

# CONNECTIONS

## Tūhononga

A magazine for Nelson Marlborough Health staff

Winter 2021

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## END OF AN ERA FOR OUR *CONNECTIONS* EDITOR

This is the last issue of Connections magazine produced by Jane Horder, who left the Communications Team in March.

Jane has produced four magazines each year since 2007, without pause for pesky earthquakes, wildfires or COVID-19. In the past three years, the magazine has had a revamp, received good results in the 2020 internal communications survey and has seen some content published as standalone pieces for the Nelson Marlborough Health website and social media.

All the best in your new role, Jane. Thank you for all the stories over the years!

## BOARD TALK

**Welcome to the first issue of Connections for 2021. I hope the year has started well for you and you've managed some rest and family time. If not, I hope you have some planned soon.**

The health system is in for an interesting year. In April 2021, we are awaiting Cabinet decisions that will change how we organise health in the future. For those at the coalface, and those who receive care, we don't expect to see much change. For those of us who govern and manage health, we wait. Until we know more, the Board has decided to appoint Lexie O'Shea as Interim Chief Executive. Lexie is well known to many of you and has a wealth of health experience. I ask you to support her as she provides crucial leadership for NMH.

Having farewelled Peter Bramley, I would like to thank him on behalf of all of us for his leadership as CE of NMH. Peter brought his own style to the role – caring, authentic and intelligent. For the Board, he reassured us with facts, reacted to our concerns and together, we have ensured the population of Te Taihupo is well-served. We wish Peter well in his new role with Canterbury DHB, taking on a much bigger population and organisation. We will carry on working with Peter on South Island matters to make a more connected health system. Let's continue to scan our QR codes, stay home if unwell, wear a mask



when travelling on planes and wash our hands. COVID-19 is with us for the time being and we need to keep up what we've been doing. Take care. Ngā mihi,

Jenny Black MNZM  
Chair, Nelson Marlborough District Health Board

FRONT COVER: Jen Cederman, Jill Clendon and Lizzie Wesley-Smith from Nelson Bays Primary Health handed out advice about getting immunised against measles to festival-goers this summer. See page 10 for more about our 2021 Bay Dreams festival response plan.

FSC Forest Management Certification confirms that the forest the paper is sourced from is being managed in a way that preserves biological diversity and benefits the lives of local people and workers while ensuring it sustains economic viability.

# KIDS' ARTWORK PROVIDES A USEFUL DISTRACTION

Six Victory School year 4 and 5 children got the full ED experience in December, but, luckily, none were injured or unwell.

The children and their art teacher Whaea Lynda came to see new panels featuring their colourful artwork in the Emergency Department paediatric room.

Registered nurse Anne Geange said the children's artwork, alongside other panels created in 2019 by Auckland Point School children, has proven effective in giving children something else to focus on during procedures in the paediatric room.

"Bringing the children into ED wasn't only to celebrate their artwork going up on the walls but to desensitise the whole ED experience by showing the kids some of the equipment we commonly use in ED such as oxygen masks and machines for taking blood pressure," Anne says.

Anne says that when she visited the school in her uniform to talk about the art project, she noticed the children were initially very scared of her. For many of them, especially those from the migrant community, going to hospital can be quite a scary experience.

She hopes that by visiting ED, seeing their own artwork on the walls, and being more familiar with the surroundings, children will feel confident about a hospital experience and can help their families feel more confident also.



Registered nurses Anne Geange and Brooke Patterson encouraged Victory School students to try out some medical equipment that is commonly used during ED examinations. The children also enjoyed riding on the shuttle buggy and seeing how it felt to wear a splint or an arm sling. Photo: Lynda Duncan.

Nelson is extremely lucky to have such a helpful and kind maternity team who went above and beyond to ensure I was reassured that everything was ok.  
(Online Google review)

As a three-day patient (at Wairau Hospital) over Xmas/New Year, I received professional help, compassion, patience and understanding all the way. We should all be very proud and hugely grateful. I am.  
(Letter to Blenheim Sun)

Good on You

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

Get in touch.

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

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

[comms@nmdhb.govt.nz](mailto:comms@nmdhb.govt.nz)

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## HAERE RĀ PETER BRAMLEY

### **Tears, waiata, and stories of gratitude and respect flowed at Peter Bramley's farewell in February.**

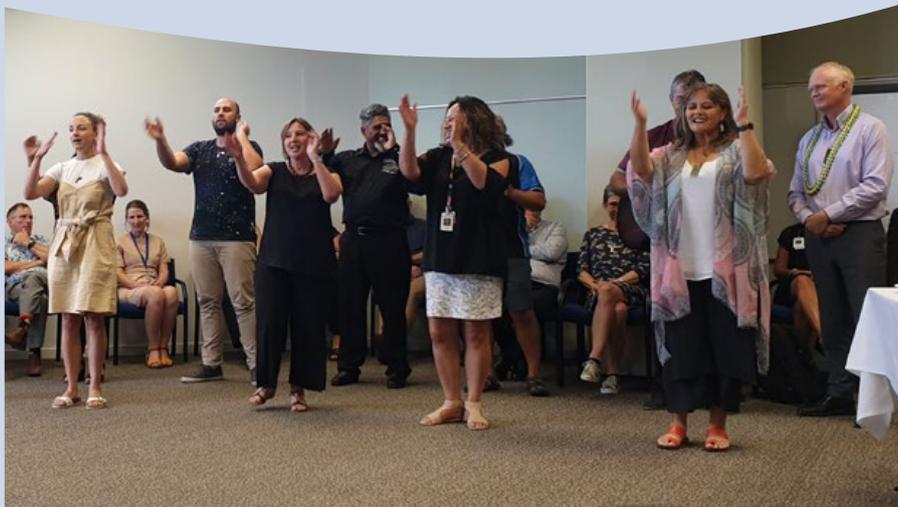
People gathered to say haere rā to Peter in his last days as NMH Chief Executive before he handed the reins to Lexie O'Shea and left to take up the role as Chief Executive of Canterbury DHB. Several of Peter's colleagues and health system leaders gave speeches, including Lexie O'Shea, Elizabeth Wood, Peter Twamley, Hilary Exton, Sonny Alesana, Jenny Black, Nick Baker, Pamela Kiesanowski, Anne Hobby, Shaun Wharehoka and Lewis Boyle.

