

CONNECTIONS

A quarterly magazine for Nelson Marlborough Health Staff

December 2017



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CE UPDATE

Kia ora all, I'll start this issue of *Connections* by endorsing Chair Jenny Black's message to staff on page 3. I couldn't agree more with Jenny's praise of healthcare staff in our region during a challenging winter that put a lot of pressure on our people and facilities across our health system. Thank you.

One of the things that helps people to get through challenging times is to draw strength by living out our values.

Our values are essential. If we are to deliver great care to our community, our values will permeate the way we work.

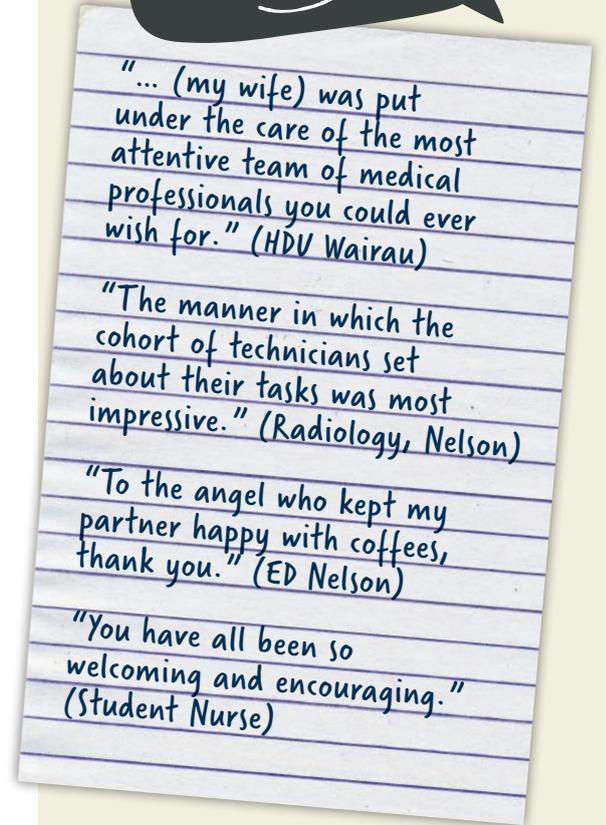
In my role I see wonderful examples of care delivered by dedicated and talented people. I observe that where **TEAMWORK** and **INNOVATION** flourish, **RESPECT** and **INTEGRITY** are present in the way people are working together.

I read recently in a report from the Nuffield Trust titled 'NHS Leadership in Hard Times' the following quote: "Ultimately it is leadership behaviour that will have a long-term impact on



organisations and systems".

Health is a challenging business. We need people who will rise to the challenge of leadership to ensure we deliver the best care in a resource-constrained environment. Our leaders, be they clinicians or managers, need all our encouragement. Leadership behaviours are crucial to the culture of our organisation and good leadership will always be underpinned by values.



TEAMWORK is vital – as the models of care will no doubt require services and professions to team up, and people to work collaboratively to find solutions to tough problems.

INTEGRITY means our staff will do the right thing in their day-to-day activities, and integrity is integral to quality healthcare. **RESPECT** is perhaps the value that makes the most difference to patient experience, teamwork and staff feeling safe and appreciated.

My desire is that Nelson Marlborough Health is considered a great place to work, and one that our staff are proud to work at. Our **VALUES** will be a key to realising this desire.

Let's support one another to give evidence to our values in our everyday interactions, and in the way that we work with one another and those we provide care to.

Peter Bramley
Chief Executive

TAKE TIME TO SAY THANKS

Acknowledge your workmates by sending them one of our new 'values' thank-you cards.

We have a limited number of card stands, but if you are interested in having one available in your workplace please email Alana.Bozoky@nmdhb.govt.nz





From Left: Shelley Shea (clinical nurse specialist, cancer care co-ordination), Christine Gabrielle (cancer survivor), Kate Gregory (oncologist) and Amanda Field (specialty clinical nurse: oncology) demonstrate the scalp cooling machine for reporters.

HAIR TO STAY: KEEPING COOL DURING CHEMOTHERAPY

Hair loss during chemotherapy can be devastating for breast cancer patients, but thanks to a six-month pilot at Nelson Hospital many women may keep their hair.

The pilot is being led by consultant medical oncologist Dr Kate Gregory, with the Breast Cancer Foundation NZ funding the purchase of a \$67,500 scalp cooling machine and the employment of a specialist nurse to operate it for six months.

