

# CONNECTIONS

A quarterly magazine for Nelson Marlborough Health Staff

June 2017



# CE UPDATE

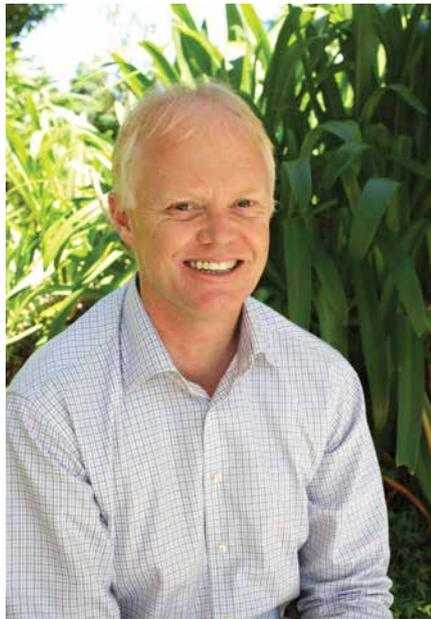
**A phrase caught my attention recently: It's only great care if the patient thinks so.**

This was a good reminder to me that despite all the metrics of good quality that we observe and monitor, the voice of our patients, consumers and community is a crucial indicator of whether we are delivering great care or not.

For that reason we value people's feedback, complaints and compliments. It is important we are out connecting in various forums with our community – listening and learning. We learnt so much from our public meetings when we took the draft *Primary & Community Health Strategy* out for community consultation last year. In May we ran a second round of public meetings to update people about progress under this strategy.

The formation of our Consumer Council in April is an exciting development that will strengthen the voice of our consumers. The council, featured in this issue of *Connections*, will help promote consumer engagement in service design so that our services are more patient-centred.

Our employees' ideas and feedback is equally as important to our work. The Staff Engagement: Working Together group wants you to tell them what we can do to make things better at work. They also want to know what is working well here – the quality improvements you've made, the things you like and



achievements we should celebrate.

On that note, the 2017 Staff Engagement Survey won't be too far away – an excellent opportunity for you to tell us what you think, with guaranteed anonymity. Please participate.

As a final comment, I loved attending the Health Quality and Innovation Awards in May. It was exciting to hear about these quality-improvement initiatives that are resulting in better processes, care and patient experience.

Congratulations to all 14 people and groups who entered the awards. Let's get 50 entries in next year – I know there is a lot of good work underway that should be celebrated this way.

Peter Bramley  
Chief Executive



## INTERNATIONAL NURSES DAY CELEBRATIONS

**International Nurses Day was celebrated across the organisation on Friday 12 May.**

Director of Nursing and Midwifery Pamela Kiesanowski paid tribute to the commitment of all nursing staff and thanked them for continuing to make a difference to the everyday lives of people.

The ED doctors at Wairau Hospital wrote personal messages to their nursing colleagues and shouted chocolates and flowers.

GOOD ON YOU

"...and in an hour of need, to drive ten minutes to what must be one of the best hospitals on the planet." (Letter to the Editor, Nelson Mail)

"I found the doctors and nurses very friendly and helpful which I appreciated very much. We even had a bit of a giggle at times." (Letter to the Editor, Marlborough Express)

"The Nelson Hospital staff should be extremely proud of themselves." (Medical unit/ED)

"...now feels more informed and confident...we can overcome this." (Eczema clinic, Richmond Health Hub)



From back left: Evie, Richard, Nick, Dawn McConnell (Iwi Health Board chair), Jenny Black (Nelson Marlborough District Health Board chair), Chantell, Victor, Margie, Peter, Freya and Claire.

## WHO IS PETER BRAMLEY?

**Our new Chief Executive is an energetic and passionate people manager, with a strong focus on the importance of accessing healthcare close to home and growing a compassionate workforce in the health sector.**

Peter acknowledges the challenges of his new role and says he is very invested in this region.

"My family is here, my grandkids are here, so I want to make sure Nelson Marlborough Health is delivering the best healthcare we can for the next generation," he says.

Peter has extensive management experience and an interesting career path. His academic career began at the University of Otago where he gained a Bachelor of Science in biochemistry and physics. He worked for the Wellcome Medical Research Institute in Dunedin and at the same time completed a PhD in Medicine. Dr Bramley lectured in Biochemistry and Medical Physiology, first in

Dunedin and then at the University of Canterbury in Christchurch.