NMH partner agency leaders also acknowledged their mahi with Peter over the years. Speeches were made by

Brian Paton (Marlborough Civil Defence), Craig Churchill (Ministry of Social Development), Joe Kennedy (Nelson Tasman Civil Defence) and Nigel Muir (Sport Tasman).

Among the gifts presented to Peter were an ie toga – a finely woven craftwork of Samoan tradition from Sonny Alesana (Chair of the Pasifika Trust and Te Piki Oranga Te Pou Taki) and a pounamu taonga from Anne Hobby (Chief Executive of Te Piki Oranga). Guests were invited to take turns to honour and muse upon a special piece of pounamu before it was given to Peter imbued with meaning and aroha.

Throughout the farewell, the Te Waka Hauora team sang waiata, making the event even more special.





## SENSORY PACKS HELP SETTLE PEOPLE INTO CARE

**A welcome pack of gifts, wrapped in a colourful cotton bag, is helping people feel welcome, calm and valued when they are admitted to Wāhi Oranga, Nelson Hospital's mental health inpatient unit.**

Clinical Nurse Specialist, Sarah Allen, says the sensory modulation team at the unit make up the welcome packs. They include toiletries, a journal, essential oils, herbal teas, lavender bags, smooth stones, body lotions and lollipops, all wrapped in a bento-style bag. The bags are a simple Japanese style, made from material scraps, which can be knotted or tied with a drawstring.

The packs are personalised depending on what sensory input the tāngata whaiora (mental health clients) may find useful to maintain a calm state or reduce agitation if they become distressed.

"The aim is to make someone feel welcome, acknowledge they are going through a hard time, and show them we care; and hopefully these few items will help make them feel better," Sarah says.

Many of the bento bags are made by tāngata whaiora from the Nīkau Hauora hub sewing group.

"It is a way for them to give back to people who may be on the same

journey they have been on; made for the people, by the people," Sarah says.

Noi Burgess, Poumanaaki (Māori cultural support) with the Te Waka Hauora team, says the packs are about manaakitanga.

"So when whānau come into Wāhi Oranga, they are given a koha donated from their community – they then own it; it is theirs to keep."

Noi says some people come in with nothing and the team are looking at extending the distribution of the packs.

During the COVID-19 lockdown period, registered nurse Jess Corbett said they made a few packs but weren't able to give them out and 'everything pretty much stopped'.

"You need to keep working at sensory modulation, or else it falls away easily. But now we are getting back into it."

Sarah says the packs they've given out so far have been very well received.

"It has been really cool seeing people in our Wāhi Oranga whānau sharing the contents of their packs."

The sensory modulation team welcome donations for the packs and are keen to hear from volunteers who can help sew the bento bags.

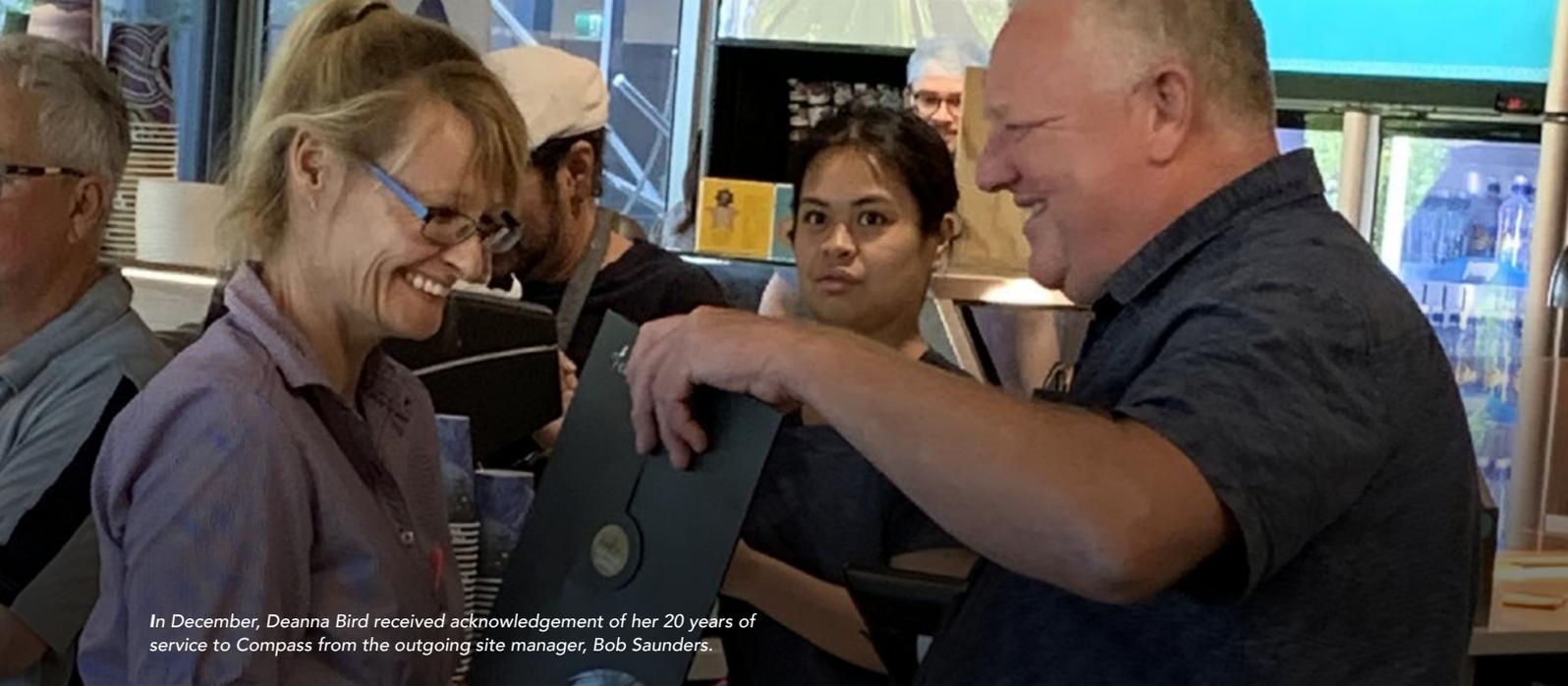
### WHAT IS SENSORY MODULATION?