“Hair loss is hugely distressing for patients and many describe it as the side effect they dread the most,” says Dr Gregory.

As the machine cools a patient’s scalp, the blood vessels constrict, limiting the amount of chemicals reaching the hair follicles. Scalp cooling has been offered internationally for many years, and recent studies have shown at least half of women using the scalp cooling machine retained their hair.

The Nelson Hospital pilot will determine how many women keep more than half their hair and don’t require a wig. It will also establish how much extra clinic time is needed for the process, and keep tabs on whether anyone chooses to stop using the machine, and if so, why.

Breast cancer patients undergoing chemotherapy taking part in the pilot will be the first in New Zealand’s public health system to benefit from a scalp cooling cap.

BOARD TALK

As we reach the end of another calendar year, it’s time to take a big breath.

It’s been a hectic winter, with more illness than last year and people needing more complex or longer care.

Our hospitals have been full to bursting, as have the GP and medical centre waiting rooms in our community. Well done to everyone who has provided care and support during the year.

I say take a big breath because just around the corner is the annual influx of visitors to our wonderful area. They come here to have fun, rest and take in all we have to offer. However, we know it also signals the start of our busiest time of year.

To anyone on duty, especially while others are on holiday, thank you in advance. I hope you have scheduled time to rest and have fun soon.

On behalf of all the Board members, thank you again and may you have a happy and restful summer with those closest to you.



Jenny Black
Chair,
Nelson Marlborough
District Health Board

INFORMATION ENABLES CRISIS CARE

Accessing patient information quickly is easy for staff located on campus but for anyone working out in the field it can be a little more time consuming.

The Nelson and Marlborough community assessment teams who provide a mental health crisis service visit people at any time of the day and anywhere – at home, in their workplace or a police station.

Before heading out to help someone, the on-call team member will look them up on Health Connect South (HCS) to review their history and see if they have had a recent assessment.

Nicola McKay, a registered nurse with the Nelson community assessment team, says having a laptop to access HCS has made a big difference to their response time.

“Previously if we had an after-hours call-out we had to come in to base to look up someone’s information, which created a delay in the time we took to get to them, or we had to go out without any information, which wasn’t good for staff or the person involved,” she says.

Nicola says being able to access health information through the laptop has also been useful when she has been out on a call and another one has come in.

“I have been able to hot-spot off my phone, look the person up and then head off to see them without coming back to the base, which ultimately means we can help resolve what’s going on for that person much quicker.”

As well as being able to access a person’s history, staff can also use HCS to see if someone has been seen by any other speciality service here or in any South Island DHB.



‘MAKE IT A MOCKTAIL FOR ME’

Perfect for entertaining, mocktails bring a non-alcoholic, refreshing taste to any gathering or event.

Consider serving mocktails in addition to fresh, chilled water. To help you do your bit to promote low-risk drinking this holiday season, Carol and Anne from the Public Health Service have put together a mocktail mixer guide. You can download the guide on nmdhb.govt.nz/mix-and-match

Here’s a recipe to get you started.

Lemon Lime Delight

- 1/2 cup lite lemon lime and bitters syrup
- 2 tablespoons lime juice
- 3 1/2 cups of soda water *

Mix all ingredients.

Add ice and garnish.

Tip: If limes are out of season try the re-sealable lime juice pouches available from your local supermarket.



HANDS-ON IN HAITI

Haiti may not have been his first choice as a volunteer destination but orthopaedic surgeon Dr Alex Rutherford couldn't think of a good reason not to go there.

In July he spent two months on placement in a Médecins Sans Frontières (Doctors Without Borders) hospital in Haiti's capital, Port-au-Prince.

Following the catastrophic earthquake in 2010, Médecins Sans Frontières (MSF) rebuilt the hospital in an industrial estate, using prefabricated containers. Alex says although it works quite well, it is looking a bit tired now.

"MSF do temporary interventions and then hand it back," he says. "Unfortunately the Haitian government has little money to spend on health, so the hospital is closing next year."

Alex says the country's lack of infrastructure creates big challenges.

"The roads are terrible – overcrowded with lots of motorcycles and no lighting, which leads to terrible injuries from

accidents," he says. "There is also no occupational health and safety and a culture of violence to contend with."

