

CONNECTIONS

A quarterly magazine for Nelson Marlborough Health staff

September 2019

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CE UPDATE



In my report to board members in July I wrote about the importance of remembering the top five factors, from my perspective, which underpin a good health system.

These came to me at a time when we were feeling the pressure of winter on our services, and the additional weight of patient complaints and media scrutiny.

No matter what pressure we are

under I believe these factors remain fundamental and I would like to share them with you:

- 1. People:** Every day talented, dedicated people deliver healthcare in a thousand different ways across our region. It is people that are largely the face of healthcare – and every day people turn up to do their best by their community.
- 2. Values:** If we want kind and compassionate care, then our values need to underpin the way we deliver this care. Kindness and compassion are at the heart of good care and acts of kindness and compassion are reflected in many small actions that may go unnoticed.
- 3. Teamwork:** Innovation and improvement is enabled by effective teamwork. When things go wrong (and sadly they do despite people's best intentions), it is often the failure of people to work well together. Health is such a complex system, relying on people and processes working together for the best outcomes. We need to put more
- 4. Resources:** If we are to provide good care then we need the people, equipment, buildings, drugs and more to make the health system work. Health is a 'hungry beast', always wanting more to meet growing demand and changing technologies. We do an amazing job to extract the best value from the resources we are given.
- 5. A focus on equity and the most vulnerable:** As a health provider we need to keep the spotlight on the right things – otherwise we will not address the issues of inequity of health outcomes and poor access to services. We need to be clear in our vision and focus which will then shape our priorities, actions and investments.

These top five things provide an excellent lens to keep checking that our health system is indeed healthy, and oriented with the right focus.

Peter Bramley,
Chief Executive

BOARD TALK

Patrick Smith was appointed to the Nelson Marlborough District Health Board by the Minister of Health in 2010, and completes his third and final term in November 2019.

Kia ora,

I've been invited to reflect on my time as an appointed member of the Nelson Marlborough Health District Health Board.

Supporting strong clinical leadership and the continued development of the clinical governance group is an important forum that I have really valued, especially as our staff deal with more complex cases.

The proactive provision of

services in the community through Te Waka Hauora programmes has been successful. Improving access to healthcare and promoting primary care are important keys to a sustainable health system.

Thank you to everyone who is working so hard on the move from a hospital-centric health model to a whole-of-system approach, with primary and secondary services working together to build a patient-centred health system.

Nelson Marlborough Health is the region's largest public sector employer and in large organisations there is a risk of small teams operating in silos. I have found it exciting to see the development of the health hubs in Blenheim and Richmond. These multidisciplinary teams, stationed together, are great examples of providing services

closer to home, sharing resources and creating environments to think and work more collaboratively.

Best wishes for the future.



Patrick Smith,
Retiring NMDHB member and
Iwi Health Board member

TEAMING UP TO TRAIN WITH STARSHIP

Our theatre teams, in conjunction with Starship Hospital, took part in a combined paediatric airway training day in June. Dr Nicola Hill, Clinical Head of Department, Otolaryngology said it was a great training opportunity with more than 30 theatre staff involved.

From left: Kate Ellson, Emily Jones, Jasmine Hall, Mike Roberts, Natalie Hong, Nikki Mills (Starship), Sean Chan, and Nicola Hill at the combined paediatric airway training day.



BUY-A-BEANIE

Drs Moayid Sherif and Alexander Hosking are right behind the Stroke Foundation's 'Beanie Up' fundraising campaign to provide vital support services to stroke survivors.

See www.beanieup.co.nz or the beanie stand in the medical unit for more information.

Left: Docs get behind Buy-a-Beanie campaign

Good on You

Do you have feedback, a story idea or photos to share? Get in touch.

Connections is your quarterly staff news magazine produced by the Communications team.

You can contact us with any feedback or story ideas on: comms@nmdhb.govt.nz

Thank you for the kindness and professionalism shown to my father, and help given to the family in a difficult period.

(Wairau)

Every one of you were not only very professional but you all took the time to engage me on a personal level.

(Nelson Hospital's medical unit)

To everyone involved – from the cleaning ladies, the coffee lady, kitchen staff, the superb nursing and medical staff, plus all the diagnostic facilities & expertise that are available – a big, big thank you!

(Wairau)



JOHN'S STORY: NEW FRIENDS AND A PURPOSE TO LIFE

“ My name is John and I am no longer a spring chicken. I am recently retired and relatively new to Nelson. There is little doubt in my mind that my story about joining the Menz Shed is very similar to that of many others who, like me, have joined in recent months.

Upon retirement I found myself at a loose end and needing to find a purpose in life. A health professional suggested that I might find some joy in joining the Nelson Whakatu Menz Shed (NWMS). I knew little about the organisation or what it did, but I went along just in case it had something to offer.