Between 1999 and 2007 Peter held various senior management roles with the accounting software company, MYOB New Zealand Ltd.

In 2008 he stepped back into health as Service Manager of Surgical Services at Southland Hospital in Invercargill.

At the end of 2010, he moved to Nelson and joined the Nelson Marlborough Health Executive Leadership Team as Service Director Medical and Surgical Services.

In 2013 Peter became General Manager Clinical Services and in August 2016 stepped in to the role as Acting CE.

In his free time Peter enjoys getting outdoors. His goal is to complete all nine 'Great Walks' of New Zealand. He has ticked off five so far and has the Kepler Track in Fiordland next in his sights.

About five years ago Peter learned how to sail but says he has no plans to buy a boat. He has chickens, ducks and bees on his property and enjoys spending time in the garden and with his grandchildren.

*"...I want to make sure Nelson Marlborough Health is delivering the best healthcare we can for the next generation."*



## BOARD TALK

**It has been a hectic couple of months for the Board – a new Chief Executive appointed, a new Consumer Council established and a new Care Foundation.**

Firstly, we are delighted to officially appoint Dr Peter Bramley to the Chief Executive role. With his experience as Acting CE for seven months and five years in clinical

leadership roles, Peter was the best person for the job. The board knows him well and he knows Nelson Marlborough Health (NMH) very well – the Board looks forward to working with Peter and making NMH the best mid-sized DHB in New Zealand.

The Consumer Council, profiled in this issue, is a very exciting initiative for both NMH and the communities we serve. In the past we had community representation on the statutory committees, but in an attempt to bring a stronger consumer focus to all that we do, the Board decided to form a Consumer Council. This group, who have been selected for their very broad community reach, will help us design services, keeping the consumer voice at the table. I would like to thank Belinda Wheatley from the planning team for picking up this idea and bringing it fruition.

This brings me to the Care Foundation. This replaces the Nelson Marlborough Hospitals Trust that was very much in need of a refresh to improve its productivity and availability.

The Care Foundation is led by manager Sarah Burrell, and has a new vision. Its role remains to receive

and invest bequeathed funds but, with the Foundation trustees, Sarah will take the Foundation in a new strategic direction – working with other community groups to get a 'bigger bang for the buck' and improve health in our region.

Foundation funds will be used throughout the community, not just for hospital services. Local businesses will be asked to partner with the Foundation to support health services and provide those things that Government funding does not cover.

The Foundation website will help guide people to how they can be involved and how they can apply for funds. We are indebted to our seven new trustees: Dot Kettle (chairman), Sarah-Jane Weir, Paul Bell, Jules Taylor, Richard Olliver, Roger Rose and our Patron Murray Sturgeon. All are giving their time and expertise in this exciting new project.

Take care over the winter months and don't forget to protect yourself and your family by getting a 'flu shot.

Jenny Black  
Chair,  
Nelson Marlborough  
District Health Board

## CAN THEY FIX IT? YES THEY CAN

**If you are wondering who fixes and maintains our thousands of pieces of clinical equipment, there's a simple test.**

If it has a three-point plug, then it's for our clinical engineers to look at.

"If you can unplug it, it's our concern. What's behind the wall is the electricians' business," says team head, Steve Denton.

Our engineers look after approximately 8,000 pieces of clinical equipment around



Chris and Steve repair a ventilator in ICU

Nelson Marlborough Health facilities. These range from small tympanic thermometers to dialysis machines, but exclude some of the specialist radiology equipment, such as the CT scanner.

"Generally we look after equipment that's used to treat or diagnose a patient, such as the ventilators in intensive care, incubators for babies and all the beds, hoists, IV machines and so on," Steve says.

As well as fixing things when they break, the technicians also give all the equipment an annual 'warrant of fitness', involving electrical safety and performance checks.

The team members come from a variety of backgrounds with varying qualifications. For instance Chris Mason has electronic qualifications and was previously with the IT team; Steve Denton has a background as a broadcasting technician and Mike Donovan (based in Wairau), was previously an electronics technician in telecommunications.

Steve remembers when he first started at Nelson Hospital being asked to fix something and he had no idea what it was.

"It's sometimes a bit like being a

mechanic that can fix a car but can't drive one," Steve says. "For instance with an IV machine we can fix it, test it and calibrate it but I have no idea how to attach it to a patient."

