

CONNECTIONS

A quarterly magazine for Nelson Marlborough Health staff

June 2019

IN THIS ISSUE:

- SPOTLIGHT ON THE PUBLIC HEALTH SERVICE
- PUPPY POWER: PET THERAPY IS HERE
- BRINGING MATRON BROWN BACK HOME



CE UPDATE

The shortest day on 22 June signals that winter is definitely upon us.

It's not just frosty mornings that indicate the change of season however – full waiting rooms and hospital wards say 'winter' loud and clear. As does seasonal influenza.

While it's great to see so many employees being immunised against the flu, for free, we can do better. We have a responsibility to our colleagues, patients and visitors to avoid getting and spreading the flu.

So please look after yourself and your whanau, with rest and recreation when you can, and check your immunisations are current.

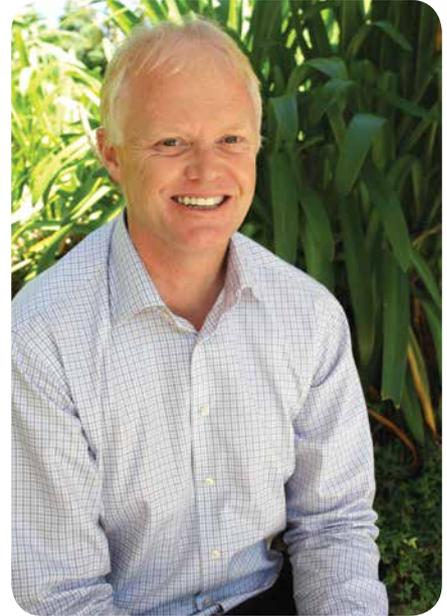
The other thing I'd like to talk about is the IBC. If you came to the last CE Forum, you would have heard about the Indicative Business Case

(IBC) that will help inform Nelson Hospital's redevelopment. If you didn't get to the forum, take a look at the article on page 10.

The IBC is an early but important stage of planning. It's where we describe why NMH needs a new hospital in Nelson and what is required for future hospital care. The IBC will identify key development options and set the scene for the design planning phase.

The IBC is underpinned by up-to-date clinical service plans and informed by Models of Care Programme initiatives; both will influence the future design and use of a redeveloped hospital.

Peter Bramley,
Chief Executive



The IBC is an early but important stage of planning. It's where we describe why NMH needs a new hospital in Nelson and what is required for future hospital care.



BOARD TALK

I have been impressed by the significant progress made on the Model of Care Programme in the last three months.

At our May meeting the Board approved a further three Models of Care initiatives, bringing the total number to eight.

This is a multi-year programme of transformational change for our healthcare system. The projects will lay important foundations for new ways of delivering care which make the most of opportunities presented by new technology and that cultivate cross-system collaboration to improve health for those with the greatest need.

Where initiatives such as Health Care Homes and First 1000 Days will deliver critical services to the vulnerable and high-needs members of our community, the Virtual Health and MAPU initiatives will focus on incorporating new technology and developing new agile ways of working.

All of the approved initiatives are now in the implementation phase, so expect to see some real changes as these projects take shape.

Thank you to all involved.

What we desire is for everyone to be engaged and involved in shaping new ways of working that delivers better care and creates a health system that is fit for the future.

Jenny Black
Chair, Nelson Marlborough District Health Board

FRONT COVER:

The Bikes in Schools project has fitted out at least three schools with bikes, helmets and a pump track to ride on.

Read about the project on page 7.

Towards a healthy commute

Go to the staff intranet to complete the **Nelson Marlborough Health Travel Survey**
We are keen to hear your opinion.



Above: Sick of seeing your wages going into petrol? Are you getting frustrated about not being able to find a park at work?

COMMUTE AND WIN!

Commuting to work doesn't have to be a frustrating and expensive experience. The Public Health Service wants to know how they can help the commute easier for you, and why you make the choices you do.

Complete the Nelson Marlborough Health Travel Survey available on the intranet: **NMHHHealthyCommuterTravelSurvey**

The data from this survey will be used to assist with problem-solving and inform the development of new travel initiatives.

The survey takes less than 10 minutes – please complete it by 30 June and you'll go in the draw to win one of the following prizes:

- One of four \$100 vouchers for Hopgoods restaurant in Nelson (donated by Westpac Bank)
- One of two \$89.99 unisex Pack-It-Jackets (donated by Macpac).



VISITING PROFESSOR SHARES WISDOM ON NEW WAYS OF WORKING

He has a particular interest in helping organisations to engage staff in new ways of working.

Professor Dolan gave a witty, informative presentation on topics including: How to work in an environment of constant change, building resilience within the team and models of care.

Above: We were fortunate to have a visit from Professor Brian Dolan, a nursing leader with over 30 years' experience in international healthcare environments.

Good on You 😊

Fantastic staff. Always happy to help and offer any advice where needed. Highly recommend.

(Motueka Maternity)

Her assured and fraternal attitude almost makes a visit for medical treatment a pleasurable experience.

(Day-stay/cardiology)

I was impressed with their (ward nurses) depth of knowledge and that they were proud to be in the nursing profession; they certainly are great ambassadors for the vocation.

(Nelson & Wairau hospitals)

It was a warm atmosphere, a good vibe between all the staff.

(Chemotherapy suite)



ON THE ROAD WITH CLAUDIA

Nelson Marlborough Health Bowel Screening Programme Manager Claudia Teunissen took the programme on tour this summer, with a focus on reaching rural, Maori and Pasifika communities.

Approximately 1400 people have visited Claudia's information stall or attended her community events since January.