To suddenly find myself surrounded not only by blokey smiles and good humour but a huge range of knowledge and skills, all being offered up for free, was staggering. On top of all that was the work in progress in the shed – the bulk of which was aimed squarely at helping the Nelson community.

It took only two or three visits to realise that to NOT join the Menz Shed and become part of the shed's community assistance programme would have been crazy. Now, six months later, I have a large group of new friends, I have learned woodworking and metalworking and other skills I never thought I could or would use and I have contributed to a number of projects aimed at helping people in Nelson who are less fortunate than me.

I state quite clearly, the NWMS has made a new person of this man who was previously a cranky old codger.



Above: Peter and many hands; Colin, Richard, Mark and Brian discuss the finer points of woodworking.

MENZ SHEDS BRING BENEFITS BEYOND THE WORK BENCH

“If we set up a support group for lonely, isolated men, they might not turn up. But set up a Menz Shed, where people feel they are adding value to the community, and these men will come,” says Phillip Chapman, Public Health Service Health Promoter and chair of the Nelson Whakatu Menz Shed.

As a non-profit community organisation, the men's shed originated in Australia. Now there are sheds all over the world, with more than 100 in New Zealand and nine in the Nelson Tasman region.

In a practical workshop setting men can share their skills and work on projects that benefit their community. The Nelson Whakatu Menz Shed has made bait tunnels for Brook Waimarama Sanctuary, raised garden beds for the Victory Community Centre, giant board game pieces and an entry for the Light Nelson festival.

While they measure, saw and hammer, men have the chance to socialise and talk.

“It's blokey, they laugh together, they give each other a hard time and they all love it.

Everyone wants to contribute to society and as you get old it's nice to feel you are giving back,” Phillip says.

Look up a shed near you at:
www.menzshed.org.nz



COMING OFF CALL AFTER 30 YEARS

Irregular hours and sleep deprivation will soon be a thing of the past for Dr Helen Crampton.

Helen retires this year after more than 30 years' service as an obstetrician and gynaecologist at Wairau Hospital.

Helen had not been considering obstetrics as a specialty until she was presented with a challenging case in the emergency department.

"After that I decided to do more training and ended up loving obstetrics."

At that time of her career there were not many female obstetricians and Helen says she was actively discouraged from applying to train in the specialty.

"It was a very male dominated field and I was told it was a too hard a life for a women. Nowadays however there are more women training in obstetrics than males. Sadly, many New Zealand-trained graduates end up overseas, where the money is better and the on-call work is less onerous."

Helen says an obstetrician who works in New Zealand's main cities is typically on-call one day in every 14. In Marlborough it is one in four, but for her first 18 years in the job Helen was on call one in every two days.

Despite this Helen and her husband John, who she met through a shared love of tramping, managed to raise three children.

"I coped because I was young and had a very supportive husband," she says. "Family time was treasured and having dinner together was paramount."

Helen says she will miss the camaraderie of her many colleagues, doctors, nurses, midwives and secretarial staff, whom she describes as 'precious people' in her life.

She looks forward to continuing to make a positive difference in people's lives. Her new venture, operating a bed and breakfast with her husband, means she still gets to meet lots of new people – but can enjoy an interrupted sleep.

Helen is a very giving person. She is just one of those people that sees something that's not quite right, and does whatever she can to fix it. Staff are really going to miss her.

Donna Addidle, Women, Child and Youth Service Manager

GOLDEN BAY SPECIAL FEATURE

Connections editor Jane Horder spent a day in Golden Bay catching up with some of the bay's healthcare providers.

PATIENT-CENTRED CARE COMES WITH INTEGRATION



Golden Bay Community Health (Te Hauora o Mohua) is an integrated family health centre in Takaka offering GP, maternity and community nursing services, a rest home and continuing care. It also hosts a visiting surgical bus.

Opened in 2013 and managed by Nelson Bays Primary Health, the centre is designed to suit Golden Bay's needs. It had a slightly rocky start – the 2010 proposal to form the centre by combining health services in the bay divided public opinion. Objections related to cost, location and the closure of the Joan Whiting Rest Home in Collingwood.

Centre General Manager Linzi Birmingham says that people's resistance to the integration of health services in Golden Bay has largely dissipated over the past five years.

"There is community acceptance and a real sense of ownership now," Linzi says. "The staff take pride in the facility and it's all about working together."

Linzi says there are still a few challenges ahead to integrate the various patient management software systems.

Another challenge is the

recruitment of nursing leaders to the region; Linzi is pleased to have a new nurse practitioner in place and the availability of specialist clinical support on the phone.

"Accommodation and employment for people's partners can be tricky in the bay, so it would be good if there was some sort of employment scheme for rural areas."

Linzi developed an affinity for rural healthcare after working in rural Australia.