Chris Mason recalls going to a technical workshop on diathermy machines where he also got to try it out on a chicken fillet. "It was the first time I had actually seen it working on something rather than just being connected to our test equipment."

The technicians encourage staff to check the 'due date' on equipment stickers and to report anything that is faulty or broken.

**If you have any concerns about a piece of equipment or notice an out-of-date compliance certificate contact [maintenancerequest@nmdhb.govt.nz](mailto:maintenancerequest@nmdhb.govt.nz)**

*"...with an IV machine we can fix it, test it and calibrate it but I have no idea how to attach it to a patient."*



## AND THE WINNERS ARE...

**An initiative that benefits the two million New Zealanders that don't live in cities near hospitals earned the Excellence Award at the 2017 Health Quality & Innovation Awards.**

Judges Jenny Black (Board chair) and CE Peter Bramley gave the top award to the Cardiology and St John team for their STEMI initiative.

The 'ST segment elevation myocardial infarction' or STEMI treatment pathway was launched in Nelson Marlborough in April 2015 and extended nationally last year.

Jenny Black said the development of this pathway is particularly good news for patients in rural areas, and for all patients it will ensure they get the care they need in optimal time.

Peter Bramley said he was pleased with the number of projects entered in the awards that focussed on patient experience and co-design principles.

"Many of the projects are transformational – they are about

saving lives and really making a difference to the healthcare we deliver," he says.

The People's Choice Award (best presentation) went to "Vege-cation" (Marlborough PHO) for their innovative vegetable garden programme in Marlborough that aims to get healthy food into Pasifika homes as well as stimulate talanoa (dialogue) about health.

The People's Choice Award (best poster) was awarded to "You're the voice, try and understand it" (targeted youth health services) which looked at the barriers young people face when accessing health services.

Highly Commended awards went to "Computerised Tomography Colonography" (cardiology/radiology team) which gained a better understanding of the patient experience of CT colonography, and "Our Blood Audit grade: How we went from an F to a B Positive" (laboratory and nurse educators team), a project to improve the clinical documentation for blood transfers.



Vanessa Craik, Counsellor at Tasman Mental Health ensures the indoor plants made it safely to their new home.

## MENTAL HEALTH'S SMOOTH MOVE

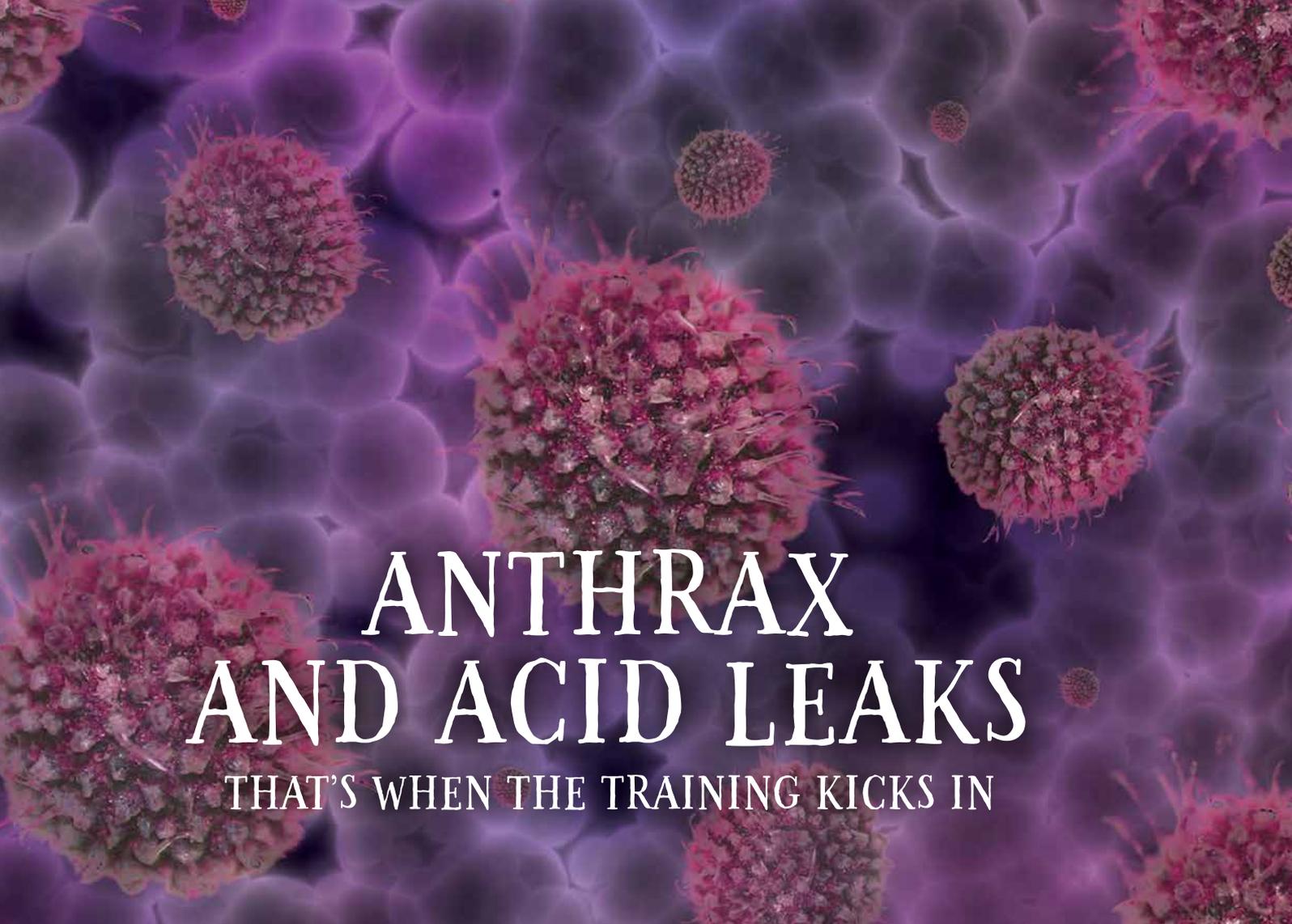
**In mid-February staff from three mental health buildings on the Braemar campus executed a complex relocation plan.**

