

Some changes and adapting to the heart medication are occurring for Kevin on a daily basis, but our man is back out pottering in his garden, picking fresh vegetables for family and friends. He even mowed the lawns yesterday!

We are so glad we were in the Nelson area and Nelson Hospital in particular, for without that amazing team and Cath Lab services, we would be in a very different and sad situation.

Parking is excellent too (compared to poor old Christchurch Hospital)!

Peter Bramley, you have the best hospital in New Zealand! Great staff and you need to keep this wonderful Nelson unit aware of how precious they are. The advantages of having these essential services so close does prove precious lives are saved.

Thank you everyone, you are angels, we are so blessed to have had this dramatic yet positive experience.

Yours sincerely,

Anne Christensen, Kevin Christensen and Christensen family



Proudly showing off their new uniforms are, from left, midwives Liz Winterbee, Glenda Baigent, Bronwyn King and Morag Whyte.

STAFF ARE ROCKING THEIR NEW UNIFORMS

There's been some great feedback on how smart and professional staff look in their new uniforms.

Did you know:

- The uniforms are specifically designed in New Zealand for healthcare professionals
- Antimicrobial agents have been incorporated in to the fabric. BioGarde™ fabrics kill or destroy any germs or odour-causing bacteria

which come into contact with it

- BioGarde™ fabric is a blended 65% polyester, 35% viscose fibre. It is non-toxic and safe for staff and the environment.
- BioGarde™ uniforms can also be safely washed with other items (except towels or bedding) at home at 30°C.
- If you use a gentle spin and hang the uniform on a coat hanger, or

flat, as soon as the machine has finished the cycle you are unlikely to need to iron it. If you do iron it, always iron on the inside on a cool setting.

- ID cards can be clipped onto the left-hand shoulder tab
- The pockets are large enough to hold tablet computers (eg for PatientTrack)

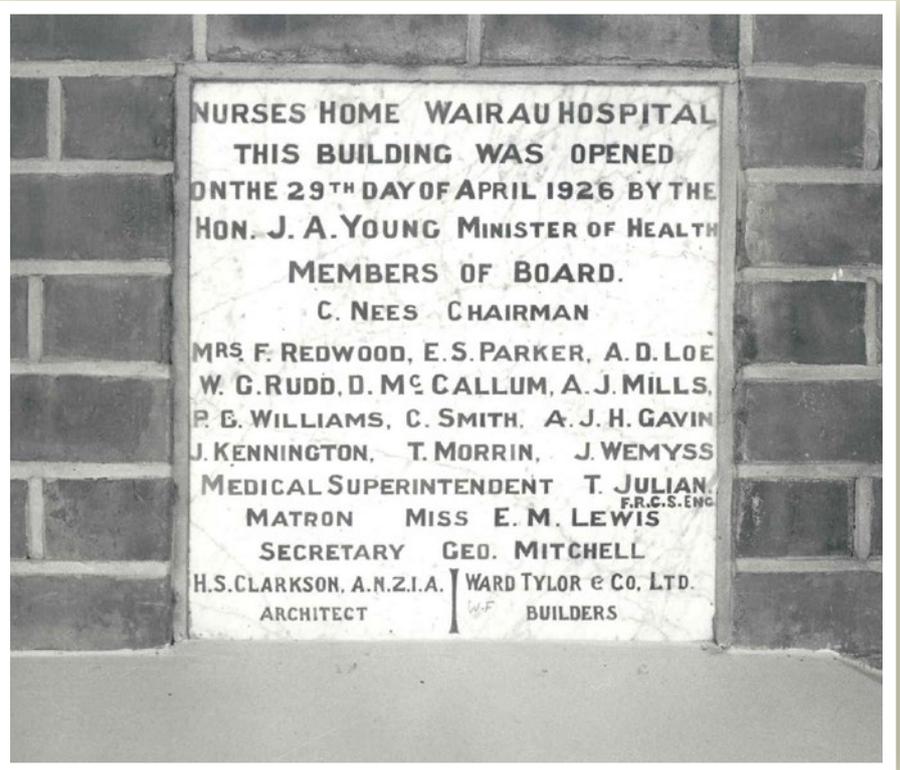
LOOKING BACK...

If the walls of the old nurses' home at Wairau Hospital could talk there's no doubt there'd be some great stories.

The building was home to hundreds of trainee nurses over six decades, but has been empty, derelict and deemed beyond practical repair for almost six years.

Demolition on the brick building began in December 2019 but not before the building, and those who loved it and lived in it, were acknowledged.

A small ceremony organised by charge nurse managers Brenda McAlpine and Sharon North was held to mark the occasion and to give ex-residents and former employees the chance to reminisce.



The building's foundation stone will be kept and installed with other historic foundation stones.



The official opening of the nurse's home on 29 April 1926.



Saying farewell to the old nurse's home.



The building in 2002.



The building in 2019.

Charge nurse managers Brenda McAlpine and Sharon North organised a ceremony to mark the decommissioning of the building.





Patient transfers by bed, wheelchair or trolley

63



Pieces of equipment relocated

51

A typical day in the life of orderlies at Nelson & Wairau Hospitals



Clean linen trolleys delivered

40



Bottles of milk delivered

10



Trips to the lab with specimens

59



Items of mail hand sorted

1236



Bunches of flowers carefully handled

3



Patient watches

2

30

Extra meals delivered to wards




Duress calls responded to

3

2

Wheelchair tyres pumped up



15

Shredding bins replaced



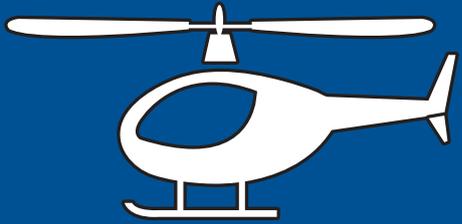
1

Deceased patient




Directions passed on to visitors & whānau

8




Sharps containers removed

15



Cups of tea or coffee consumed

29

20

Rabbits seen on security rounds



1

Helicopter landed and patients escorted

320

Sacks of soiled linen collected