She is supported in this work by other programme team members and usually her partner Paul Zellerer. Together they have taken invaluable screening information directly to people at A&P shows, marae, community centres, Rotary clubs, hui, fono, expos for older people, cultural celebrations, into low-cost accommodation precincts and more.

Connections asked our BSP superstar a few questions:

Which has been your favourite event and why?

The 'Sit & Be Fit' sessions organised by Te Piki Oranga (a kaupapa Maori primary health provider) where I was 'allowed' to present on the condition, I participated in the sessions. I thoroughly enjoyed it, had a lot of banter and broke the ice a bit when people could see me struggling with a poi (read: hitting myself in the face).

You must have the set-up down to a fine art now?

Indeed, we have a great system going now and for some reason the pack-down is always quicker. It takes between 30-60 minutes to set up. There's a lot of gear – we pack a large van up to the ceiling for the larger events such as the A&P shows where we use the inflatable colon.

What are the most common questions people have?

- if they can get a kit from me right there and then
- when they will get their kit in the post
- what happens to people outside the age range

- what happens if a commercial kit is bought from the pharmacy
- how bowel cancer runs in families
- and, believe it or not, some people actually expect to be screened on the spot!

What is the most challenging part of the roadshows?

People can get really upset if they find out they are not eligible, especially if they come from Australia or the UK and are outside the NZ age range but within the age range of their country of origin.

And the most satisfying part?

People telling me that they have completed the kit and had a negative result. Also, when people tell me that I had convinced them to do the test after we had spoken together at another event. I also feel I've done a good job when people from our priority population want to talk to me individually and even request for a kit to be sent to them.

It's been six months since we launched screening in the Nelson Marlborough region. Have you noticed a growing awareness?

At the Positive Ageing Expo in Richmond I had so many people tell me they've completed the test. From a group of 25 Maori women at least eight had already completed the test and another five asked to be signed up!

What is it like being the face of BSP?

Loving it! I do get random phone calls at different times of the day and even on the weekend, with loads of clinical questions and requests where people are at on the wait list etc. I've also received some weird and wonderful feedback, such as being told I'm "a princess who speaks in plain language and is very forthright."

Above (left): Flying the flag, Nelson Marlborough Health Bowel Screening Programme Manager Claudia Teunissen took the programme on tour this summer, with a focus on reaching rural, Maori and Pasifika communities.

INTRODUCING SOME OF THE TEAM AT...PUBLIC HEALTH

Nelson Marlborough Health's vision statement is 'All people live well, get well and stay well'. When it comes to 'living well' our Public Health Service (PHS) has a huge role to play.

Their focus is to improve, promote and protect people's health and wellbeing and to reduce inequities, by:

- sharing evidence about our people's health and wellbeing
- helping agencies to work together for health
- working with communities to make healthy choices easier
- using the law to protect people's health
- supporting our health system to provide preventive care to everyone who needs it (eg immunisation).

The PHS's multidisciplinary workforce works across the public health spectrum, responding to public health risks and emergencies.

The extensive range of roles includes health promoters, health protection officers, public health nurses, vision and hearing technicians, public health advocates, quit coaches, medical officers of health, public health analysts and administrators.

DR JILL CLENDON

Associate Director of Nursing and Operations Manager for Ambulatory Care



Jill is part of the PHS management team and looks after district nursing, public health nursing and programme support across the Top of the South. She provides professional leadership and management to around 75 employees and is also involved in project work.

"My professional interests include nursing policy and research, primary health care, nursing education and nursing history.

"I'm passionate about primary health care and public health and bring that passion to my role at Nelson Marlborough Health. We have an amazing team of public health nurses, district nurses, vision hearing technicians and administrators who work incredibly hard providing excellent health care. I really enjoy working with such a diverse team," Jill says.

Jill has also worked in policy and education, teaching at both undergraduate and post-graduate levels. In 2018 she was Acting Chief Nursing Officer at the Ministry of Health.

Mountain biking, skiing and travel occupy Jill's leisure time.

LAUREN ENSOR

Health Promotion Manager



Lauren oversees the team's portfolio of work: Healthy homes, Smokefree NZ, breastfeeding, babies' safe sleeping, alcohol licensing, oral healthcare, injury prevention, nutrition, the Health Promoting Schools programme, and mental health.

She says health promotion is the process of enabling people to increase control over, and to improve, their health.

"We are not the health police, we aim to make the healthy choice the easy choice for people," she says. "We do this through a range of social and environmental interventions rather than focussing on individual behaviour."

As at June Lauren has only been in the job for six months, but says she already sees the benefits of working in a smaller region. "It's easier to work collaboratively across the sector and we have great relationships. For a small region we are punching above our weight."

Lauren special interest is nutrition, which she studied at Otago University. Her passion for public health and vulnerable populations led her to complete a post-graduate diploma in public health.

When Lauren's not at work you will find her dancing or doing something in the great outdoors.

INTRODUCING SOME OF THE TEAM AT...PUBLIC HEALTH

JANE MURRAY

All Policies Advisor

Jane's role is to promote healthy public policy. She writes Nelson Marlborough Health's submissions on government consultations, for example on housing and active travel.



"I spend time developing relationships with councils so that we can create healthy communities and environments.

"I was studying urban planning in Christchurch when the earthquakes hit. In one day, Christchurch was completely changed; it was fascinating seeing how city design can shape people's wellbeing. I wanted to be involved in the Christchurch rebuild," Jane says of her career pathway.

In 2012 the first 'Health in All Policies' (HiAP) role in New Zealand came up with Canterbury District Health Board and Jane landed the job.