We practice sensory modulation every day when we see, touch, smell, hear and taste things, both consciously and unconsciously.

Within the mental health setting, a person's senses can be hypo or hyperactive, significantly affecting their ability to self-regulate their behaviour.

The aim of sensory modulation in this context involves supporting and guiding someone to use their senses to self-manage and change their emotional state.

Some of the tools used are music, essential oils, exercise, baths or showers, journaling, art, crafts, rocking chairs, weighted items and massage chairs.



*In December, Deanna Bird received acknowledgement of her 20 years of service to Compass from the outgoing site manager, Bob Saunders.*

## FAREWELL, WELCOME AND CONGRATULATIONS TO COMPASS STAFF

### Late 2020 saw some significant changes in Compass staff.

Nelson Hospital site manager, Bob Saunders, moved north to look after the Palmerston North Compass area. He is living in Feilding, where he has family connections. As Bob says, "it has no beach or climate, so what's not to like?"

The team also said farewell to Glynis Fensom, the Compass Wairau site manager. Glynis made a massive contribution to Compass food services over 20 years, we wish her all the best for her well-deserved retirement.

### WELCOME TO ALISTAIR

Filling the big shoes left by Bob and Glynis' departure is Alistair Wright. He has taken up the district-wide role of Compass Operations Manager, based in Nelson. Alistair has moved to Nelson from Auckland, where he has been running the North Shore Hospital Compass operations.

### MILESTONE FOR DEANNA

Congratulations also to Deanna Bird, who has reached a 20-year milestone with Compass Group. Although Deanna has been working at Nelson Hospital for over 30 years for various other food suppliers as well.



*The end of 2020 also marked the end of Mark Robertson's 36 years as an anaesthetist in Wairau Hospital.*



*Thanks to Levi, Ryder, Leah, Leo and the rest of the Waikawa Bay School year 4 students who drew Christmas tree pictures to brighten up Wairau Hospital ED's walls*

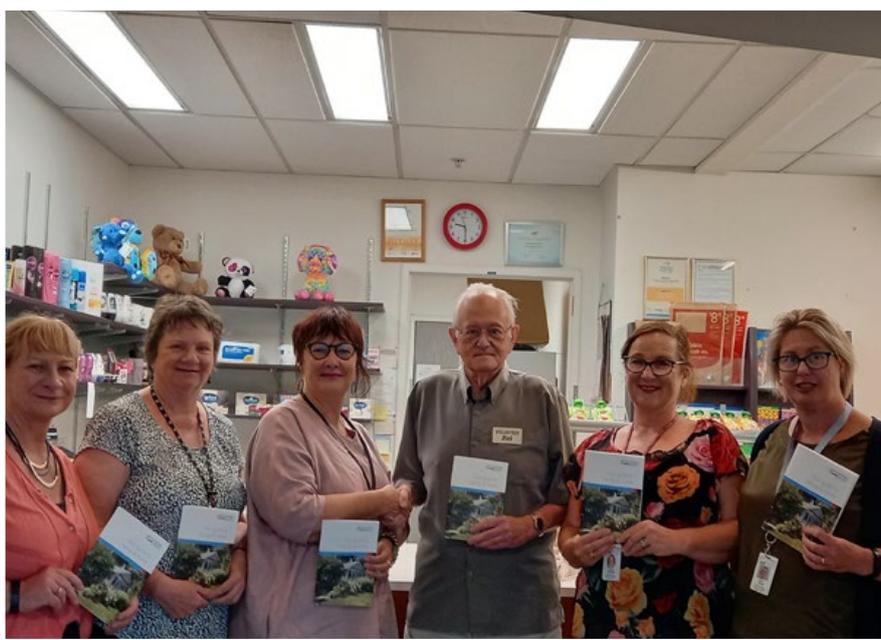
## A PRACTICAL GUIDE FOR FAMILY CAREGIVERS

**When someone is unwell, frail or nearing the end of their life, they often prefer to be at home with whānau in safe and familiar surroundings.**

However, although their family may want to provide support and care at home during this time, they often don't know how to, as discovered by the Needs Assessment Service – Health of Older People/Chronic Conditions team.