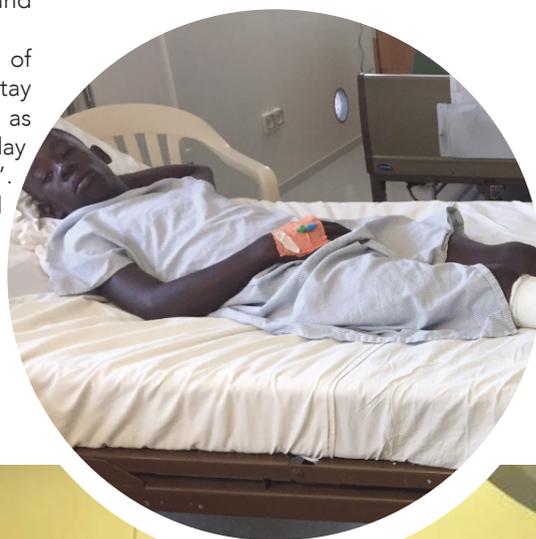
The most common procedures Alex performed involved amputations, gunshot wounds and other trauma-related injuries. He says the doctors were good at their job and the hospital attempted to maintain standards with limited equipment.

"We tried to introduce the core safety standards set out in the WHO safe surgery saves lives initiative. However, this was seen as unusual and not necessary."

Despite the high incidence of disease in the city Alex managed to stay well, although he describes the food as basic with "chicken and rice one day followed by rice and chicken the next".

Alex returned home with fond memories of the people and the other MSF volunteers, plus a painting done by his translator.

The most common procedures Alex performed involved amputations, gunshot wounds and other trauma-related injuries.



Nelson Orthopaedic Surgeon Doctor Alex Rutherford (Centre) operating in Haiti



PREPARING FOR THE BIG ONE

The Kaikoura earthquake on 14 November 2016 illustrated New Zealand's vulnerability to a major earthquake.



Since the quake a great deal of work and effort has gone into strengthening buildings, community education and various projects to help prepare for the next major natural disaster.

Are we ready to respond to a major natural disaster?

If, or when, a major natural disaster hits our region, what role does Nelson Marlborough Health (NMH) play in any emergency management response?

Firstly, it's important to note we are not alone – it's a team effort. Together with Civil Defence and our council partners, NMH is part of a CDEM or Civil Defence emergency management group. This group is responsible for co-ordinating planning for readiness, response and recovery across a range of agencies.

NMH is also part of the co-ordinating executive group for all emergency services. This means we attend regular readiness, response, welfare and recovery meetings.

Emergency response manager Pete Kara says the organisation is constantly looking at our state of preparedness.

"We look at how we fit with a wider response, our resources and supply chains and what assistance we will need to keep our hospitals running," he says. "We work closely with our CDEM partners – including training together."

Pete says our first role is to ensure our staff are safe and prepared at home.

"Their loyalty is to their families – if their families are safe then they will come to work," he says.

"Then we need to be prepared at work." He says NMH does this by ensuring buildings all have emergency grab bags and Civil Defence kits (in the orange cabinets), ensuring staff have regular co-ordinated incident management (CIMS) training and carrying out regular 'drop, cover, hold' and evacuation exercises.

"We look at how we fit with a wider response, our resources and supply chains and what assistance we will need to keep our hospitals running,"

THE KAIKOURA QUAKE: ONE YEAR ON

As we marked the first anniversary of the devastating 7.8-magnitude Kaikoura earthquake on 14 November 2016, the region still shakes from time to time and people are still dealing with the physical, social and economic effects of the quake.

Along with the broken buildings and ravaged landscape, the quake made residents feel unsafe and concerned for their futures.

The reconstruction work is helping the region get some normality back, and primary health services continue to offer psycho-social support to help build people's resilience.

The initial response and this ongoing work is thanks to a huge range of people and organisations; primary healthcare teams, Maori health providers, Civil Defence, iwi, local communities, government and community agencies.

WE'RE READY TO GET THROUGH - YOU?

An Alpine Fault earthquake will be felt by every South Islander and many North Islanders.

Experts say it will be the largest natural disaster in New Zealand's modern history.

Emergency management officials throughout the South Island are preparing for what to expect, how to co-ordinate a response and how to continue to operate as close to 'business as usual' as possible after an Alpine Fault rupture.

NMH emergency response manager Pete Kara says the potential for an Alpine Fault rupture is the reason NMH takes business continuity planning so seriously. He says our capability to implement continuity plans has increased over time with support from the New Zealand and the Australian Medical Assistance teams.

Part of our preparedness involves constantly reviewing our emergency management plans, testing generators every month and refreshing the 20,000 litres of diesel.

Pete says we are also doing work

on the George Manson and Percy Brunette blocks at Nelson Hospital to make sure they are safe.