"It's a perfect combination of urban design, creating healthy environments and influencing policy and I love it.

"I moved to Nelson in 2017 and I am very lucky to have a HiAP role at NMH."

When she's not at work Jane enjoys swing dance, paddle boarding, biking and playing catch-ball.

JANELLE UNDERWOOD

Health Protection Officer

Health protection is about protecting people's health and wellbeing, requiring Janelle's expertise in disease, border health, hazardous substances, drinking water, burial and cremation.

In 2019 her main focus is the surveillance of, and investigation into, communicable diseases.

"I was previously a medic in the New Zealand Army, before deciding to pursue academic studies," Janelle says.

"I completed a Bachelor of Health Science and Graduate Certificate in Emergency Management at AUT, and then became employed by AUT part-time while I completed additional environmental health studies at Massey University."

Janelle likes to get outdoors and into the hills, most often on her bike.

"I am a very keen mountain biker, so I am often out on bike trails exploring the region and training.

"Recently I competed in the challenging, three-day NZ Enduro mountain bike event, and the Enduro World Series (EWS100) event where I won a bronze medal. I hope to do more races in the future."



JACQUI HITCHCOCK

Vision Hearing Technician

From her base at the Marlborough Health Hub, Jacqui visits pre-school, primary and intermediate schools to test children's hearing and vision as part of the B4 School Check programme.

"My background is in early childhood education and dentistry. I combined the two and worked for the school dental service and then with the Community Oral Health Service for a number of years, before transferring over to Public Health four years ago," Jacqui says.

"The work is really interesting, as no two days are the same.

"I've built strong relationships with the pre-schools and schools I visit and enjoy spending time with the community we serve."

Outside of work Jacqui likes spending time with family and friends, walking her dog, singing in a community choir and relaxing around water.



GAYLE HAY

Health Promoter



Health Promoter
Gayle's speciality is workplaces. She promotes the Nelson Marlborough Stop Smoking Service and Toi Te Ora's WorkWell programme to enable healthier, happier workplaces.

"My journey towards this role began while studying sociology at the University of Auckland." Gayle says.

"Here, I strengthened my passion for people, explored how we construct our understandings of the world and learned how looking through the eyes of others can help us to see how society affects our choices."

Gayle likes to play tennis, act in local short films and stress about which colours to paint her kitchen.

DR STEPHEN BRIDGMAN

Clinical Director and Medical Officer of Health (MoH)



The Medical Officer of Health is a statutory role designated by the Ministry of Health to ensure Nelson Marlborough Health discharges its legislative responsibilities and provide medical advice for public health and primary care.

Stephen is one of two Medical Officers of Health with the PHS who lead the response to outbreaks of communicable disease such as measles and mumps.

"We work alongside others in the PHS, clinicians, the public, other district public health units, the Ministry of Health and, on occasions, internationally to ensure the best public health protection response. I also have a lead role for environmental public health," Stephen says.

In his dual role as Clinical Director, Stephen leads work that contributes to a strong population health perspective within NMH and partner organisations.

He brings a wealth of expertise to NMH from previous similar roles in Guernsey and in England.

Married with two adult children, Stephen enjoys playing tennis, tramping, boating (he's a qualified coastal skipper), and has volunteered for population survey work for the Ornithological Society of New Zealand.



PUTTING WHEELS IN MOTION – BIKES IN SCHOOLS

In April the pupils at Broadgreen Intermediate School watched the gradual transformation of an unused school field in to an awesome bike track.

The track, and the shed full of new bikes and helmets, were put into prompt use, to the delight of Aaryn Barlow, Public Health Promoter.

Broadgreen is one of three schools in the Nelson Marlborough region to benefit from the national Bikes in Schools initiative where NMH works with the Bike On New Zealand Charitable Trust and local councils to put bikes, helmets and tracks into schools.

Aaryn says that the beauty of the initiative is that it provides children with regular and equal access to bikes, within their own school. This has huge advantages.

"Being active and physical, and getting bike skills at an early age, has tangible benefits for both kids health and for the wider community," he says.

The pump tracks allows students of all levels to enjoy riding a bike.

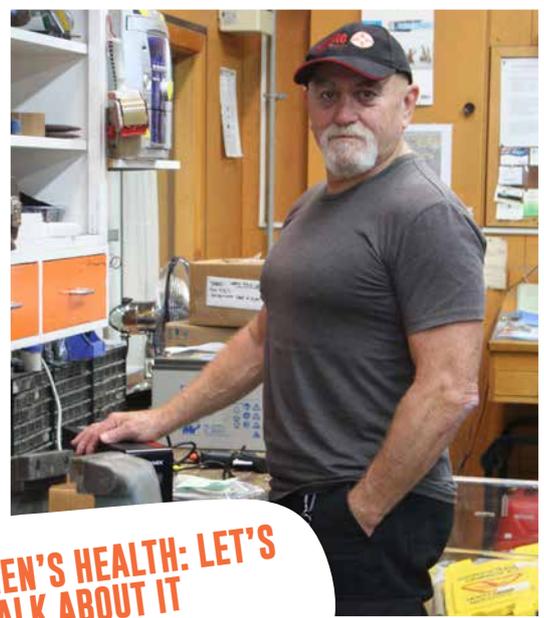
"Biking is particularly good for students who need ways to use their energy, and this supports their positive learning."