To address this, Service Team Leader Kate Miller led the development of a booklet of helpful tips about how to provide care. 'Your Guide To Caring At Home', offers practical and encouraging advice, using uncomplicated language, so whānau can refer to it daily.

"Our team researched and worked on the initial document, then went out to various NMH disciplines to ensure that all the information was current and evidence-based. Then the contracted home care providers and family members had their input," Kate says.



*Beth Moody, Annette Kral, Kate Miller, Dick Watson (Nelson Hospital Shop Voluntary Services), Karen Munting and Nicky Clarke.*

The feedback has been overwhelmingly positive, particularly from the families.

"They told us how helpful the booklet was and how they wished it had been available to them when they started providing care at home.

"Our team is proud of the booklet and dedicate it to all families who are in a caring role."

The Needs Assessment Service – Health of Older People/Chronic Conditions team thank the Nelson Hospital shop for their financial grant towards producing the booklet.



## GINGERBREAD MEN BRING CHRISTMAS CHEER

**Instead of putting up Christmas decorations in the Child and Adolescent Mental Health Service (CAMHS) dayroom last year, the clients chose a community-focused project.**

The group of 14 to 18 year old CAMHS clients made gingerbread men and donated them to The Male Room, the Women's Centre, and Pathways' youth house.

Mandy Taylor, a CAMHS day programme mental health nurse, says the clients wanted to give back to the community and "make someone's day a bit better".

Over thirty packs, each containing three decorated gingerbread men, were wrapped and distributed.

The day programme is designed to give CAMHS clients with various mental health disorders some structure and routine. Mandy says it's a good way to help them progress and get back to where they need to be.



Kerri-Anne Green, Kaiwhakahaere Kaupapa (Portfolio Manager) with Te Waka Hauora, was part of the NMH team at the wānanga sharing information on healthcare career options for rangatahi.

## RANGATAHI GET A TASTE OF HEALTHCARE CAREER OPTIONS

**Around 30 rangatahi, mostly year 13 school leavers, had the opportunity to get up close and personal with kaimahi from various organisations at the Whakatū marae Ka Maea wānanga held in late 2020.**

Organiser Ebony Alleyne from the marae says they were keen to showcase the type of mahi available in the public sector. They also demonstrated the range of career pathways rangatahi can take if they want to stay in the rohe to work.

Tui Lister, Poukorowai with Nelson Marlborough Health's Te Waka Hauora team, said there was good interest in various healthcare career options.

After whakawhanaungatanga (getting to know each other), rangatahi shared their dream career ideas in aviation, midwifery, nursing, physiotherapy, engineering, social work and law.

The careers wānanga was a first for Whakatū marae, and it's hoped to become an annual event.

## TELEHEALTH AND HOW IT HAS IMPACTED ON PATIENT CARE

**As telehealth becomes a familiar channel for providing healthcare to our patients we are becoming more aware of the many advantages.**

Prior to COVID-19 telehealth was mostly offered to those who were geographically distant. The focus was on connecting the patient at their local health centre with the clinician at the hospital via phone or video. Both patient and practitioner continued to opt for in person consults given the option. "There was initial resistance," explains Lisa Livingstone, Clinical Lead IT at NMH, "because people thought video consults would replace 'in person' meetings entirely, but physical consultations will always be needed and telehealth is complementary to this."

Telehealth was put to the test during lockdown, "It was baptism by fire for many of our clinicians and their support staff," says Natasha Soroka, Virtual Health Administrator at NMH, "we went from having 60 staff trained to do video appointments to 1200 in just 10 days."



"Patient care needed to continue and telehealth was the best way for clinicians to maintain contact with their patients, so along with their patients they re-evaluated it, which is great and they are now reaping the benefits," says Lisa.

### Benefits of Telehealth

#### Patients can choose the location

Telehealth can provide patients and their whānau with more control over their care. "Patients can choose to have their appointment at home or in person, they can choose to have members of their whānau attend their appointments virtually. This gives a person peace of mind and advocacy when faced with decisions about complex health issues," Lisa explains.

#### Multiple clinicians attending appointments

Cross-disciplinary involvement in patients' appointments has improved considerably with the use of telehealth. Video conferencing has enabled specialists to contribute, along with the clinician and other health professionals into a patient's appointments. "The ability to dial in to a meeting without physically attending it, is time efficient for health professionals and means they can input into all or part of the patient's appointment, which they could not otherwise do," says Lisa.

#### Reduced travel time and increased accessibility

Telehealth has not only reduced travel time and increased convenience for patients, it has also improved accessibility to health services and facilitated wider input into care plans for patient. All of which contributes to making a patient's healthcare journey smoother and providing better access to care for everyone in our community.

If you want to find out more about Telehealth at NMH and see how convenient and beneficial it is to implement contact the team on [telehealth@nmdhb.govt.nz](mailto:telehealth@nmdhb.govt.nz)



## PREPAREDNESS PAYS OFF AT BAY DREAMS

**Around 13,000 partygoers danced well into the night at the third Bay Dreams music festival held in Nelson on 5 January. Police reported a handful of arrests but most enjoyed the music and atmosphere without incident.**

At that time, modified illicit drugs (such as MDMA) were circulating at other festivals, but NMH Emergency Manager Pete Kara says without on-site testing it was hard to know if they were present at Bay Dreams.

"We got the key safety messages out on social media and I think that worked well as we didn't see the same problems as they had in the North Island," Pete says.