NMH is one of the few DHBs in the country to own an air shelter. The 9 x 6 metre shelter can be connected to shelters owned by St John, Red Cross and the New Zealand Medical Assistance team, to use as an emergency 'field hospital'.

NMH has access to EMIS – the emergency management information system that stores our plans on servers so that they can be accessed from anywhere in the country, in case we can't get to our own servers.

There is also an extensive radio network established between Nelson and Marlborough, satellite phone coverage and VHF coverage to Murchison and Golden Bay.

YOUR CHANCE TO WIN



What's in your home emergency survival kit? Take a photo of the most interesting item in your emergency survival kit and send it to comms@nmdhb.govt.nz.

If Pete Kara thinks it's the most interesting item, he will give you an emergency grab bag of survival essentials.

Entries close 1 February 2018.

The famous Alpine Fault over-thrust at Gaunt Creek, north of Haast where the Pacific Plate slides over the top of the Australian Plate.



HOW PREPARED ARE YOU FOR A MAJOR DISASTER?

If you haven't got a plan at home – get one!

Plan to be able to look after yourself and your household for at least three days. Assemble emergency survival items for home and as a portable getaway kit in case you have to leave in a hurry. For a list of emergency survival items to put in your kits go to www.getthru.govt.nz

Of course you can add in plenty of extra items. Pete Kara says he heard of a Christchurch couple who added three bottles of wine to their kits. One to calm their nerves following an event, one the morning after and the third for when they had their EQC meeting!



Arthur photographed the effect of the earthquake on the landscape and the conditions that agencies and whanau had to contend with. Despite the cracks and slips on the roads, many could still be used.

AWESOME IWI RESPONSE TO KAIKOURA EARTHQUAKE

Last year's 7.8 Kaikoura earthquake not only shattered the environment, but the lives of many whanau and families in the Marlborough region, particularly between Clarence to Seddon.

In the hours, weeks and months following the quake, teams of people from emergency and social services stepped up to respond to needs of their communities.

As mana whenua, Public Health Service health promoter Arthur Phillips quickly realised the implications of the earthquake. Within a few days he joined a Maori team alongside Shane Graham (Te Puni Kokiri, Kai Tohu Tomua), Barney Thomas (Department of Conservation, Pou Tairangahau) and Te Ra Morris (Te Putahitanga, contracts advisor) which helped run the Marlborough civil emergency centre.

Arthur says quite early on the team realised the reports from the emergency response agencies were not quite matching the picture they were getting from their contacts in the Seddon and Ward communities.

"We knew there were whanau who had not seen anyone from an emergency service," he says. "If lights weren't on or no one answered the door when they were searching properties, they moved on."

Arthur says his team approached it differently; they knocked, yelled out and waited. "People were in shock, and rural people are quite private, but we just kept knocking."

During this recovery phase a survey identified 14 families and whanau in Seddon who had not seen emergency services. The team found people in the affected area required water, nappies, fuel and sanitary products.

Arthur used his community connections to establish a network his team could use to support Maori in the region between Seddon and Clarence. First they established how many Maori there were in the area.

"The earthquake hit at shearing time and fishing and farming was in full swing," he says. "Many Maori in the area involved in these industries are maata waka as they have moved to the region from other parts of New Zealand – we found 69 whanau we didn't know about."

Over the following months the Maori team worked alongside the communities to ensure whanau and families received appropriate support. This included working out the best way to deliver goods, emergency packs and care boxes, helping to organise a Matariki celebratory hangi for Ward Maori and wider community, assisting with funding applications and generally helping family and whanau settle in to their post-quake 'new normal'. Arthur says there were many lessons learned out in the field and these have informed new emergency response planning underway.

Arthur endorses the adoption of the principles of kotahitanga (unity), aroha ki te tangata (love and support to others), manaakitanga (care of others) and kaitiakitanga (guardianship) during any emergency response.

In the hours, weeks and months following the quake, teams of people from emergency and social services stepped up to respond to needs of their communities.



Ngati Toa rangitahi put together 270 emergency back packs to give out to Maori whanau and kaumatua in affected areas.



Arthur sits in what remains of the road leading to the mouth of the Wairau Bar.



KEEPING IT CLEAN AND GREEN

A rubber cover for a remote control was one of the more unusual items picked by the 'green team' during their clean-up working bee in September.

Most common were food wrappers, glass bottles and energy drink cans. Each of the six volunteers received a re-usable coffee cup from Celcius Coffee in Motueka.