Parklands School in Motueka, Nelson Intermediate School and Broadgreen Intermediate School are all on board. To see video of their tracks in action, visit

www.nmdhb.govt.nz/bikes-in-schools

OUR HEALTH, SAFETY AND WELLBEING

STAYING WELL BY BEING ACTIVE



MEN'S HEALTH: LET'S TALK ABOUT IT
#MENSTARTTALKING

THE AVERAGE KIWI
EATS 350 MORE
CALORIES THAN
THEY NEED DAILY.



Being active is not something that Robert Paul has to think twice about.

The 60-something electrician with the NMH maintenance team says he has always gone to the gym and for the past 45 years has practiced the martial art of Inyoryu Kenpo Karate Jutsudo, which he likens to combat Tai Chi.

Robert is a Renshi Master 6th Dan and runs classes from his small dojo.

"I go to the gym every day. I can't help myself, I just like it," Robert says.

"Hard training keeps you supple and it's fun. After the gym I feel really good and it sets you up for the day."

A couple of years ago Robert decided to cut down on the amount he ate, gradually losing eight kilograms.

"I try not to eat too much bread, and I cut adown on sugar," he says. "I now drink light beers, and only very rarely buy a can of drink."

Robert's advice to men is to be active and get a regular health check-up.

"Every year I go to my GP and get my heart and blood pressure checked. It's so simple to do and will pick up things early."

Robert encourages all men to look after their health and to "keep active, get regular check-ups, watch what you eat and get immunised".

The Health, Safety and Wellbeing team are offering health checks for men during men's health month.

June is Men's Health Month to find out more visit:
www.menshealthnz.org.nz

AMAZING TALENT AND AWESOME EFFORT

Congratulations to Health Protection Officer Janelle Underwood for winning bronze at the Enduro World Series 100 mountain biking competition in Rotorua this March.

"I was lucky enough to be selected to race in the NZ Enduro event – it's a very unique and challenging three day race that attracts many top international riders," says Janelle. "Nelson is clearly a good training ground, and I hope to do more races in the future."





Above: (From left) AT&R patients Josie Harley and Latisha Scott with Sue Lindsay and Toki.

PUPPY POWER: PET THERAPY IN AT&R

Most dogs love attention and Toki is no exception. Pet therapy pooch Toki and his handler Sue Lindsay visit the AT&R unit at Nelson Hospital where he 'shares the love' with patients, staff and visitors.

Toki and Sue are Canine Friends Pet Therapy members, a national network of people who take their friendly, well-behaved dogs into hospitals, rest homes and hospices.

Toki's father was a Hungarian Vizsla. "They're known as 'velcro dogs' because they just want to stick with you," says Sue.

"Toki loves being patted, hugged and talked to. He's only 18 months old, so he is still a puppy, but he has a lovely, gentle nature and seems to know when he has to be extra careful and stand still."

Sue says when Toki puts his Canine Friend scarf on, he knows he is dressed for work and prances in to the hospital.

"Some people have a tough time in hospital and I think the dog brings some normality. We almost always get positive reactions.

"I feel very privileged to be able to share Toki with people in the ward."

Healthcare assistant Yvonne Blakemore says patients and staff light up when Toki visits.

"People will become quite animated, involved and chatty," she says. "They'll often open up to a dog more than they do to people."

Allied Health Assistant Suzy Robinson-Pont says pet therapy has been proven to lower blood pressure, and help to cheer people up.

Patient Latisha Scott has enjoyed Toki's visits and says it's nice having an animal around: "He always puts a smile on your face."

So how does Toki unwind after all that excitement? Sue says that, after a session of heavy patting, Toki likes to go for a run.

MESSAGE FROM NMH PRIVACY TEAM: THINK BEFORE YOU SEND



DON'T BE A KEYBOARD WARRIOR



WE ARE HUMAN - LET'S TALK



CONSIDER THE RISK



BE USER FRIENDLY



DO YOU NEED TO TELL THE WORLD?



RIGHT FIRST TIME

One of the roles of the privacy team is to look into privacy breaches caused by the wrongful disclosure of health information.

This often happens when email is used – it is easy to send the wrong attachment, especially if the documents you are selecting to attach are not clearly named.

This type of breach is fairly common. The Nelson Marlborough Health email address book does not filter email addresses from outside the organisation, therefore it is vital that you check all recipients of emails before you click send.

Under Health Information Privacy Code 1994 - principle 5

'Agencies have to take reasonable steps to make sure the personal information they hold is kept safe and secure. This includes making sure the information is protected from loss, accidental disclosure or other misuse in the course of transmission'.

Sending something by email? Things to consider

Ask yourself how appropriate it is to email personal information:

- How sensitive is the information?
- What steps can be taken to secure the information during transmission (for instance, by encrypting the email)?
- Will documents be attached and, if so, what steps can you take to secure the attachments?
- What could possibly go wrong and what might the consequences be if something does go wrong?
- What steps can you take to try and prevent things going wrong?
- What are your alternatives to transmitting the information and, in particular, is sending the information another way going to be more or less risky?
- Has the email address been used or checked recently?
- Has the individual indicated that they're happy for you to correspond with them by email?

The privacy.org.nz website has loads of information. The NMH staff intranet also has a dedicated privacy section: <http://nmhintranet/privacy>

Nelson Hospital redevelopment, IBC, new hospital.... all these terms are floating about in meetings and in corridor conversations, but what do they mean and how much do you know? This article looks at what is actually happening and tries to explain the process.

For some time there have been discussions around the need for investment in Nelson Hospital. These needs have been articulated into three key areas, which now form the basis for the business cases being developed:

WHY DOES NELSON HOSPITAL NEED TO CHANGE?