The on-site medical teams were kept busy with 362 presentations in the triage tent, 20 of these requiring additional care in the NMH medical tent. The majority of people seen in the triage tent required minor first aid for ailments such as stubbed toes, cuts, bruises and sunburn. Seven people were taken to Nelson Hospital for further assessment and monitoring while two required medical treatment not related to the event.

Sara Shaughnessy, Chief Executive Nelson Bays Primary Health, said that in addition to looking after some very intoxicated and drug-affected people, her team also gave out water to people queuing to enter the festival grounds.

While handing out water, Dr Jill Clendon, NMH Operations Manager, says she and the team gave partygoers advice about measles immunisation. They discussed how young people may not be fully protected against measles and gathered cellphone numbers from those interested in learning more.

"We collected around 420 phone numbers to send text messages to about vaccination and we spoke with what felt like thousands more," she said.

She says they finished the day by handing out condoms and leaving people to enjoy the event.





**Photos from top to bottom:**

*From left: Jen Cederman, Jill Clendon and Lizzie Wesley-Smith from Nelson Bays Primary Health handed out advice about measles and immunisation.*

*The Urban Search and Rescue medical team, along with St John, were part of the collaborative medical services available on-site.*

*The on-site medical team inside the triage tent were kept busy, seeing over 350 people during the day.*

*Nelson Marlborough Health had a very visible presence at Bay Dreams.*

*It was hot work queuing up to enter the event and staff from Nelson Bays Primary Health were there to keep the crowds hydrated with water*

*The Urban Search and Rescue medical team, along with St John, were part of the collaborative medical services available on-site.*



## DOES AN ON-SITE MEDICAL CREW CHANGE MINDS ABOUT DRINKING AND DRUGS?

**Attendees of the 2020 Bay Dreams festival were surveyed about whether their drinking or drug-taking decisions were influenced by the presence of medical services at the festival. The results of this research are due to be published in an international health and medical journal.**

NMH's Emergency Manager Pete Kara was one of the authors of the paper. The research was sponsored by Newcastle University and involved surveying a random sample of people.

"The researchers already received information from outdoor concerts in Australia and Canada, but they wanted results from New Zealand, so we were able to piggyback on their research," Pete says.

People were asked if they wanted to take part in the research while they queued to enter the festival. Those keen were then given a tablet computer with an anonymous survey loaded to it. This enabled them to answer questions freely and without bias.

Pete says this information has provided some statistical modelling that can be used for future events.

"What we did was the tip of the iceberg and we are very keen to do

more research at other outdoor music festivals to improve current data."

Pete used research papers from the World Association of Disaster and Emergency Medicine (WADEM) on mass gathering and outdoor music events to model the first Bay Dreams event. This helped him to understand and prepare for the potential impact of the event.

"For instance, we were able to estimate the number of people we would likely have to transport to hospital. The modelling proved to be pretty spot on and the things we put in place were appropriate. All this led onto this joint research project."

Pete says it was nice to be acknowledged as a co-author of the paper and he thanks Cathy O'Malley, Bruce King and Peter Bramley for their assistance.

The paper "Does the presence of on-site medical services at outdoor music festivals affect attendees' planned alcohol and recreational drug use?" (PDM-21-0032) has been submitted by Professor Alison Hutton to Prehospital and Disaster Medicine, the official publication of WADEM. It will be published by Cambridge University Press in mid-2021.



## IMPROVING ACCESS TO CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

**When a child is experiencing ill mental health or a suspected psychiatric disorder, such as depression, anxiety, ADHD, psychosis or an eating disorder, they and their whānau must get help as soon as possible. However, accessing the right service is, at times, difficult.**

Referrals to the Infant, Child and Adolescent Mental Health Service (ICAMHS) come from GPs, community and government agencies and schools. Once someone is accepted into the service, they are given a case manager and access to a multi-disciplinary team, comprising psychiatrists, mental health nurses, psychologists, occupational therapists and social workers as required.

The ICAMHS team also see many more young people for one-off appointments, when those young people aren't assessed as needing ongoing case management. Further to that, young people with urgent needs are contacted on the same day by the team. This article however focuses on ICAMHS case management.

In May 2019, a survey uncovered some issues in the ICAMHS referral process. It found 56 per cent of referrals were placed on hold. Many referrals lacked enough information, and it was often unclear if ICAMHS was the right place for some young people. These factors all cause a delay for someone waiting to hear if they are accepted into the service.

Emma Williams, a clinical coordinator, and Alaine Huata, an acute duty clinician with ICAMHS, collaborated with several community agencies to reduce some of these barriers.

They targeted three areas: the referral process, the number of clinicians working with each family, and the quality of the recommendation.

"We changed the referral form to make it more user-friendly, and more about symptoms and not so medically-based," Emma says.

The team also wanted to improve the clinical pathways for families to make sure they get the right service at the right time.

"For instance, every Māori family who is referred to ICAHMs is contacted and we talk about the services available from the outset," Alaine says. "If our service isn't right for them, then we refer them to other community providers such as Family Works, Barnados, SVS Living Safe or Te Piki Oranga."

They also found that multiple clinicians were often working with a family over multiple days. Having one acute clinician working with a family instead helped improve communication and reduced the length of time a referral was left on hold.

"If our service isn't the right service to meet the needs of the young person and their family, we will always give a recommendation to another service," Alaine says. "For example, the criteria for ICAMHS includes acute and enduring disorders. So if someone has mild to moderate or first-time anxiety, we may redirect their referral and talk to them about alternative services available."

Emma says that feedback from referring agencies has been very positive.

"We have seen an improvement in the information we are getting, and the number of referrals on hold has decreased dramatically. This means that families are getting referred to the right help faster."