The move enabled the development of three distinct teams; Tasman Mental Health, Nelson Mental Health and the Community Assessment Team.

Unit Manager Adult Mental Health Megan McQuarrie says the staff did an amazing job packing up and the move went really smoothly.

"Over 40 people moved between and within the three buildings to support more integrated care by forming true multi-disciplinary teams," she says. "It was a logistical jigsaw puzzle on paper but things went incredibly well."

Meagan says there was great camaraderie on the day and she would like to acknowledge the fantastic work done by Crown movers, our IT team, Andrew Cunningham and Neltec for the getting the phones working, Sandy Russell and also the maintenance team.

A microscopic image showing numerous spherical anthrax spores. The spores are arranged in clusters and chains, with some showing their characteristic hair-like appendages (flagella) extending from the surface. The background is a dark, purple-hued field of smaller, more diffuse spores.

# ANTHRAX AND ACID LEAKS

## THAT'S WHEN THE TRAINING KICKS IN

*April 2017: It wasn't even Easter but our emergency response systems had already been put to the test twice with a fatal road accident and a caving accident that triggered a complex rescue operation. We asked Chris Abbott, Sharon North and Pete Kara: What happens when you are alerted to a major incident and how do you cope?*

**How does a convoy of screaming sirens make you feel? For our emergency department staff, sirens are less of an alarm than a validation – by the time they hear sirens, they are already in emergency response mode.**

When an event such as a major car accident occurs, our hospitals usually hear about it from the ambulance service first, via a text page or a radio call direct to ED.

The senior doctor, senior nurse and duty manager then meet to establish the level of response required.

Emergency specialist Dr Chris Abbott says they decide whether

to activate ED overload, trauma teams or declare a major incident.

"If it's a major incident we activate our plans and allocate roles and distribute task cards, coloured vests, clipboards and protective equipment," Chris says.

"Leadership, improvisation and flexibility are also the key to responding in real time."

Emergency Manager Pete Kara says that set criteria is applied to determine whether something is a 'major incident', requiring the activation of an incident management team (IMT), is or if it's 'business-as-usual' in ED.

Pete says the main difference is

that once the IMT is in place, it frees up staff so they can concentrate on looking after casualties.

"The incident team takes over and before casualties even arrive at the hospital everyone knows what their role is," he says. "It triggers a communication tree for a 'whole of hospital' response and staff focus on predetermined tasks."

For instance, the communications team will be called in to manage public information requirements.

The person assigned the 'logistics' role will ensure additional surgeons or trauma teams are brought in, and theatre staff are alerted in case elective procedures have to be halted to allow for trauma surgery to take place.