- 1** Nelson's population is aging and growing resulting in increasingly complex health issues being presented and putting pressure on an already stretched hospital system.
- 2** Advances in technology and changes in the way healthcare is provided is increasingly hard to accommodate within the hospitals existing infrastructure.
- 3** The hospital buildings do not meet the required level of seismic resilience expected of an emergency facility. Following a major seismic event, the functionality of the current buildings may be greatly reduced. This remains one of the key reasons why we are looking to redevelop Nelson Hospital and why it requires some urgency.

Redeveloping Nelson Hospital will provide the flexibility needed to accommodate modern healthcare practices and technology, and effectively cater for the changing health needs of the community.

It will comprise buildings that meet the new seismic standards and house all critical services such as ED, theatre, radiology and ICU in buildings that require little or no operational down time following a major seismic event.

THE PROCESS

A significant amount of work has gone into identifying the future health needs of the entire Nelson Marlborough community and the types of services required to support them. The Models of Care Programme (MoC) has refocused the Nelson Hospital discussion, because future health needs and the MoC will strongly influence the type of hospital we need.

Any major upgrade of the hospital will require capital investment from central government. NMH began the Treasury's Better Business Case process in 2016 to secure government support.

The Treasury's Better Business Case process consists of four stages, throughout which NMH will outline the rationale for the development, what the development may look like and how it will be implemented.

The initial stages focus on securing agreement that investment is required, and the later stages (detailed business case and implementation) delve into the configuration and processes and outline the specific requirements and costs for approval.

WHERE ARE THINGS AT NOW?

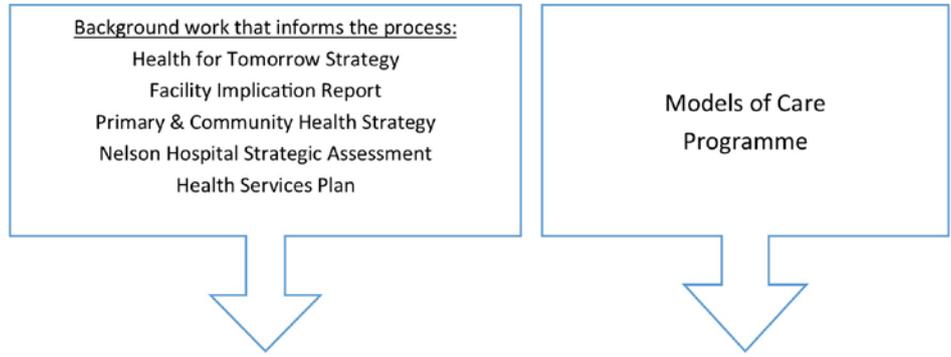
The draft Indicative Business Case (IBC) was completed and endorsed by Executive Leadership Team (ELT), and subsequently approved by the Board in May 2019.

The IBC is made up of three workstreams – the business case, masterplan and clinical services plan (CSP). The CSP and masterplan inform decisions about future configuration and capacity requirements for the region and the business case use these and a range of current and predicted data to make informed assumptions.

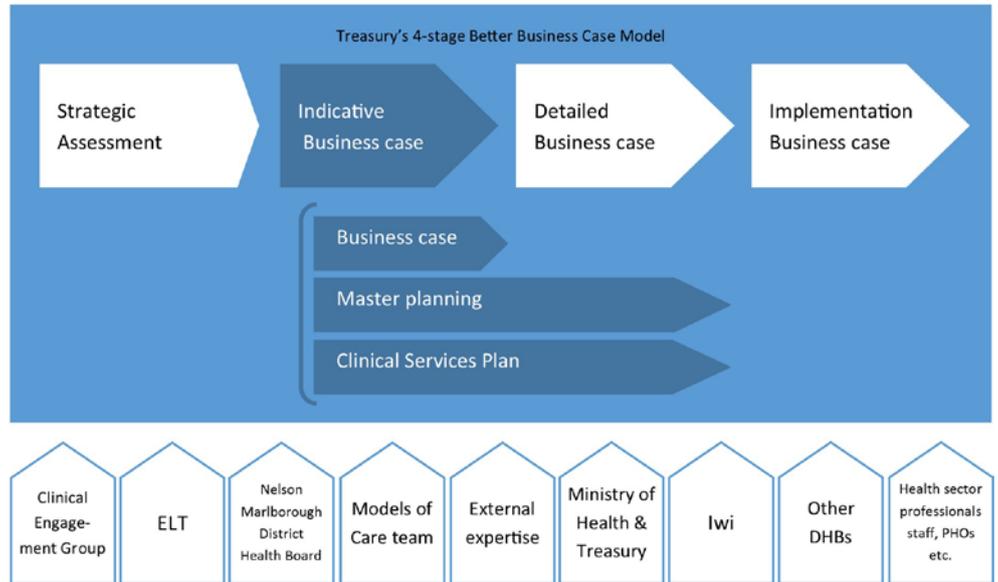
The IBC includes a short-list of potential options and identifies NMH's preferred options, which are:

- 1** A greenfield development, away from the current campus on a location yet to be determined.
- 2** A development on the existing campus, which addresses the three core issues: future capacity and demand, seismic resilience, and supporting contemporary and future clinical practice.

The programme is still very much in the early stages, and the potential options are simply that – options, formed by the data projections. Details such as configuration and service provision will be addressed in subsequent stages once the options have undergone a robust process of testing by the central agencies (Ministry of Health and the Treasury).



THE PROCESS



Any major upgrade of the hospital will require capital investment from central government.

WHAT'S NEXT?

The IBC will now be presented to the South Island Regional Investment Committee and then to the central agencies where it will undergo significant rigor and testing.