"The diversity of my role in Golden Bay is great – I still get to be involved clinically and we have a really close network with all healthcare and social

service providers."

She says the integrated healthcare model enables patient-centred care.

"In a rural area you have to be inventive as not everything is easily accessible. What we can do at the centre is remove all the barriers so patients can move from service to service without any restrictions."

Linzi says the breadth of care offered in the bay has expanded over the years to meet the increasingly complex needs of people in the region.

"If we can provide a good healthcare service in a rural facility then we help prevent an overload on secondary and tertiary facilities."

Linzi believes the introduction of telehealth services currently being trialled as part of the Models of Care programme will be transformational for the bay. She is part of the national Ministry of Health Telehealth Leadership Group and says anything that reduces the need for patients to travel out of the bay for healthcare is worth investing in.

"The use of telehealth is an exciting and significant initiative," she says. "It's about valuing our patient's time as much as we value our own."

Watch this space.



Above: Linzi Birmingham, General Manager



REACHING PEOPLE IN REMOTE PLACES

The Golden Bay district nursing team cover all corners of the bay, from the top of Takaka Hill to Totaranui and the start of the Heaphy Track.

The five nurses provide free, specialist home-based care in the community, returning to base at the Golden Bay Community Health Centre.

Connections caught up with Jean Bensemann, Monika Schneider and Alexia Russell who have around a hundred years of nursing experience between them, much of it undertaken in the bay.

Jean came to district nursing after a short-term management contract that inspired her to get back to patient care; Monika was looking to move away from shift work and Alexia was attracted to the independent nature of the job.

They share a collective view of a changing patient demographic; the bay population is aging, more people are living alone and living

The five nurses provide free, specialist home-based care in the community, returning to base at the Golden Bay Community Health Centre.

longer, and they are often more unwell. This requires the nurses to apply every inch of their expertise and experience; they provide high-quality stoma, wound, continence, hospice and oncology care in addition to other services.

Like many healthcare providers in Golden Bay, the nurses feel the isolation.

"We are very dependent on each other for support," says Alexia. "We can't just pop out to the corridor and find another nurse."

There is always someone at the end of a phone however, and they feel well supported.

"It's a fabulous role as no two days

are the same," Alexia says, to which Monika adds "no morning or afternoon are the same".

Despite the challenges the nurses are all driven to improve the service they offer and enjoy the positive feedback they receive.

"I see it as a privilege," says Monika. "We know so many patients, their backgrounds and their families, and we understand what they have been dealing with and I think that helps us provide a better service."

Above: Rachel Weaver, Alexia Russell, Monika Schneider and Jean Bensemann from the District Nursing team in Golden Bay



BIRTHING BABIES THE GOLDEN BAY WAY

Collegiality and connections are integral to maternity care in Golden Bay, say three lead maternity carer midwives.

Janet Zrinyi, Prue Carter and Kerri McConachie provide pregnancy, childbirth and postnatal services in the bay. About half of their clients birth at Nelson Hospital, and of those that can stay in the bay, around half give birth at home and half at Golden Bay Community Health Centre's community hospital.

Providing maternity care in a rural area has its challenges but the midwives agree there's also a lot of benefits.

"I think there are less time constraint pressures," says Prue. "There's a slower pace in a rural environment."

Because of the close proximity and relationships with other healthcare providers, Janet says they are often able to access services, such as mental health, faster than they

would be able to in a bigger centre.

Despite their relative isolation the midwives feel well supported and can always get advice on the phone from a Nelson-based obstetrician or paediatrician.

"We have good triage practice as well, so if a woman has to transfer out of the bay, it happens earlier rather than later," says Prue.

The Golden Bay midwifery team faced one of their biggest challenges early in 2018 when ex-cyclone Gita severely damaged the Takaka Hill road. The hill was shut for five days and then only open for daily convoys.

Women needing to have a scan in Nelson had to get up at 5am to catch the convoy. Janet says that it was lucky no woman in active labour had to travel to Nelson during this time.

The midwives also work with a diverse population. "We worked with families of 11 nationalities last

year, and the differing ethnicities and cultures can be challenging," says Janet.

Kerri points out that any differences can also be amplified by the isolation and lack of family support many people experience in the bay.

On the topic of home births versus hospital births the team say they enjoy working in both environments.

Home births have a 'different vibe', Kerri says.

"In their own homes I think women take more responsibility and make their own choices. They also feel more comfortable having the people they want around them for the birth."

Prue believes home birthing women are more able to birth in their own timeframe; women 'do' the birth rather than having it 'done to them'.

All the midwives have had to navigate some interesting ideas around childbirth with their clients.

"We don't want to put too many constraints on but we have to be realistic. We tend to have those conversations early," says Janet.

"Midwifery in a small community is an art, a science and an exercise in communication."