Chris Abbott says any incident affects other patients because they may need to be physically moved or diverted to wards or to primary care. In addition, their care may be delayed or deferred whilst higher priority patients are attended to.

"All patients become part of a major incident and we have to ensure resources are deployed to meet all needs – for patients



CNM Sharon Scott and Dr Chris Abbott prepare for trauma arrivals

with serious medical needs as well as trauma patients.

"The ambulance bay airlock is equipped with major incident, HAZMAT, Civil Defence and St John supply cupboards. There is also high-level personal protective equipment for staff, additional kits for burns, infectious outbreaks and field procedures available," Chris says.

### The training kicks in

Sharon North, Charge Nurse Manager of ED in Wairau, says it's 'all hands on deck' during an emergency response.

"Everyone is really, really busy but we all know what we are doing because we have been trained," she says.

ED staff complete Coordinated Incident Management System (CIMS) training and every year the Emergency Manager puts them through an exercise.

"We've faced many major incidents, such as the grounding of the Russian cruise ship Mikhail Lermontov in the Marlborough Sounds, and diving and boating accidents," Sharon says.

"The training kicks in. We have a great team and they are very experienced."

### Staying calm, cool and focussed

Emergency Manager Pete Kara is responsible for ensuring our healthcare facilities and services are prepared, and that we can respond and recover effectively in an emergency.

Preparing for an emergency is one thing, but how does he remain calm during crisis?

"I think it comes from my training and my military background," he says. "When you have been working with chemical and live weapons that can easily take your birthday away, you learn to focus and prioritise very quickly."

He says it's the same for our medical and emergency staff. They rely on their training to get them through whatever they are facing.

"It is learned behaviour, requiring a methodical approach, where patients are triaged and they work through what is in front of them," he says. "When people need our help we have to work as a team

## SOME OF THE MORE UNUSUAL INCIDENTS OUR EMERGENCY STAFF HAVE BEEN INVOLVED IN:

- Anthrax scare (30 patients)
- Motueka plane crash (6 patients)
- Radiology acetic acid leak (14 patients)
- Alkaline vapour leak at a children's indoor playground (12 patients)
- Petrol tanker crash (8 patients)
- Chlorine gas leak (5 patients)
- Cruise ship grounding, hospital roof collapse and ICU evacuation.

*"When you have been working with chemical and live weapons that can easily take your birthday away, you learn to focus and prioritise very quickly."*

and have each other's back."

After an incident, staff generally have an informal debrief and unwind over a cuppa. In some cases a formal debrief or review is held later to explore what worked well and address any areas that could be improved on. Staff are offered counselling in some circumstances.

Chris Abbott says the role of the social worker in ED, assisting with patients, relatives and staff, is invaluable. He says a simple message of thanks to staff also makes a big difference.



## 40 YEARS AND STILL GOING STRONG

**On 14 February 1977 four nurses entered the classroom to begin their nursing training in Blenheim.**

Fast forward 40 years and all four are all still working at Wairau Hospital. Brenda McAlpine (CNM Outpatients), Monette Johnston (CNM Theatre Services and Day Stay), Marian Hurlley-Moore (Enrolled Nurse) and Angela Wilkes (Registered Nurse in ED), recently shared an afternoon tea to celebrate their 40 years of continuous service at Wairau Hospital.

Marian says they had a lot of fun in the early days even though things were a bit more 'regimented' back then. She says it taught them excellent time management skills which are vital for nurses.

One of the biggest changes Marian has noticed is the uniform: "We started with caps, capes, brown stockings and shoes. Now I am wearing scrubs and running shoes."

The nurses have no plans to retire just yet, and Marian says as long as they can do the work they will keep going.



Dillon McComb, 10 months, practices his 'dry brushing' at the First Smiles parent group.

## NEW PARENTS' GROUP HELPS CREATE 'FIRST SMILES' FOR BABIES.

**Dry brushing, baby foods and sugar awareness are just some of the topics Marlborough Oral Health Educator Heidi Owers talks about at the First Smiles new parent group.**

Heidi invites parents to a half hour session at the Marlborough Community Oral Health Service clinic when their babies are between six and eight months

old. She says usually there are three or four other parents in the group session and she tries to make it as interactive as possible.

"We talk about the importance of choosing a toothpaste with fluoride in it, how to brush baby's teeth, and about the need to brush children's teeth until they are about eight years old," Heidi says.

Parents also learn how to read baby food labels to gauge the sugar content.