Following approval, work on the detailed business case (DBC) can begin to verify the space and configuration requirements as well as indicative costs. The DBC will seek agreement from government on the preferred option design and budget requirement. It will use the clinical services plan, masterplan and Models of Care Programme as its foundation and we will rely on the combined expertise within NMH to inform and shape it.

A redevelopment of this size will take time, during which the current facilities need to continue to react and adapt to the health needs of the community. The ELT recognises this as a priority and has set up a working group to oversee and manage interim measures, to get us through to a redevelopment of Nelson Hospital.

To find out more about the Models of Care visit:
www.nmdhb.govt.nz/models-of-care

WHO IS INVOLVED?

The redevelopment of the Nelson Hospital will be done in collaboration with the Ministry of Health and the Treasury.

Who has been involved in the development of the IBC?

- The Clinical Engagement Group provides expertise and guidance to the project team.
- The Models of Care Clinical Working Group provides expertise to the MoC programme and continuously inform the programme with their progress.
- Architectural experts in health planning – Klein and global consulting firm Ernst Young have been brought in to help us with the business planning process due to their extensive experience in this area. We have also engaged a team comprising an experienced quantity surveyor, engineering consultants and a construction programme expert.
- Staff – we are privileged at NMH to have so many clinical experts. This was clear from the departmental survey, completed by service managers and clinical managers in October 2018. The findings informed many of the assumptions that underpin the IBC.

As health professionals and experts in your fields, you play a key part in the redevelopment and we will continue to call on your knowledge, update you on opportunities to input and keep you informed and as the programme progresses.



Above: Healthcare assistant Margaret Gifford and Shelagh Somerfield, the hand hygiene auditor for the Wairau inpatient unit.



Above: Friends and colleagues took the opportunity to farewell Dr BJ McKay over lunch.

PUT YOUR (CLEAN) HANDS TOGETHER FOR...



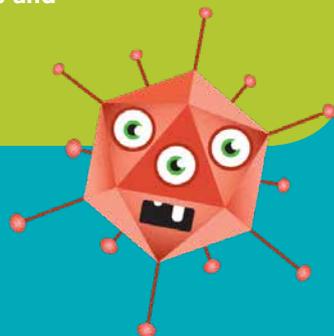
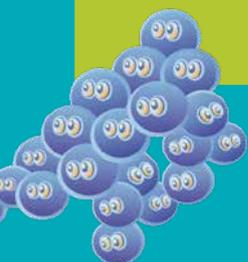
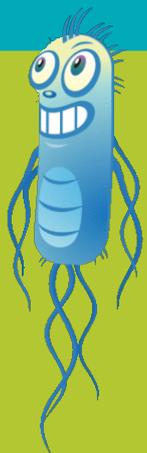
Congratulations to Wairau's maternity, paediatrics, inpatients/AT&R wards.

All three achieved 100 per cent hand hygiene compliance in the March Hand Hygiene New Zealand (HHNZ) national audit.

The national target is set at 80 per cent compliance and Nelson Marlborough Health achieved 87.6 per cent.

CLEAN HANDS ARE IN EVERYONE'S HANDS EVERY DAY

Hand hygiene is the single most important procedure for preventing cross infection and the spread of micro-organisms to and from patients and healthcare workers.



BYE BYE DR BJ

No one calls her Barbara – she is always known as BJ or Dr BJ.

Dr BJ McKay retired in April 2019 after many years working with the Wairau Older Person's Mental Health team, and the Witherlea team before that, as an SMO specialising in psychiatry.

BJ has been a doctor for 50 years, and recently celebrated her 75th birthday. Although she still intends to do some locum work to keep herself busy, she chose the 50th anniversary of her years of service to medicine as a fitting time to retire.

BJ grew up in New York and spent many years working in Hawaii; she liked to greet people with a cheerful 'aloha'. She also lived on Stewart Island for several years.

BJ was a very popular member of the team, with an ability to empathise with patients, due to her endearing personality, kindness, patience, knowledge and great sense of fun.



ORGAN DONATION: SECOND CHANCES, CHANGED LIVES

In May 2019 there were more than 550 New Zealanders waiting for an organ or tissue transplant.

Sadly, some of those people will die waiting, or lead lives restricted by long-term treatment.

Organ donation offers valuable second chances and dramatically changes lives. Organ donation is only viable however, when a donor is in an intensive care unit (ICU) on a ventilator (breathing machine). They usually have non-survivable brain damage.

Less than one percent of all deaths happen this way.

Tissue donation however can occur in many more circumstances and tissues can be donated up to 48 hours after death.

One donor can transform the lives of up to ten recipients; their heart, lungs, liver, kidneys, pancreas, eye tissue, heart valves and skin are all needed.

The Donation Link Team at Nelson Hospital help ensure that clinicians know what to do in a situation where donation might be possible.

Comprising ICU nurses Jette Koelle and Rachel Smith, ICU doctor

Alex Browne and operating theatre nurse Sadie Sheridan, the team:

- are especially trained in organ donation
- recognise and supporting colleagues in situations where donation may be possible
- liaise with Organ Donation NZ donor coordinators
- assist in all aspects of the donation process
- alongside other NMH healthcare professionals, support and care for a potential donor and their family.

Jette says the most important thing people can do is to discuss organ donation with their family or the people closest to them.

"Having a conversation with your family may make the donation decision a little easier for them at a very difficult time.

"In the event of your death, your family will always be asked if they know your wishes. If you have told them there is nothing else you need to do," Jette says.