The 'Improving access to child and adolescent mental health services' project won a 2020 Health Innovation Award.



# LITTLE HEART MONITOR GIVING BIG RESULTS

**A new heart monitoring device being offered to heart patients in our region is smaller, more comfortable and gives faster results.**

Abnormal heart rhythms and other cardiac symptoms can come and go, so patients are often asked to wear a heart monitor for anywhere between one and seven days to record cardiac events. The recordings help doctors determine if a patient's heart rhythm is normal or if it requires further investigation or treatment.

The Holter monitor device previously used was worn in a pouch around a patient's neck, with electrical leads connecting to metal electrodes placed on the skin with a glue-like gel.

The device had to be fitted in hospital, was cumbersome to wear and the electrodes often came loose or fell off. It couldn't be worn in the shower and the results were slow to come in.

Enter the myPatch Holter heart monitor brought into New Zealand by a New Plymouth business.

The lightweight, wireless design attaches easily and gives patients the freedom to get on with their daily routines and activities without limits.

When the device is sent back, the data is uploaded to a server in the cloud and analysed by teams of technicians in New Zealand and Australia. Results are usually back within 24 hours.

Dr Nick Fisher, Nelson Marlborough Health Consultant Interventional Cardiologist, says the myPatch Holter heart monitor enables ECG analysis to occur more reliably as it is less affected by local staff illness or leave. Monitoring is also less likely to be disrupted during COVID-19 lockdowns and is overall a more pleasant experience for the patient.

The device's efficiency has also helped NMH reduce the post-COVID-19 waitlist, bringing it back to normal waiting timeframes.

## APPLYING TE WHARE TAPA WHĀ IN ED

A person arriving at an emergency department (ED) may be at their most vulnerable.

They may be experiencing considerable distress and, for whānau with mental health and addiction needs, they have likely already experienced considerable trauma.

To help meet the mental health needs of tāngata whaiora (people seeking wellness), Nelson and Wairau Hospital EDs have implemented the Hauora Hinengaro ED care pathway.

Te Taha Hinengaro (psychological health) represents one of the four dimensions of wellbeing in the Māori holistic model of health, Te Whare Tapa Whā (see diagram), developed by Professor Sir Mason Durie in 1984.

As health providers, we need to respect all four dimensions of wellbeing and provide a holistic approach to care for anyone accessing our services.

### TE WHARE TAPA WHĀ



If a mental health need is identified during the ED triage process, the pathway is applied. This helps identify any potential risk to self or others and determines the urgency and level of observation and support the patient requires.

It also requires staff to get support from their team, provide clear communication and information to their colleagues, to the patient and other people involved in their care and follow-up.



## SERVICE SUPPORT STAFF ASKING THE HARD QUESTIONS

**As most people use health services at some time in their lives, healthcare workers are ideally placed to identify and respond to evidence or suspicions of abuse.**

Known as family violence intervention, this is demanding work and a tricky part of a healthcare professional's practice.

Gina Lyon and Lynn Bruning are violence intervention coordinators with the NMH Violence Intervention Service (formally known as the Child and Family Safety Service). Gina focuses on child protection and Lynn on intimate partner violence and elder abuse and neglect.

They juggle a multitude of tasks in their roles as they seek to reduce the health impact of family violence through the implementation and maintenance of the Ministry of Health Violence Intervention Programme (VIP).

"The prevalence of violence and its impact on health make it our business, so we train staff to recognise and respond to family violence," Lynn says.

Staff must complete eight hours of core training if they work in maternity, child health (including

school and home visiting services and paediatric services), mental health, alcohol and drug, emergency department and sexual health. The training is also open to other workforce types, such as allied health.

"We talk about why and how intimate partner violence and child abuse and neglect happen, how to recognise it and how to respond to it using our policies and procedures. It's a complex issue," Lynn says.

Sensitive questions are asked to identify at-risk people and Lynn says staff need to be trained and supported to ask these questions.

Children cannot be routinely screened for any abuse issues so staff need to be able to identify any concerns and then advocate for the child's safety.

"When child protection concerns are identified, the number one message we promote is always to consult. This ensures the safety of all involved.

"Every woman over 16 that comes into contact with any of the key services will be asked routine enquiry questions regarding family violence. It is a tricky piece of practice. Just because staff have done the training, it doesn't necessarily make them

comfortable doing it," Lynn says.

The questions are more specific than just "are you safe at home?".

"They have to ask things like, 'have you been forced to have sex?', 'is anyone punching or kicking you?'. It takes practice, support and mentoring."

Gina and Lynn recognise they ask staff to do a very difficult job. They offer extra training sessions and do 'in-services' or individual sessions to help build staff confidence. They also use co-facilitators to provide support to staff in their areas and to keep the conversations going.

"Our co-facilitators, Jan Kirk in Nelson and Jyoti Pokhriyal in Blenheim deliver portions of the training but more importantly, they share their experience on the wards, which learners can identify with."

After 17 years working in community social work, Lynn was attracted to the VIP coordinator's role because of the joy she gets from training others and sharing her experience.

"Everything about this subject sucks but I enjoy the interactions I have with staff and their enthusiasm — they want to do their best."



## NEW ROLES TO ENABLE PATHWAY SUCCESS

**A new role has been created to help build the capability and confidence of ED staff who interact with individuals presenting with mental health needs: Nurse Educator, Mental Health and Addictions.**

Hilma Schieving holds the role in Nelson three days a week and Greg Davies in Blenheim one day a week.

They help staff with the Hauora Hinengaro ED pathway and support their understanding of mental health and addiction issues.