Heidi says that while she was unsure of whether parents would be interested at such an early stage of their baby's dental development, the reaction has been really positive.

"Healthy baby teeth are very important as they pave the way for adult teeth."

Heidi runs the First Smiles new parent group four or five times a month.

## EVERYTHING IS MORSIM WHEN YOU'RE PART OF A TEAM

**High-fidelity surgical mannequins that breathe, bleed and smell added a 'personal' touch to a theatre simulation exercise at Nelson Hospital.**

It was the first time surgical and theatre staff have undertaken a Multidisciplinary Operating Room Simulation (MORSim) exercise in their own departments.

The MORSim programme is funded by ACC, delivered by the University of Auckland, and supported by the Health Quality and Safety Commission. A specially trained team of interdisciplinary professionals helped bring the MORSim experience to Nelson.

The theatre teams were put through realistic, complex, trauma-based scenarios, followed



by a debrief to reflect on the events, expose assumptions and communication issues, and identify good practice.

Anaesthesia department head Dr Joe Macintyre and theatre manager Claudia Teunissen were responsible for the onsite simulations, supported by anaesthetist Dr Steven Mitchell, anaesthetic technician Andrew Green and theatre nurses Tim Ellena and Alana Baker.

Claudia says there's great potential to extend this type of team-based simulation to improve the performance of theatre teams and increase surgical safety for patients.



From left: Angelea Stanton, Diane Strong, Judith Holmes (Chair), Craig Vercoe (Deputy Chair), Kamaya Crawford, Philippa Hyndman and Pita Akauola make up the newly formed Nelson Marlborough Health Consumer Council.

## OUR NEW CONSUMER COUNCIL

**The Consumer Council is a new initiative to strengthen consumer engagement, and provide a strong consumer voice as an advisory group to the Board.**

Cathy O'Malley, GM Strategy, Planning & Community says there was a good response to advertisements

*"We aim for every part of our health system to be shaped and improved by involving those who use and care about our services"*

for members and she is delighted with the seven members selected. "They have diverse geographic and demographic backgrounds and will provide the Board and management with a wide-ranging consumer view."

Membership terms vary from two to three years to ensure continuity of membership across the council as people come and go.

Cathy says patients, clients, service users, family and whanau are at the heart of our services.

"We aim for every part of our health system to be shaped and improved by involving those who use and care about our services," she says. "Currently we hear their voices through a variety of channels and the next step towards partnership, and collaboration is to provide the public with a stronger voice in key decision making."

Upcoming projects for the Council include the Nelson Hospital redevelopment which will require new models of care, and how to achieve health equity in our community.

The Council will not discuss or review issues that are (or should be) processed as formal complaints, or

provide clinical evaluation of health services or individual patient care.

The Council meets monthly and will submit a report to the Board. Facilitator, Amy Clarke is keen to talk to anyone who is already using consumers to help shape their services, and is happy to provide advice to those looking to partner with consumers.



Cathy O'Malley, GM Strategy, Planning & Community

## A PATIENT'S STORY: THE POWER OF WORKING TOGETHER

We hear many stories about the wonderful care and support our patients receive. JT Thomas has shared his father Ray's story with us.

### Ray Thomas suffered a stroke while he was in rest home care in Nelson and his prognosis was not good.

His son JT flew in from Australia and a bed-bound Ray was transferred to AT&R at Nelson Hospital to begin his rehabilitation.

Following his discharge nearly two months later, JT wrote to congratulate the staff in AT&R on the 'fine work that everyone does day in and day out'.

*"All the nursing staff have great experience and are fantastic at their job, which I know wouldn't be easy at times. I was always made to feel very comfortable while I stayed with my dad, caring for him and supporting his rehabilitation.*

*My dad, my family and I are very appreciative of the fine work that the nurses and doctors do. I have much gratitude to you all. Both doctors, Rob and Mike, were great as well.*

*My dad has continued to improve daily at home, as he had been doing while in the AT&R ward. His walking (unassisted) is continually improving and movement in his right arm is improving as well."*

AT&R Charge Nurse Manager Lisa Turner says JT was an amazing rehab partner to his father.

"JT was fully involved in his father's rehab process which I feel contributed to an amazing outcome for Mr Thomas," she says.

"It's stories like this that demonstrate the value of working together as a team – health professionals, patients and their support people – to achieve positive outcomes."