This is important because while you can name yourself as a 'donor'

The Donation Link Team at Nelson Hospital help ensure that clinicians know what to do in a situation where donation might be possible.

on your NZ driver's licence, this only indicates your interest in being a donor. It is not an official organ donation register, which means a potential donor's family or advocate may be the ones to make the final decision.

www.donor.co.nz

Above: (From left) Intensivist Gill Hood, ICU nurse Jette Koelle, nurse Lara Miller and clinical nurse educator Fiona Simmons all play a role in the organ donation process.



BRINGING MATRON BROWN BACK HOME

A nurse from Nelson Hospital's past was the focus of the International Nurses Day celebrations this year.

A special presentation was made to acknowledge Sylvia (Daisy) Brown, who was Matron of Nelson Hospital from 1920 to her retirement in 1937.

In 2018 Director of Nursing and Midwifery Pamela Kiesanowski received a call from Ian Martyn, the founder of Medals Reunited New Zealand.

Ian had been given a medal, engraved 'Sister S Brown', by Nelson police constable Benjamin Wallbank in the hope that Ian could return it to a relative. To do so, Ian undertook substantial research using ancestry websites, Auckland War Memorial Museum records and the UK Archives.

At the International Nurses Day celebration at Nelson Hospital Ian shared what he had found out about her military history.

Above: Charge nurse managers celebrated International Nurses Day and acknowledged Sylvia (Daisy) Brown, who was Matron of Nelson Hospital for 17 years. Director of Nursing and Midwifery Pamela Kiesanowski (centre left) with ADON Linda Ryan holding the special presentation of the medal found by Constable Ben Wallbank (far left) and handed to Ian Martyn, the founder of Medals Reunited New Zealand (far right).

A BIOGRAPHICAL SNAPSHOT

1883: Daisy Sylvia Brown is born in 1883 in Yorkshire, England

1906: Sylvia starts her nursing career at the London Temperance Hospital

1906-1915: During this time, Sylvia graduates as a registered nurse with qualifications in midwifery, physiotherapy and therapeutic massage. She joins the Colonial Nursing Service and is posted to Kalgoolie, Australia.

1915: Sylvia returns to Britain and enlists with the Queen Alexandra Imperial Military Nursing Service Reserve (QAIMNSR). She is posted to York, near her home.

1917: Silvia relocates to New Zealand to work at Waiapu Hospital in the Gisborne area before moving to Timaru Public Hospital.

1917: Sylvia's wish to serve overseas is granted. She is posted to Étaples, France, to care for the war wounded at a British Expeditionary Force camp.



Above: Director of Nursing and Midwifery Pamela Kiesanowski and Ian Martyn, from Medals Reunited New Zealand.



1917-1919: Sylvia endures bombing attacks, poor facilities and acute diseases during the war. As a consequence she suffers many ailments including what was described at the time as 'nervous disability' but is now known as post-traumatic stress disorder (PTSD).

1919: Sylvia is released from service (known as 'demobbing') and returns to New Zealand

1920-1937: Sylvia holds the position as Matron of Nelson Hospital.

1950: Sylvia dies and is buried in the Returned Serviceman's section of Wakapuaka Cemetery, Nelson.

2018: One of Sylvia's war medals is recovered by police.

2019: A wreath is laid on Sylvia's grave on 30 May 2019, the anniversary of her death. The Returned Serviceman's Association bugler played the last post and raised the New Zealand flag in memory of Sylvia and her contribution to nursing, locally and internationally over her lifetime.

It seemed appropriate and right that on International Nurses day, nurses took the time to reflect on vulnerable service men and women during the war...

Pamela Kiesanowski says it seemed appropriate and right that on International Nurses day, nurses took the time to reflect on vulnerable service men and women during the war – their impact, leadership and influences.

"Hearing about Sylvia's life it is hard to imagine what she endured and the toll it took on her life and I am thrilled to be able to bring her back to Nelson and into her Nelson Hospital nursing family," Pamela says.

Speaking at the presentation Pamela reminded nurses to take time to reflect on what they do and their effect on people's lives every day.

"As I go around talking to patients, I get nothing but praise about the care you offer with compassion and kindness," she said. "I feel privileged to lead a group of professionals that give 100 per cent each day – I know you are here to do the very best you can."

UPSIDE DOWN AND UNDERWATER – IN A HELICOPTER

Our flight team recently completed helicopter underwater evacuation training in Christchurch.

Road and flight coordinator Alex Thomas says the training is incredibly important for the nurse-led flight team who fly on both aeroplanes and helicopters over water.

“The training puts us in a realistic scenario of being upside down, strapped in and completely underwater. Being able to practice evacuation procedures is invaluable,” Alex says.

In April this year a Southern Lakes Helicopter crew escaped with the lives by swimming to shore when their helicopter crashed into the Southern Ocean.

In media interviews the crew all reiterated the importance of the underwater training. They believe it gave them a chance to get out and stay alive.



Above: From left: Simon Langford, Marnie McDowell, Monette Johnson, Mary Bezzant, Sharon North and Brenda McAlpine.

INTRODUCING MARNIE, CNM

There has been a change in leadership for Wairau’s inpatient unit with the appointment of Marnie McDowell as the unit’s charge nurse manager (CNM) in April.

Previous to this, Marnie was an associate CNM for Wairau theatres. A celebratory lunch was held for Marnie, and to thank Simon Langford for holding the fort for 18 months. Simon has returned to his role as associate CNM for the high dependency unit.

LONG SERVICE IN MENTAL HEALTH NURSING ACKNOWLEDGED

As part of International Nurses Day celebrations the local branch of Te Ao Maramatanga (the College of Mental Health Nurses) organised a hui for 40 nurses.