Above: Kerri McConachie, Janet Zrinyi and Prue Carter



Above: The Te Whare Mahana team

TE WHARE MAHANA REMAINS TRUE TO FOUNDERS' VISION

Meaning 'the warm house' in te reo Maori, Te Whare Mahana is a therapeutic retreat centre for people needing emotional and psychological support in Golden Bay.

The centre offers New Zealand's only national residential dialectical behaviour therapy programme for people experiencing frequent high levels of distress. There are six beds onsite and referrals come from all over the country.

Staff also offer a range of day services and collaborate with other agencies to offer employment vocational services and accommodation options.

Te Whare Mahana was founded in 1989 and the emphasis on rehabilitation and assisting people to make positive change remains the same today, an achievement that General Manager Tony Keatley credits to skillful governance by the Te Whare Mahana Trust.

"Governance with a values set is really important," he says. "The success of the service is a credit to the commitment and acumen of our board members, and the dedication of our specialised staff."

The range of 38 clinicians, coaches and support workers apply a people-centred approach which Tony says creates a really positive work culture.

"We're a whanau – and I think because we are able to be innovative we attract people who enjoy thinking outside the square. We can also offer a good work/life balance."

Tony's mental health nursing career began in the early 1980s and he's held various roles across Australia and New Zealand. Four years ago he was managing a forensic mental health unit in Christchurch when he saw a sea change opportunity to move to

Golden Bay.

He says the Golden Bay community is very supportive and that many people find living there to be therapeutic in itself.

"We are a village – local healthcare agencies know each other, we talk to each other and we invest in those relationships which makes the delivery of mental health services much easier."

The resident population of 5000 swells to 25,000 over summer with the arrival of holiday home owners, tourists and festival-goers. This puts pressure on services.

"We brace ourselves, but we have the support of the community, support from our colleagues in Nelson and talent right throughout the organisation," Tony says.

"Governance with a values set is really important"

— General Manager Tony Keatley

A COMMUNITY STAR REWARDED

Bryan Strong's determination to find a transport solution for Marlborough residents needing to get to medical appointments in Nelson has been rewarded with a major community award.

The recipient of the Community Star award at the 2019 Marlborough Volunteer Community Awards, Bryan was instrumental in forming the Marlborough Sounds Community Vehicle Trust. The trust runs an 'on demand' service that has transported approximately 450 people to Nelson since it began in 2016.

The judges commended Bryan for going 'above and beyond' to get the service off the ground: identifying the need in the community, researching what other regions do, arranging vehicles, putting systems in place, screening and training volunteers.

The judges acknowledged Bryan for his tenaciousness and for being a wonderful role model and a true 'community star'.

The Marlborough Sounds Community Vehicle Trust has the

backing of Nelson Marlborough Health, Blenheim Primary Health Organisation, Marlborough District Council and support from many local businesses.

For more information go to:
www.nmdhb.govt.nz/health-shuttles

Above: Bryan Strong with his Community Star award. (Photo: Stuff Marlborough)



GOING PINK FOR BREAST CANCER

A 'pink ribbon' morning tea organised for Braemar campus staff by PA Melinda Goodger exceeded her fundraising target to bring in nearly \$550. Melinda thanks sponsors for their generous raffle prize contributions and others who donated morning tea items.



help teens celebrate

without alcohol

www.the-plan.nz



Above: Parents attending an information evening on The Plan at Waimea College

TEENAGERS AND ALCOHOL: EVERY PARENT NEEDS A PLAN

Did you know that there is no legal drinking age in New Zealand?

There's a legal purchase age (18) but no limit as to when a young person can start to drink alcohol, leaving parents with the task of setting rules to try to mitigate risky situations.

That's where our Public Health Service comes to the rescue with The Plan, a set of tools and resources to help parents and caregivers delay the age at which a young person starts drinking.

Health promoters Carol McIntosh and Hilary Genet, with Rosey Duncan from the Health Action Trust, developed The Plan in consultation with local parents. It's been well received, earning the team a 2018 NMH Health Innovation Award, and catching the attention of local schools.

Waimea College presented The Plan to parents at an information evening this year, facilitating a discussion among parents, which is one of the key component of The Plan.

Other strategies include:

- networking with other parents
- getting to know their teen's friends
- role-modelling: showing teens that you do not have to drink to have a good time
- setting a 'no drinking away from home' rule for under-18s
- allowing a sip or taste of an alcoholic drink with parents at meal time for over-16s
- always phoning the party host to check that other parents are there
- talking through scenarios with their teen.

There was a higher than expected turn-out for the parent evening with more than 60 very engaged parents discussing, sharing and giving feedback on managing teen drinking.



LOOK OUT FOR THE LITTLE RED TROLRIES

They are smaller, taller and stocked from the top down to match the ABC basic life support algorithm. The new, streamlined emergency trolleys are also fire-engine red and very maneuverable.