Green team volunteers Belinda Wheatley and Clare McKenzie got stuck in to clean up Nelson Hospital's campus.

ATRIAL FIBRILLATION WEEK CELEBRATED

To celebrate Atrial Fibrillation (AF) week in September, our cardiology team offered quick, non-invasive ECG checks, blood-pressure checks and online questionnaires.

Clinical audit co-ordinator Kathleen Breakwell (left) was checked out by Nicola Eddington, cardiac specialty clinical nurse.



FUN AND GAMES ON WORLD PHYSIOTHERAPY DAY

In September the Nelson and Wairau physiotherapy teams came together to celebrate World Physiotherapy Day – a global event recognising the role of physiotherapists and the relationships they have with their patients.

Nelson physiotherapy team leader Deidre Crichton says because the teams' varied locations makes professional and personal networking challenging.

"The year started with a busy buzz and hasn't let up across all our services – inpatients, outpatients and community," she says.

The gathering was a great success and although Deidre isn't letting on who won the three-legged crutch walking relay challenge she says it's "game on for next time".

The Nelson and Wairau physiotherapy teams came together to celebrate World Physiotherapy Day.



DIETITIANS DAY! #PROUDTOBEADIETITIAN

How do Nelson Marlborough dietitians celebrate Dietitians' Day? They get together for a night of fermented foods of course.

As well as learning about the benefits of fermented foods for gut health they had a go at making sauerkraut and kefir products, and sampled a range of sourdough crackers and fermented vegetables, milk and yoghurts



In September NMH dietitians celebrated Dietitians' Day with a fermented food feast.

CELEBRATING NEARLY A HUNDRED YEARS OF SERVICE TO HEALTH

Staff recently farewelled two wonderful nurses who between them have clocked up nearly 100 years of nursing service. Put your feet up and enjoy your retirement Denise and Cheryl.



The hospital was a very different looking place in 1967 when Denise Degarnham began working as a young enrolled nurse.



Cheryl Ginders has been a registered nurse for the past 47 years, with 40 of those years based at Wairau Hospital and 38 of those years on night-shifts.

SAVING KEN AND BARBIE

Barbie and Ken dolls sat in as casualties for a small-scale emergency response exercise held at Nelson ED.

They were the victims of a mock scenario where a chemical leak of chlorine at a local pool resulted in casualties being brought into ED by ambulance.

It was organised by emergency specialist Dr Chris Abbott and registered nurse Renee Barrett with assistance from emergency response manager Pete Kara, and involved hospital operations staff and telephone operators.



JUMPING FOR A GOOD CAUSE

Thinking of whanau who receive a cancer diagnosis was all Miraka Norgate needed to give her the strength to jump out of a plane at 16,500 feet. A health promoter with our Public Health Service, Miraka did the sky jump, along with 35 others, to raise money for cancer.



Health promoter Miraka Norgate gets last minute instructions before her big jump.

SUPER USERS ARE THE SUPER HEROES OF SI PICS

Just as every test pilot knows their next experimental flight might represent a leap into aviation future, our SI PICS 'super users' are taking the leap towards innovative new patient management systems.

SI PICS stands for the 'South Island Patient Information Care System' that will replace OraCare. Project co-ordinator Libby Allen says 21 super users will test the new system, and support staff during the transition from OraCare to SI PICS.

"The transition is quite a journey and we are really asking our super users to step up and be the point of contact for other users," she says. "This is an exciting, once-in-20-year-project and gives them the opportunity to do something outside their day-to-day job."

Libby says the super users have really enjoyed testing the new product and recognise the benefits. Their job is now to bring others on board.

"During training and go-live they will play a key role as a 'go-to person' for support, coaching and information," she says. "They will be able to resolve issues on the job and escalate where necessary."

April 2018 is the target for SI PICS to 'go live' and training for end-users will begin in March. Keep your eye on the NMH staff intranet for details.



SI PICS super users gathered for a 'discovery day' in Havelock.

WHO ARE OUR SUPER USERS?

In Nelson: Heather Marshall, Diane Groom, Margaret Tait, Anya Chisholm, Carina Jackson, Alysse Cross, Desiree Currie, Fernanda Castillo, Joanne Mullen, Keryn Kelso, Sharlene Heath, Sue Kysow, Katrina Wetzelburger, Michelle Robinson

In Marlborough: Ginni Denmead, Andrew Denmead, Enid Graham, Jenny Ineson, Julie Atkinson, Chris McGill, Christine Leach

Looking Back

Hillcrest Hospital, Richmond

In the private hospital surgical procedures were conducted upstairs and maternity care was provided downstairs.