Participants took the opportunity to acknowledge Hilma Schieving's long service to mental health nursing.

Spanning 42 years, Hilma's career began at the Otago psychiatric hospital Cherry Farm and includes 30 years with Nelson Marlborough Health. Hilma is leaving nursing to work as a PSA union organiser for the region.

Right: Jane Kinsey (GM of Mental Health, Addictions and Disabilities, NMH), Hilma Schieving (mental healthcare manager), Jane Bodkin (Ministry of Health) Jodie Roberts (Te Ao Maramatanga and mental health manager at Nelson Bays Primary Health).



Left top: Recruitment business partner Matt Brown, occupational therapist Jasmin Price, poukorowai Tui Lister, nurse educator Jess Hayward, post-grad and NetP administrator Samantha Tsironis, kaiwhakahaere kaupapa Lorraine Staunton, and mental healthcare manager Amanda Inwood. Absent from the photo: Nurse consultant Sandra McLean-Cooper and occupational therapist Clive James.

Left bottom: The Motueka School hall buzzed with students and NMH staff talking to each other about career opportunities in the health sector.



HEALTH CAREER CHOICES ON SHOW

Recruitment business partner Matt Brown says it's important health is represented at careers fairs, to build NMH's profile in the community as an attractive employer.

He says the students were receptive and particularly enjoyed having a go with the interactive resus manikins.



THE WAY IT WAS

STORIES FROM THE CONNECTIONS ARCHIVE

In this segment we look back at some of the stories and people who have featured in past issues of **Connections**.

We are very proud of our PRIME (Primary Response in Medical Emergencies) team in Murchison who have been helping their community and passers-through since the service began in 2004.

Here is the story and photo from May 2007.

ISSUE 2 MAY 2007



PRIMED – up in Murchison



PRIME Registered Emergency Nurses, Will Falla, Carolyn Walker, Barbara Smith (Charge Nurse Manager), Nicky Foreman, and Christine Horner

Nurses at Murchison Hospital are primed and ready to respond to 111 call outs. There's a team of six nurses in Murchison that are PRIME (Primary Response in Medical Emergencies) trained to provide urgent and emergency care in rural locations. PRIME nurses support the ambulance service with rapid response to the seriously ill or injured, and they provide higher level medical skills than would otherwise be available in rural communities.

Murchison Hospital Charge Nurse Manager, Barbara Smith says most of the six to eight callouts they get each month are for road accidents, but calls could also be for anything from anaphylactic shock to chest pains. She says she is very proud of the Murchison PRIME nurses.

"We are really fortunate with the level of skills and world wide experience of our nurses here. PRIME is all about making a difference," says Barbara. "Most of the PRIME work is pre-hospital, but we also

get patients arriving at the hospital that need the same emergency skills used at an accident scene."

Barbara says the new building has a bigger emergency room and clinical rooms where PRIME skills can be used, also allowing more cases to be treated at the hospital rather than being sent on to other facilities.

PRIME training is the same for both doctors and nurses. Will Falla is one of the RENs (Registered Emergency Nurses) and has been working at the Murchison Hospital since late last year. Will has completed the initial PRIME training and says he always had an interest in emergency medicine and rural practice.

"It's about saving someone's life, I guess...to be there and to be able to do something," he says.

Murchison has been providing the PRIME service 24/7 since 2004, with the project jointly funded by the MoH and ACC, and administered by St John.



PRIME PRIDE AND PROFESSIONALISM

Christine Horner has been part of the Primary Response in Medical Emergencies (PRIME) team from the start. Her colleague Kim Charles has paid tribute to Christine's work. She writes:

If you are travelling on the highways around Murchison and come across an accident scene, chances are Christine Horner is helping people at the scene.

Christine is the Charge Nurse Manager (CNM) of Murchison Health Services and the leader of a team of five registered nurses (RN), one nurse practitioner and one general practitioner who provide the PRIME service to their Murchison community and the many travellers on State Highway 6. The 24/7 Murchison PRIME team take turns being on-call.

Christine's continuous service to her community in her rural emergency nurse role for the past 27 years makes her contribution stand out.

During this time she has raised two sons with husband Maurice, managed their businesses in hospitality and accommodation, and been promoted from registered nurse to CNM.

In 1992 Christine and some of the Murchison RNs upskilled to cover pre-hospital emergencies when the part-time GP resigned, leaving weekends and public holidays without any cover.

At that time, upskilling involved spending time in Wairau Hospital's emergency department and completion of several courses. This changed six years later when the Ministry of Health, St John and ACC established PRIME training to standardise the national provision of emergency medical services in rural areas.

Christine completed the first regional PRIME course in 1998, completing refresher courses every two years. To date that's ten refresher courses and counting.



The job has its challenges; two days a week there is no ambulance back-up, or the weather and patient criteria prevent use of the rescue helicopter.

There are often less than perfect communications at a pre-hospital scene which can be stressful. However, Christine never lets her patient or team see this. She is highly regarded by her colleagues, including members of Fire Emergency NZ and the NZ Police.

I understand that Christine is one of, if not the, longest continuous serving PRIME practitioner in the country.

Thank you Chris for your longevity, dedication to your community and professionalism.

Above: Christine Horner, Sue Dawkins, and Kim Charles

Towards a healthy commute

Great prizes to be won

Sick of seeing your wages going to petrol?
Frustrated trying to find a park at work?

We are keen to hear about your commute.

Introducing the ...

Nelson Marlborough Health Travel Survey

Go to the staff intranet to complete the:
NMH Travel Survey