Resuscitation nurse educator Jess Haywood says that 24 new trolleys will replace older models at both hospitals.



KAI, CARE AND KORERO FOR FRANKLYN VILLAGE

Around 50 residents from Nelson's Franklyn Village took the opportunity to protect themselves from influenza by getting immunised this winter.

The free 'pop up' clinic was held by Te Waka Hauora (the Maori Health and Vulnerable Populations team) in partnership with people from the Public Health Service, Mental Health and Addictions, Te Piki Oranga and Nelson Bays Primary Health.

The clinic was incentivised with the offer of a hot meal, and has the full backing of Franklyn Village management. Village administrator Laura helped to recruit people for the clinic.

"In a close knit community like ours, it is important to enhance the personal wellbeing of all those that live here," she says. "I will always try and play my part by continuing to promote the amazing services that's come to support our whanau."

Amanda Inwood is a nurse with the Mental Health and Addictions Service and a member of the Te Waka Hauora team. She was one of the vaccinators on the day and says that it's up to kaimahi to get involved if the numbers of flu-related deaths each year are to decrease.

"This mahi is most successful, and

the message is more powerful, when tangata whai ora educate their own whanau and friends," Amanda says.

Local kaumatua Hughey Pahi is a long-term resident of Franklyn Village who didn't think twice about had receiving his free flu shot.

Hughey said it was good to see people who might not get immunised otherwise take advantage of the opportunity.

"A lot of people are scared about getting immunised but with support and encouragement, and the building of a trusting relationship with the staff who come to immunise us, the barriers have started to come down," he says.

Te Waka Hauora General Manager Ditre Tamatea says influenza can hit anyone, but people with high needs are the ones most at risk.

"Franklyn Village has many high-needs whanau all living communally and influenza can spread like wildfire if people aren't protected."

Ditre says that community outreach programmes like this are about taking health to the people rather than expecting the people to come to health.

"Immunisation is one of the best ways you can protect yourself from a range of infectious diseases, including

influenza, and those who are most at risk are Maori, Pacific people, people who live in lower socio-economic circumstances or people who have a chronic condition."

Above: Amanda Inwood and Hughey Pahi at Franklyn Village influenza immunisation day.

CARE FOUNDATION SUPPORT

The immunisation clinic received funding from the Care Foundation, who also supported similar work in 2018.

"The Care Foundation first provided funds based on one of the foundation's current key investment priorities of 'providing support for the care of vulnerable people in our community' and invested again in the 2019 programme," Care Foundation General Manager Clare Haycock says.



Above: From left Alene Sherson, Pita Akauola, Angelea Stanton, Judith Holmes, Geoff Ormandy, Philippa Hyndman, Esme Palliser

CONSUMER COUNCIL WELCOMES NEW MEMBERS

The Nelson Marlborough Health Consumer Council was established in April 2017 to provide a strong consumer voice to the Nelson Marlborough District Health Board.

The council meets monthly and has a broad scope, although members do not discuss or review formal complaints or provide clinical evaluation of health services or individual patient care. In its first year of operation the council reported that there were two consistent themes in the advice they gave on various programmes of work – consumers should be engaged early in projects, and individuals must be supported to take ownership of their own care.

While these themes remain, last year two additional ones emerged: the importance of considered communication strategies, and ensuring consumer feedback is valued and utilised. The council's 2019 work plan continues to be varied and Consumer Council Chair Judith Holmes thanks staff for recognising the value of the consumer viewpoint in their work.

THE CONSUMER COUNCIL HAS THREE NEW MEMBERS IN 2019:

ESMÉ PALLISER: Although from a personal health perspective my interface with the health system has been minimal, I am committed to enhancing personal wellbeing and improving consumer experiences.

I see input from the Consumer Council as a constructive influence in ensuring the future development and delivery of health services in the Top of the South are consumer-centred. This challenge both motivates and excites me.

I have enjoyed over 30 years practical experience in the region employed primarily in the education, health, and arts sectors. These roles have enabled me to network and engage with many different community organisations.

My passions, outside of working as a hospice and art volunteer, are for spending time with our grandchildren, gardening, walking and planning our next travel adventure.



GEOFF ORMANDY: I have lived in both Marlborough and Nelson regions and am currently self-employed as an education and business adviser.

In this capacity I have worked with a range of individual and community organisations. Previously, I was fortunate to have a wide range of management, executive and governance experiences in both public and private education.

While I am interested in the promotion of improved healthcare for all members of the community, I am specifically interested in the wellbeing and healthcare of men and socioeconomically disadvantaged people.



ALENE SHERSON: Now we are empty-nesters my husband and I recently moved to Golden Bay for a lifestyle change. We are loving living in Te Waipounamu enjoying nature and the easier pace of life after a long stint in Auckland.