The Kidd sisters owned and operated the hospital between 1927 and 1947 and in the 1930s Matron Kidd, who wanted the best standard of crockery, arranged for stocks of Royal Doulton to have the name 'Hillcrest' printed on them.

In 1947 Matron Janet Leslie became the owner operator of the hospital and between 1959 and 1964 the building was leased by the Nelson Hospital Board and essentially became a convalescent facility only.

The property was sold in 1965 to a Mrs Yellowlees, and then in 1968 to the Gospel Lighthouse run by Brother Cody. It was demolished shortly after.



Hillcrest Hospital was established in 1919 when Dr Hubert O Washbourn took possession of the house at the junction of Waverley and Wensley Roads, in Richmond.

MIRACULOUS COCHLEAR IMPLANTS

Having a cochlear implant is an emotional and life-changing event for many children experiencing profound deafness.

Hearing aids have their limitations but a cochlear implant bypasses the cochlear and stimulates the nerve to provide hearing sensations for severely and profoundly deaf children.

There are 12 children and young people with cochlear implants in the Nelson Marlborough region, all under the care of the southern cochlear implant programme (SCIP).

In June this year SCIP started holding clinics in Marlborough, which helps reduce the burden of travel and accommodation for families, and cost for Nelson Marlborough Health, of having to visit Christchurch.

Jackie Clemmer, audiologist and district team leader says the general anaesthetic auditory brainstem response tool assesses the hearing of those who are unreliable with behavioural testing (eg very young children).

She says it had been attempted in Nelson Hospital on a number of occasions but that electrical interference in the theatres meant they were unable to interpret results.

"However, it's excellent that we have this option at Wairau Hospital. The

audiology department there can provide a sound-treated, calibrated testing room and the service plans to visit three times a year depending on patient demand."

Jackie says having the SCIP clinics in our region is a great opportunity to observe what they do.

"It is also a more child and family-focused option," she says. "It enables our patients to connect with specialist services even though they live outside a main centre."

Hearing aids have their limitations but a cochlear implant bypasses the cochlear and stimulates the nerve to provide hearing sensations for severely and profoundly deaf children.

BABY CAN YOU HEAR ME?

Each year around 170 babies are born in New Zealand with mild to profound permanent congenital hearing loss.

Over half of these babies found to have a hearing loss have no family history or any other reason indicating they may be at risk. Without screening it is difficult to detect hearing loss in babies until speech and language development becomes delayed.

In 2010 Nelson Marlborough Health began screening all babies in our region for hearing loss within their first month, preferably before they leave a maternity or hospital ward.

The hearing test is computerised and is done while the baby is settled or asleep. It can take between five and forty minutes, is safe, simple and parents receive the results of the test immediately.

Since screening started in 2010, 144 babies have been referred to an audiologist and 32 have been diagnosed with having permanent hearing loss. Only two children picked up through newborn screening programme have gone on to have cochlear implants.

LUCY'S STORY.

If hearing problems are not picked up early there is a serious effect on a child's ability to learn speech. Luckily for Lucy Gauntlett her hearing loss was picked up during the routine newborn hearing screening.

"She didn't pass," said her mother Caitlin, "and at the three-month test it was confirmed that she couldn't hear anything."

By the time she was six months old Lucy was in Christchurch having cochlear implants, which were 'switched on' when she was seven and half months old. Caitlin says it was a natural progression for Lucy because she was learning to talk at the same time as learning to hear.

Caitlin says Lucy is nearly three now and is a super-happy, inquisitive child with perfectly normal speech. "She is

quite a chatterbox. You would never know she has implants."

The implants are hidden under Lucy's curly hair, and she currently has pink covers on them. If anyone asks what they are Lucy tells them that "they are my ears".

Audiologist Jackie Clemmer says young Lucy is a real star whose life has been profoundly changed by the cochlear implants.

"Lucy is a great example of the benefits of early identification via the newborn screening programme," says Jackie. "Without her implants she wouldn't even hear a fire alarm and she would've had pronounced language delay but now she is not only up to the expected level for her age in her language progress but she is ahead."



MEGAN'S STORY.

Megan Gerritsen was the first person who successfully underwent auditory brainstem response testing under general anaesthetic at Wairau Hospital in June 2015.

Megan has a rare metabolic disorder resulting in multiple health issues. Her hearing impairment was picked up at a screening test when she was six weeks old, and she had her first hearing aids at three months old.