“When someone with mental health and addiction needs accesses our services, the goal is to use the opportunity to assist the person toward wellness,” Hilma says.

The nurse educator role is not only focused on nurses; Hilma says it supports all ED staff – clinical, non-clinical and administrative.

“The first person someone sees in ED is an administrator, then the triage nurse. So it’s important that the mental health and addiction educators influence all points in the person’s journey.”

Staff are aware of the issues around the care of mental health clients in emergency departments and both Hilma and Greg say there’s a great willingness to develop confidence and skill in caring for the psychological and emotional needs of patients.

“There are some difficult situations, especially when a patient has co-existing conditions. For example, someone may have diabetes and psychosis – they are dual needs of equal importance,” Hilma says.

She helps staff understand what is going on for someone with a mental health problem and how to quickly form a rapport so they can more readily meet their needs and determine what follow-up is needed.

Greg has worked with Wairau Hospital ED staff for many years and respects their effort and skill when interacting with clients with mental health concerns. Part of his job is to assess their comfort and skill levels and then follow this up with targeted support and information.

“There are lots of one-to-one learning opportunities,” Greg says.

Both educators say staff are very keen to talk about their experiences, despite having some anxiety about meeting the expectations from Hauora Hinengaro, particularly around staffing. However, Greg believes when staff have greater

## ABOUT HILMA AND GREG

Hilma Schieving started her career in the early 1980s. She has worked in mental health as a registered nurse for many years, primarily in acute mental health services. Her career path has included roles as a charge nurse, an academic staff member, an NMIT manager, a mental health locum, court liaison and forensic work, and with inpatient units.

Greg Davies started nursing in the late 1980s. After graduating he worked in Australian hospitals in medical-surgical nursing for a year. He returned to Blenheim to work in a surgical ward, then started mental health nursing in Rata Villa at Ngawhatu Hospital in Nelson.

In 1993 he offered to help out the community mental health team at Witherlea House for 10 weeks and has not gone far since. His role with the Witherlea team is mainly case management of people with enduring mental health conditions, and crisis work. Greg has a special interest in early intervention of psychosis for people with first-time presentation of psychotic disorders. He enjoys building effective relationships with mental health service consumers.

knowledge and are better able to engage with patients with mental health presentations, they feel more fulfilled and there are better outcomes for consumers.

“My impression is that staff are thinking about mental health more,” he says.

Hilma hopes the educator role will influence the patient’s journey towards health and improve outcomes.



## A HEALTH PROTECTION OFFICER BY DAY, MYSTERY ROMANCE WRITER BY NIGHT

**Mystery, romance and a touch of fantasy are not usually associated with the day-to-day work of a health protection officer, but for Heather Parker, they are essential ingredients in her first novel.**

In her day job with the Public Health Service, Heather investigates communicable diseases such as COVID-19, prevents unwanted mosquitoes from entering the country, and has other duties to protect public health. After hours she taps into her creative side by painting and writing.

In 2020 Heather published her first Kindle eBook, 'Sounds of the Sea: A mystery romance'.

"In 2017, I saw a short story competition advertised in a magazine. I entered my story Sounds of the Sea and was thrilled when they published it," she says.

Heather was living in Southland at the time but later moved to Marlborough and also got married. She says her husband encouraged her to turn the story into a novel.

"I was very inspired at the start, then that waned and it was hard work. Sometimes I stopped as I wasn't sure where the story was going."

When she felt like giving up, Heather would go and do something physical and then return to the keyboard and just let the story go in the direction it wanted to.

"I was inspired by the beauty of the Marlborough Sounds, so that gave me the idea for the setting. It's a mystery romance – with the mystery coming first.

"I wanted it to be an easy read, an escape, with a nice ending. Not too complicated."

Heather says stretching a 2000 word short story to a novel, with approximately 66,000 words, 165 pages and 27 chapters, was hard work.

Once the writing and editing were done, she worked on turning it into an eBook, including designing the cover.

"Like anything, it is not all joy. It is a lot of hard work to get a good finished product."

Heather intends to convert her eBook into a paperback version. She has no current plans for a second book but is focusing more on her painting.

"Sounds of the Sea: A mystery romance" is available on amazon.com. Quality and Safety Programme.



**Sonya Briggs, Operations Manager with the Public Health Service, says there are amazingly multitasking people in the team.**

"If you are looking for some light reading and want to support a new writer, and one of our own, please consider adding Heather's book to your collection. Well done Heather! We are very proud of you."

*Banner: Health Protection Officer, Heather Parker put her creative talents into writing her first novel.*

*Right: When she is not writing or protecting public health, Heather also enjoys painting.*

# INTRODUCING OUR TWO NEW ADOONS

Towards the end of 2020 we farewelled Linda Ryan and Joyce Forsyth from their respective Associate Director of Nursing (ADoN) /Operations Manager roles in Nelson and Wairau. Soon after, we welcomed new ADoNs, Sandy McLean-Cooper (Nelson) and Stephanie Watson (Wairau).

The Associate Director of Nursing (ADoN) /Operations Manager role is a key nursing leadership position. An ADoN has to be responsive, attentive, knowledgeable, able to manage a rapidly-changing environment and maintain a commitment to provide high-quality care to patients.

The ADoN/Operations Manager is responsible for monitoring nursing staff, nursing activities and patient care, as well as ensuring activities are compliant with governmental requirements and professional standards. The role is district-wide and largely hospital-focused, with the exception of the

ambulatory care portfolio.

ADoNs represent the Director of Nursing and Midwifery (DoNM) on nursing issues in each service and may represent the DoNM in various forums as required.