My motivation to be on the Consumer Council is to facilitate a voice from the community to NMH in regards to their provision of responsive health services and commitment to quality of care. I bring extensive personal and professional consumer experience to the council and appreciate the vulnerabilities of experiencing ill health. I have been a health consumer myself and supported various family members with their health journeys, and also, I have professionally liaised with health services in my roles as a speech-language therapist and specialist teacher in vision and hearing impairment.

All these experiences have reinforced the importance of partnership in the practitioner-consumer relationship to enhance the therapeutic benefit and effectively use scarce resources.





INTRODUCING ...BILL MARTIN, MANAGER OF HEALTH, SAFETY AND WELLBEING

Bill joined the Health Safety and Wellbeing team in June. As manager he supports the team, oversees the work programme and ensures the organisation has a robust health, safety and wellbeing strategic plan. Connections found out a bit more about Bill.

What attracted you to this role?

I have previously worked in high-performance team environments and when I moved here I started looking for a role with a professional and active team.

I have over thirty years of safety experience in many organisations and positions. I'm passionate about a few things but primarily I concentrate on issues that have the highest potential outcome.

My style of operating is open and approachable. I like to work in a team environment and value the input that everyone provides; creating an environment for people to be motivated is important to me.

I like flexibility (but respect the rules) and innovation to achieve a shared safety vision. I have a funny accent, but you will get used to that. I have a sense of humour, hopefully you will get used to that too.

What led up to this role?

When I arrived in Nelson I worked alone as a safety consultant for a number of local businesses. But I felt working with a larger organisation gave me a greater opportunity to make safety changes for a wider group of people. I moved from Australia a year ago for a lifestyle change, and I'm living in Mapua with my wife Julie (a true New Zealander). We have a daughter Anna who attends Nayland College.

When you are not at work what do you like to do?

I live life to the full. I have travelled extensively (love Africa), enjoy good company, great food and wine, and I have a genuine interest in people and what makes them tick. My interests include hiking, cycling, travel, the Brisbane Broncos and anything with an engine. Drop in to say hi anytime.

"My style of operating is open and approachable."

THE WAY IT WAS

STORIES FROM THE CONNECTIONS ARCHIVE

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HOW'S IT GROWING IN 2019?

The three 'descendants' of the original grapefruit tree planted by Dr Louis Hauiti Potaka are still thriving outside the paediatric inpatient building at Nelson Hospital – although they don't appear to have grown much since 2007 when the Takaka marble memorial was unveiled.

Potaka Tree Continues Tradition



Rev Andy Joseph leading the service to commemorate Dr Potaka and the unveiling of the Takaka marble memorial.

For thirty years the patients at Nelson Hospital had delicious home made marmalade on their toast at breakfast, thanks to grapefruit from a magnificent tree planted by Dr Louis Hauiti Potaka around 1930. Unfortunately the tree couldn't be saved with the redevelopment of the courtyard by the old paediatric inpatient building, but six cuttings were taken from it. Three survived and the 'new' trees now sit alongside a memorial.

Dr Louis Hauiti Potaka was Medical Officer to Admiral Richard Byrd's Antarctic expedition in 1934-35, but during the voyage he developed snow blindness, which caused him constant pain and sleeplessness. In June 1935 Dr Potaka took up a locum position in Takaka for Dr Edward Bydder, but his previous illness contributed to his early death in October 1936 at age 35.

INTRODUCING... ALLIED HEALTH TEAM LEADERS

WHO ARE ALLIED HEALTH PROFESSIONALS?

Allied health professionals diagnose, treat and rehabilitate people with a wide range of conditions and illnesses.

They often work within multidisciplinary teams and in many different settings – community health hubs, schools, hospices, hospitals and in people's homes.

In this issue of *Connections*, we introduce NMH allied team leaders.

FIONA YIP Audiology Team Leader



I work with a small team of three amazing audiologists and a group of clerical magicians. When I am not attending meetings, I'm brainstorming and putting our team's innovative plans into reality, or in clinics doing hearing tests and fitting hearing aids.

I love working with amazing, compassionate, intelligent colleagues, patients, family and whanau from all backgrounds and experiences. Every day comes with new opportunities that allow me to grow professionally and personally – all while entertaining children, playing with toys and fiddling with high-tech hearing aids!

Initially I was a speech and language therapist (SLT). I worked clinically and as a clinical educator at the University of Canterbury (UC). I studied audiology with the aim of becoming a more 'rounded' SLT.

I never thought I would be changing my career altogether.

I started my audiology career at Northland District Health Board, working primarily with the paediatric population. Since then, I have worked in various private clinics and returned to UC to be a clinical educator in audiology before embarking on a year-long overseas trip. I returned in 2017 and did locum work around the country before landing in Nelson.