From left: Ange Lilley Project Manager, Bev Nicholls Clinical Director Information Systems, Patrick Ng General Manager Support Services and Kirsty Martin Chief Information Officer illustrate the amount paper saved in just seven weeks with the new electronic laboratory sign-off system.

## PROJECT UPDATE:

### Our path to becoming 'paper-lite'

**Now that the Health Connect South (HCS) system is in place we are firmly on our 'Paper-lite' journey towards greater use of digital systems says Patrick Ng, General Manager Support Services.**

Paper-lite initiatives, such as the new electronic laboratory sign-off system, will dramatically change how our clinicians receive and interact with information – for the better, Patrick says.

"The HCS team did a great job of a complex project, setting us up to becoming paper-lite by 2020."

So what is next on the paper-lite programme?

**E-Radiology Sign-Off:** Enhanced clinical safety will be a key benefit from this initiative, with the ability to comment on, reassign and access radiology results in a way that is not possible with the current paper-based sign-off process. Scoping work should be complete by June 2017.

**HealthOne:** Hospitals, GPs and pharmacies in the Nelson Marlborough district will join other South Island health providers on a shared patient records system. HealthOne will enable patient information from both primary and secondary care to be accessed as a single electronic record, meaning

patients won't need to repeat themselves, or remember all their details. Implementation is underway.

**Patientrack:** This is a new digital patient observation and alert response system, aimed at helping clinicians identify deteriorating patients earlier. Patientrack uses a patient's vital signs to calculate an early warning score and automatically sends alerts to the appropriate clinicians. Implementation of Patientrack is due in late June.

**Paper Chart Transformation:** This is our own, unique approach to the paper chart problem. It is a multi-year initiative, commencing in July.

**E-Referral Triaging:** Specialists will be able to triage and prioritise electronic referrals from a computer anywhere, anytime. The length of time between a GP's referral and a patient being booked for an appointment will be reduced, and GPs will receive immediate updates once the specialist completes the prioritisation.

**Patient Administration:** The South Island Patient Information Care System (SI PICS) will connect thousands of clerical and clinical staff to a single, regional, purpose-built patient administration system. It is planned to go-live in April 2018.

**E-Medication Charts and E-Prescribing:** Initial scoping for these initiatives will commence soon.

# OUR HEALTH, SAFETY AND WELLBEING



## WHAT BETTER TIME FOR A 'SALUTE TO THE SUN' THAN DAWN?

The 6.30am Wairau yoga classes are a new initiative led by registered nurse Wendy Diack.

Class member Kaylene Hannagan appreciates the opportunity to connect with staff from other areas. "I feel much more limber at the end of the class and that lasts all day – it helps me focus on my work."

Christine Gullery says the yoga is easing her back problems. "It's a great way to start the day, slowly and stretching. It gives you a feeling of wellbeing."

## MAORI STAFF INVITED TO JOIN OUR TE PUAWAI HAUORA GROUP



Te Puawai Hauora or 'the blossoming of health' is Nelson Marlborough Health's Māori staff forum. The forum is a supportive place to discuss developments that affect Māori staff, our Māori patients and their whānau. You don't need to know the Māori language or culture, you just have to identify as Māori and you are welcome to attend. Contact [trina.mckay@nmdhb.govt.nz](mailto:trina.mckay@nmdhb.govt.nz)

### Diary dates: Te Puawai Hauora hui

- 9 June, 11am-1.30pm, Braemar Campus Seminar Centre
- 13 September, 11am-1.30pm, Braemar Campus Seminar Centre
- 18 & 19 December, noho marae stay

## Looking Back

### Wairau Hospital's 'Fever Ward'

When it opened in 1898 the Wairau Hospital 'Fever Ward' represented a change in thinking on how to care for patients. These were based on principles established by Florence Nightingale, who said that patients should receive fresh air and light.

Designed by architect John Sydney Swan and built with local support, the building also celebrated the 60th jubilee of Queen Victoria's reign.



Wairau Public Hospital former Fever Ward. October 1999. Photo by: N Jackson.

In 2007 the Historic Places category 2 building was relocated to Brayshaw Park in Blenheim, and is now under care of Marlborough Historical Society.

# Influenza



## Free vaccination - the easier way to avoid it.

Getting vaccinated is the safest and most effective way to avoid getting AND giving the flu.

Let's aim for a flu free workplace at Nelson Marlborough Health.  
Get your free flu vaccine for staff today.

Our patients and visitors are counting on you. So are your workmates.