Megan was referred to SCIP when she was nine years old as her hearing had worsened to the degree that hearing aids were not able to provide sufficient access to all of the sounds of speech. She received cochlear implants in December 2015 which were switched on a few months later.

Her mother Stacey says within six months she noticed a difference with Megan responding to her name. "I could also tell her to stop so she didn't send her wheelchair in to the traffic," she says.

Before the SCIP service began visiting Blenheim, Stacey says it was very stressful travelling to Christchurch.

"After the earthquake it was an eight hour drive with Megan and flying wasn't much better," she says. "Megan was so exhausted she would have multiple seizures."

When Megan saw the service in Blenheim she was bright and alert and they got the best test results to date, proving that being able to access the SCIP service locally is both cost-effective and beneficial for a patient's wellbeing.





HEALTH HUBS – THE HOME OF INTEGRATED HEALTHCARE

The co-location of teams at the Richmond health hub has enabled teams to collaborate for patients' best interests, says Nelson Bays Primary Health Organisation Chief Executive Angela Francis.

Bringing a range of health specialities together in the health hubs supports the joined-up approach to healthcare identified in the *New Zealand Health Strategy*, Angela says.

"The hubs enable us to operate as a team, and move services closer to home where people live, learn, work and play," she says.

While some staff were uncertain in the lead up to their relocation to the hub, many saw the potential benefits of closer working relationships, Angela says.

"I think one of the biggest gains is the value of opportunistic meetings that happen around the building, and the informal ways of working collaboratively for the best interest of our patients," she says. "It also comes down to everyone being responsible for making it a great place to work."

"The hubs enable us to operate as a team, and move services closer to home where people live, learn, work and play,"

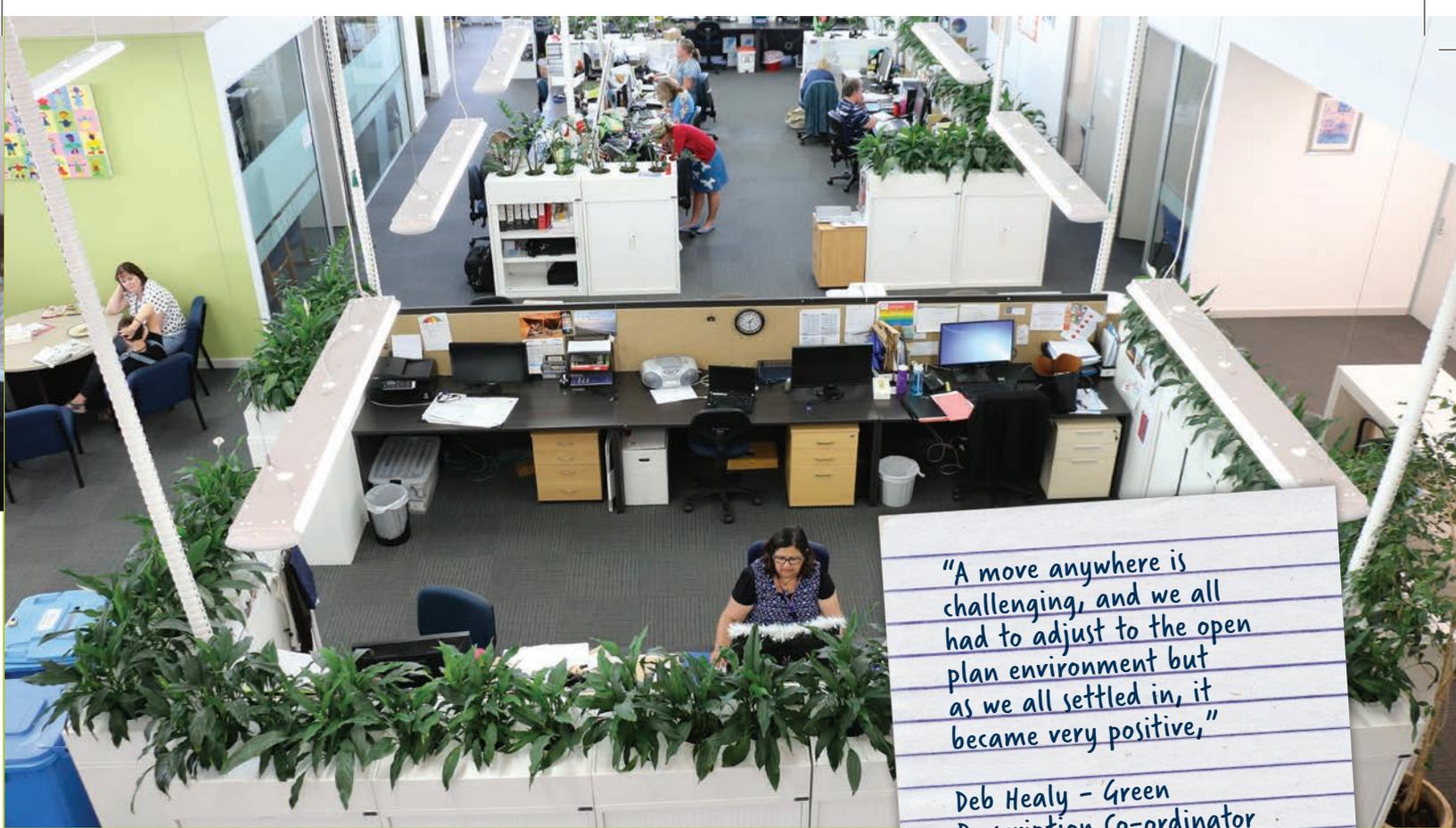
"I think it has allowed me to be exposed to more points of view – and it physically puts us in a place where we should be,"