When I am not at work I like to travel and chew-the-fat over a glass of pinot! I also love hiking, tramping, cooking, drawing, sewing and crocheting.

CAROL MERRILEES Child Development Services Team Leader



My role is to operationally manage a range of allied health professionals working with children who have a disability or developmental delay.

I enjoy working in a team delivering a multidisciplinary and interdisciplinary approach to working with families and their child.

I've come from a background in occupational therapy working in mental health, private practice, education, and as an occupational therapy team leader.

Outside of my work I enjoy mountain biking, snow skiing, walking my dog and going caravanning.

HENK LUPS Chaplaincy Team Leader (Nelson)



I lead team of 17 chaplaincy assistants to provide spiritual care to patients, whanau and staff.

I really love the diversity and amazingly meaningful encounters and conversations we have – around 10,000 interactions a year in Nelson alone.

We encourage, sustain and nurture people who may be facing a crisis or life changing decisions. We meet people where they are at, have a yarn or a laugh with some remarkable characters.

Before gaining a degree in hotel administration I travelled extensively, and married my darling before immigrating to New Zealand in 1983. I have managed and owned several businesses, pumped petrol, lectured in hospitality management, worked in Cambodia in a community for people with HIV and aids, worked in mental health. We lost our house in the Christchurch earthquakes.

I started in Nelson Hospital as chaplaincy assistant in 2013, was appointed as chaplain in April 2018 and was ordained as Anglican priest in November 2018.

NICOLA HAYMAN

Quality Systems & Innovation Lead

I work on district-wide delegated projects and initiatives for allied health departments that report operationally to the Director of Allied Health. This currently involves work on achieving equitable outcomes for Maori and vulnerable populations, data and informatics for allied health, and allied health eRecords.

I enjoy the variety of the work and involvement with multiple departments, as well as the opportunities to align and improve processes for efficiency and ultimately improving patient care.

I am a registered dietitian and continue to work part-time in this capacity for NMH.

I've also held registered dietitian posts in both primary care in Nelson and overseas in clinical hospital environments.

In my free time I enjoy spending time with family, I read and exercise our high-energy dog.



ANNELIZE DE WET

Social Work Team Leader & Professional Leader

I manage a great team of very experienced and skilled social workers, addressing the social determinants of health of our patients. We work closely with all other allied health professionals, covering in-patient and community settings.

I really enjoy supporting the team and others professionally in finding creative ways to empower people and encourage self-management. Every day is different and offers a new opportunity to work collaboratively and creatively finding solutions for the challenges our patients face.

I have had an extensive career in social work. I emigrated from South Africa with my family 14 years ago and I've been employed in DHBs for the last nine years. The highlight of my career is still the work I was privileged to be involved with developing a programme to empower women, living in a squatter camp.

My career has led me through very many different paths; all have added knowledge and skills, and still keep me going.

When I am not at work I like to potter in the garden, travel, and explore new coffee shops.



MICHELE CUNNINGHAM

Speech-language Therapy Team Leader

I lead a small but versatile and dedicated team of speech-language therapists (SLTs) here at Nelson Marlborough Health. As well as myself, we have three part-time therapists based at Nelson Hospital and two at Wairau Hospital. I am officially team leader for 0.2 of my role, and for the other 0.8 I am the Nelson/Tasman based-community SLT.

As SLTs working in health, we work with adults with communication and swallowing difficulties. Some of the main groups we work with include: stroke, neurodegenerative disorders (eg motor neurone disease, Parkinson's disease), head and neck cancer and people with voice problems.

The thing I love most about my role is the people I get to work with – both patients and colleagues. I am privileged to be part of the journey for a wide range of different people, and my community role allows me to really get to know my patients. I also love the variety of being a generalist SLT in a small community, as well as the added challenge of my team leader responsibilities.

When I'm not at work I love getting into the great outdoors that we are lucky enough to have at our doorstep, especially tramping and sea kayaking.



INTRODUCING... ALLIED HEALTH TEAM LEADERS

JASON NICHOLLS

Allied Health Professional Development Facilitator & Operation Support to the Director of Allied Health (until end of January 2020)



In both these roles I work closely with the team leaders and Director of Allied Health to support the diverse contributions and skill sets of the allied health disciplines. My key priorities are working with the team leaders to ensure staff have consistent access to high-quality training, supervision and undertaking delegated tasks on behalf of the Director of Allied Health.

I have always enjoyed working as part of a multidisciplinary team, an essential requirement of both these roles. I work closely with the team leaders and Director of Allied Health to support the diverse contributions and skill sets of the allied health disciplines.

During my career as a physiotherapist I have worked in various roles at both Christchurch hospital, and the Burwood Spinal Unit. In 2012 I returned home to Nelson, working part time in the Community Rehabilitation Team (where I still work) and completed my Masters of Health Sciences degree.