**NMH has the following ADoN/Operation Manager positions:**

**Ambulatory Care (Jill Clendon)**

**Midwifery (Debbie Fisher)**

**Nelson (Sandy McLean-Cooper)**

**Wairau (Stephanie Watson)**

## SANDY MCLEAN-COOPER

Ko Pirongia te maunga  
Ko Waipa te awa  
Ko Tainui te waka  
Ko Waikato Tainui te Iwi  
Ko Ngati Mahanga, Ngati Hourua,  
Ngati Hikairoa te hapu  
Ko Kingi Tuheitia te Rangatira  
Ko Te Papa - o - Rotu te marae  
Ko Matekino (Makarini) McLean oku matua  
Ko Wendy Elizabeth (McGregor) McLean oku whaea  
Ko Sandra Hinemoa McLean-Cooper ahau.

Sandy has been a familiar face around Nelson Hospital over the last 15 years or so. She has held charge nurse manager positions for operations, ward 10, and the surgical outpatients department. Prior to taking up the ADoN role, Sandy spent four years as Nurse Consultant Education and Development, supporting nurses in postgraduate study. She worked on the Nurse Entry to Practice

(NETP) programme, supporting the development of the nurse practitioner workforce and has also strengthened links to primary providers with professional development and portfolio work.

Sandy says her time in that role allowed her to see the professional side of nursing in a different way.

"Nurses tend to focus on the clinical side of things, so when I am talking to new graduates I tell them that patients go home, and there are a lot of opportunities for nurses outside the hospital buildings.

"I remind them that we are privileged to be walking alongside patients and their whānau on their health journey."

It was the opportunity to get closer to patients from a clinical perspective that attracted Sandy to the ADoN role.

"What I learned in my previous role has been very helpful; I always question why we are thinking certain

ways. Plus it has provided me with an opportunity to have a nursing voice alongside the service managers."

Sandy strongly advocates for increasing our Māori nursing workforce, equity and access for Māori in our community and promoting simple te reo as business as usual on a daily basis. She encourages everyone to give it a go.

Sandy feels like she has come home.

"I am back where I belong, but with all the experience I have gathered along the way.

"We have an amazing amount of collective knowledge and people are so giving of their time and support. It's tough and rewarding at the same time, we are all in this together and I never get bored."

She says the role is very dynamic and the services are so different but she sees the opportunity to add value.

"It is not all about me – I am just one person in the team. We are all aiming for the best outcomes for our patients at the end of the day."





Stephanie Watson and Sandy McLean-Cooper, the new Associate Directors of Nursing (ADoN) /Operations Managers for Wairau and Nelson Hospitals

## STEPHANIE WATSON

She's a 'westie' from way back but Stephanie Watson's nursing career has taken her a long way south since she graduated from AUT in Auckland.

"I started as a new nurse in Auckland Hospital working in vascular surgery, then I went into emergency work. I made a short side track as a theatre nurse but kept dropping things so I went back to ED," she says.

Stephanie's nursing journey progressed to Waitemata DHB, where she became an associate clinical nurse manager. This was interrupted by a short stint working in intensive care in Townsville, Australia.

Her passion for quality improvement and change management led her to complete an MBA and take up a role with ProCare Health, a large primary health organisation in Auckland.

"I worked as a business manager and nurse leader, helping general

practices advance their nursing engagement. Then I actually moved into a role managing a general practice."

When her husband transferred to the Bay of Plenty, Stephanie went back into a role she felt very comfortable in – as a charge nurse manager in ED.

"After nearly five years there, I saw the ADoN job at Wairau Hospital advertised. I have always thought Marlborough was an absolute gem and now feel very privileged to be here."

Stephanie says sometimes nurses think their career progression should be linear, but it doesn't always work that way.

"We need to seek out our development – look at the wider context of health. Throughout my journey, it has not been about my aspiration. It is about how I can help the team I am joining."

After just a few weeks in the ADoN role, Stephanie says she feels very welcomed and is impressed with what she has seen.

"There's been some fantastic strategic thinking about the redevelopment of Wairau Hospital that is already in play.

"I am also stunned by the work of the Māori health team and how they are reaching into the community."

She sees growth as the biggest challenge for healthcare in New Zealand - especially as people move away from the larger cities into provincial areas.

"These demographic changes mean we have to think differently if we are to meet the increasing demands; demands on our facilities, on our workforce and on maintaining equity.

"However, growth is an exciting time for innovation."

# COVID-19

## Stay strong and resilient

Ko nga pae tawhiti, whaia kia tata

Ko nga pae tata, whakamaua kia tina



### **Connect** **Me whakawhanaunga**

Talk and listen  
Be there  
Feel connected



### **Take notice** **Me aro tonu**

Remember the simple  
things that give  
you joy



### **Keep Learning** **Me ako tonu**

Embrace new experiences  
See opportunities  
Surprise yourself



### **Be active** **Me kori tonu**

Do what you can  
Enjoy what you do  
Move your mood



### **Give** **Tukua**

Your time  
Your words  
Your presence



### **Relax** **Whakangā**

Calm your mind  
Rest your muscles



### **Eat well** **Kai pai te kai**

Eat healthy food  
Drink plenty of water



### **Sleep** **Moe pai**

Aim for  
eight hours



### **Have fun 5 times a day** **Whakangahau**

Dance, move, laugh, Interact



### **Free tools** **Patua te taniwha te whakamā**

Helplines, apps and supports: [www.covid19.govt.nz/where-to-go-for-help](http://www.covid19.govt.nz/where-to-go-for-help)