Marc Davidsen – Green Prescription Team

"It's been really good mixing with our public health and Ti Piki oranga colleagues and we are definitely more aware of all the services we supply,"

Bee Williamson – Community education co-ordinator





"A move anywhere is challenging, and we all had to adjust to the open plan environment but as we all settled in, it became very positive,"

Deb Healy - Green Prescription Co-ordinator

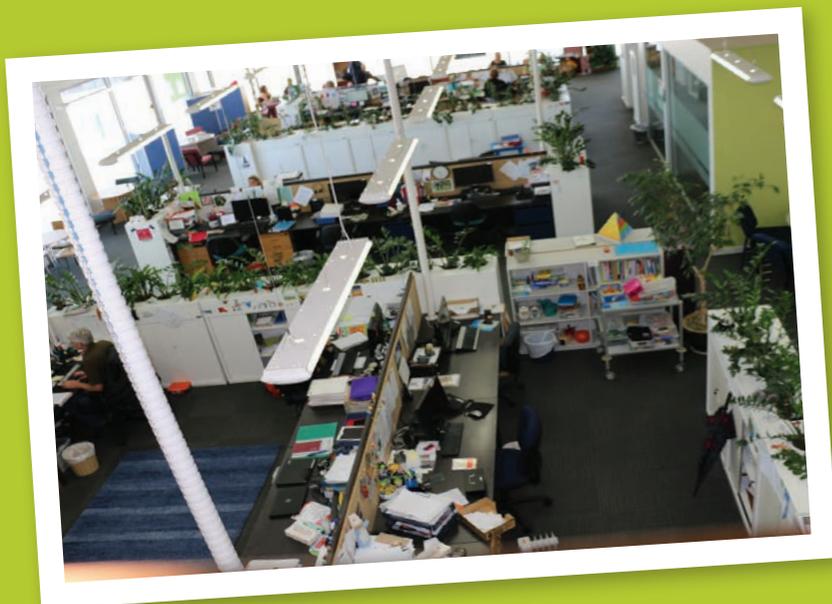
These views are mirrored by Beth Tester, Chief Executive of the Marlborough Primary Health Organisation which operates from the Marlborough health hub - due to expand both in physical size and services in 2018.

"Often a hospital can feel like a sick place but the hub has more of a community feel," Beth says. "It has also helped break down the silo mentality and create a more patient-centred system."

She says keeping people well and in the community is the core feature of our primary and community health system, and the health hubs support this by putting the patient at the centre. "If it's best for the patient, it is best for the system".

"Not working in isolation has been huge for me, and I have access to people I didn't previously so it makes it very easy to get support for people if I need to," she says. "The 'corridor conversations' are professionally beneficial too."

Tania Shearer - Hearing Therapist



"When people have to come to a hospital there is a connotation that they are sick, but at the health hub, they are coming to a fresh, less-clinical building as people who live with a long-term condition,"

Suzanne Rockett - Diabetes Nurse Specialist.

Building Respect

A confidential support service to encourage respectful behaviour in our workplace

If you experience or witness inappropriate behaviour at work, please have a confidential chat with one of the independent Building Respect taskforce members.

They are here for confidential help and support and are an independent Board-backed team.

Email: buildingrespect@nmdhb.govt.nz

<http://nmhintranet/building-respect>

(Intranet only accessible from NMH computers)