In my spare time I enjoy Nelson's beaches and rivers, hang out with friends, and try to keep fit by running (which I do slowly) or mountain biking (which I do badly).

DEIDRE CRICHTON Physiotherapy Team Leader (Nelson)



I have the privilege of providing the operational and professional oversight to physiotherapy services in the Nelson Tasman area.

Our service consists of three teams, inpatients at Nelson Hospital, outpatient clinics in Nelson and Motueka, and the community team based with their primary care-focused colleagues in the Richmond Health Hub.

We have the opportunity to work within many services and speciality areas across primary and secondary care. I particularly enjoy supporting the team to provide the best care possible for today's patients while also focussing forward on service development and initiatives.

Earlier in my career I worked in the area of musculoskeletal rehabilitation and have a keen interest in the complexity of pain management. Prior to moving to Nelson I worked as the Physiotherapy Clinical Manager at Burwood Hospital where I developed my passion for person-centred rehabilitation.

My happy places are in my garden, with my family, on my e-bike, belly dancing and indulging in creative pursuits.

JULIE MARRIOTT

Occupational Therapy Team Leader (Nelson)

I manage the day to day running of the inpatient, community and burns and scar management occupational therapy teams, and have a professional lead role across our district.

I enjoy working with an awesome team of therapists and assistants, who are passionate and dedicated, to assist our clients get back to living their lives as independently and safely as they can!

I trained as an occupational therapist in UK 19 years ago, and spent the last 10 years here in sunny Nelson, working as a community occupational therapist, before becoming team leader six months ago.

When I am not at work I like to make the most of the beautiful Nelson outdoors, either on land or water, by waka ama paddling, trail running, and I've recently taken up mountain biking.



CHRIS DONALDSON

Chaplaincy Team Leader (Wairau)

I lead seven chaplaincy assistants to offer guidance and support to the sick, elderly and dying. Spiritual guidance is part of it but mainly I ask patients how they are feeling, and if they have family visiting them. Listening is the key to my work.

My journey into hospital chaplaincy was a little unusual. I was a minister at the Havelock and Sounds Anglican parish, but also the welfare officer of the Marlborough Ulysses Club – a group for older motorcyclists. I got more interested in the hospital side of things after visiting fellow motorcyclists who had come off their bikes, or a member whose partner had cancer.

I used to think being a chaplain would be pretty weak, and pretty boring – but I love it. My predecessor Rev Kevin Gwynne told me more often than not you 'get more blessed by them than you bless them,' and he was right.

My idea of unwinding from work involves going for a fast motorcycle ride, swimming a few lengths at Stadium 2000 or putting my feet up with a good historical novel.



NICOLA WESTEND

Occupational
Therapy &
Physiotherapy
Team Leader
(Wairau)



I provide operational support for both occupational therapy and physiotherapy groups and am a professional advisor to physiotherapy.

Another key role is providing an allied health perspective at the various Wairau service meetings.

I really enjoy working with the people in the different teams who support each other across a spectrum of services.

I originally trained as a physiotherapist in the UK and after completing the new graduate rotations moved in to working in a couple of specialist neuro rehabilitation spinal injury units in England.

Since moving to New Zealand I've worked in the Bay of Plenty and in neuro rehabilitation in Auckland as both a practitioner and team leader. Our most recent move to Blenheim 20 years ago gave me the opportunity to do some unpaid work in a number of capacities before returning to health and joining NMH first as a community physiotherapist and for the last few years in the team leader role.

When I am not at work I like to practice my downhill mountain biking skills – once I have dragged myself to the top of the Wither Hills.

ANNA VERHAGE

Dietitian Team
Leader (acting)



My role involves ensuring we deliver appropriate and timely nutrition care for our inpatients and outpatients. I am involved in the day-to-day running of our department and oversee staffing, as well as having my own outpatient general adult clinic and seeing patients with gestational diabetes.

I love the variety – no day is ever boring, there is always something fascinating to learn. We have a very dedicated and highly skilled dietetics team and it is a pleasure to be able to work with them. Seeing positive outcomes for our patients as a result of nutrition intervention is also highly satisfying.

I've worked in several different hospitals across the country but moved back to Nelson 10 years ago, mainly doing an adult outpatient clinic and some inpatient work. I am covering maternity leave and applied for the acting team leader position for a new challenge.

I love mountain biking in the Richmond Hills and Silvan Forest, sewing clothes for myself and my two young daughters, paddle boarding and going to the beach in summer, and my husband and I love being on the barista roster at our church.



TEST OUR STAIRS TODAY

RAISE YOUR
FITNESS LEVEL,
ONE STEP AT
A TIME

SIT LESS, MOVE MORE, FEEL GOOD