

# CONNECTIONS

A quarterly magazine for Nelson Marlborough Health Staff

June 2018



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- TESTING TIMES FROM TROPICAL STORMS
- GREENING THE DHB BY RECYCLING PVC

# CE UPDATE

**It's that time of year when DHBs nationwide feel the extra pressure that winter imposes on health systems – hospitals especially.**

We plan for high-demand periods at both a macro level (eg our annual plans) and a seasonal level – eg this winter we've enhanced our influenza vaccination programme to protect more people from harm and hospitalisation.

We plan and adjust where we can, but the extra pressure winter brings inevitably reveals flaws in our healthcare systems – in our models of care.

The flipside of flaws is that they present opportunity for improvement. At Nelson Marlborough Health we review and improve services continually. Some of the more subtle innovations can make a huge difference – putting falls-risk stickers on patient files for example.

*It's about appreciating and maintaining the strengths of our current systems, while leading change to ensure our services are fit for the future.*

Larger-scale quality-improvement programmes, such as our mental health services improvement programme, feature both fast-track improvements and those that will take longer to bear fruit.

The new Models of Care Programme takes this continual review-and-improve way of working to the next level.

The programme takes a broad future view. We need to creatively think about ways that we can reconfigure how healthcare is delivered locally that makes better use of the funding we receive.

It's about appreciating and maintaining the strengths of our current systems, while leading change to ensure our services are fit for the future.

The clinical working group appointed to this programme will provide clinical leadership to ensure models of care are aligned to local health needs. Members were selected not as representatives of professional groups, but for their innovative thinking and connections with clinical peers and colleagues.

See the article on page 13 for a photo and names of group members. It's early-days for the programme but as it shapes up we will keep you informed.

This is an exciting time to work in healthcare – the models of care programme will lead to large-scale change and inform the design



of a new Nelson Hospital. This by no means detracts from the importance of the changes made, on a daily basis, that make for a better consumer experience.

I offer genuine thanks to those of you who create positive change, not just for our patients but for yourselves and each other also.

Peter Bramley  
Chief Executive

## BOARD TALK

**Our Consumer Council has been established for a year now and is providing a strong voice as an advisory group to the Board.**

The council chair Judith Holmes gives valuable reports to the Board and we appreciate the careful consideration and input they give to the many and varied topics presented to them. For instance, recently their input was sought on the promotion of

advance care planning, the targeting of particular populations for bowel screening, and the progress of the Models of Care Programme.

Well done to everyone who has already had their 2018 flu vaccination. It is not too late, and I strongly encourage you to have your flu shot and to protect yourself, your family and your patients as we head towards the busy winter season.

Jenny Black  
Chair  
Nelson Marlborough District Health Board



### FRONT COVER:

Front cover: As part of a 'kindness project' Year 4 and 5 children at Tapawera Area School made cards for children staying in Nelson Hospital to help cheer them up.

# BRINGING NEW LIFE TO USED PVC

If you have ever wondered where all the used IV and irrigation bags, oxygen tubing or face masks go, you may be surprised to hear that some end up as safety surfacing in kids' playgrounds.

Theatre nurse and self-confessed greenie Helen Spring says she was disheartened to see so many PVC medical products going into the rubbish.

Around half of the PVC in hospitals is used in theatre and ICU, and most of the waste is uncontaminated and recyclable.

"I did some investigation and found a company called Matta Products that recycles PVC into specialised safety tiles for children's playgrounds," she says.

Matta Products is part of the 'PVC Recovery in Hospitals' initiative which is supported by Baxter, a company that makes medical products. Matta Products collects and transports the PVC for free, but Helen had to work out how to store it and get it ready for collection.

"I had to get a space, under cover, that a truck could back up to, and which could fit a cupboard box capable of holding 200kgs," Helen says.

Once she had secured a suitable spot in the loading bay

*Around half of the PVC in hospitals is used in theatre and ICU, and most of the waste is uncontaminated and recyclable.*



Theatre Nurse Helen Spring holds up some of the used PVC products ready for collection for recycling.

at Nelson Hospital, Helen set about ensuring the theatre team put the used PVC products in a special bin. She is now gradually approaching other departments that use PVC to bring them on board.

The scheme began in October 2017 and in February 2018 the first 200kg box was sent away. Helen says this represents a saving to Nelson Marlborough Health of \$1600 for each box recycled rather than sent for disposal at a cost.

Recycling PVC also results in reduced carbon dioxide (CO<sub>2</sub>) emissions. For instance, Baxter calculates that recycling a PVC IV bag, rather than incinerating it, reduces CO<sub>2</sub> emissions by 77 per cent.

Helen doesn't intend to stop with PVC recycling – she also has her eye on single-use products such as disposable coffee cups and metal scissors.

"We humans create a lot of rubbish that ends up in our land and sits there for hundreds of years," she says. "I ask people to think about the amount of rubbish they create every day and try and reverse it with

baby steps such as taking home their food scraps for composting, bringing their own coffee cup to the cafe, and riding a bike or bus to work at least once a week."

Helen is happy to hear from anyone with a recycling idea, or to help any department that is not already recycling.

## It IS easy being green: Just join the team!

The NMH Green Team is calling for new members who are excited about the prospect of reduced plastic usage, reduced food wastage and better transport planning for staff and patients. It's early days yet, so get on board now and help shape the vision. Contact Claire McKenzie for more info.

"I am privileged to now have my life back again and will be able to enjoy retirement..." (Dr Fernandez and neurological team)

"It was a very difficult time for us and I wouldn't have been able to cope without your attention and willingness to help in various ways..." (Wairau District Nursing)

"100% commitment to the job. Smiles and laughter – general banter. Loved it!" (Cardiology)

"We have been singing your praises to everyone." (Wairau HDU)

Good on You  
😊





# TESTING TIMES FROM TROPICAL STORMS

**First there was ex-Cyclone Fehi and just three weeks later the region was battered again by Cyclone Gita.**

In the December 2017 issue of *Connections* we looked at how ready we are to cope and recover effectively in a disaster or unplanned event, and these summer tropical storms put our preparedness to the test.

Road access to Golden Bay was particularly affected by the storms, and Emergency Management Manager Pete Kara says it was fortuitous that Golden Bay Health Centre staff had recently completed Co-ordinated Incident Management System (CIMS) training.

"We had an exercise in November last year with a similar scenario," he said. "And because this type of training builds resilience for organisations, they were able to take control."

Damage to the Takaka Hill caused increased travel times for anyone making the trip to Nelson. It also meant delays in getting supplies to the Bay. NMH worked closely with local civil defence emergency management groups,

police, fire, ambulance and others, and Pete said our staff responded really well, especially the patient travel and outpatient teams.

"Patients had appointments rebooked, and in some instances flights between the Bay and Nelson were arranged for patients and medical supplies."

Several months on from the cyclones, the damage to homes, roads and the surrounding landscape is still visible.

*"And because this type of training builds resilience for organisations, they were able to take control."*



Civil Defence Minister Kris Faafoi visited the region to assess the damage from Cyclone Gita and delivered vital medical supplies to Golden Bay Health Centre.



# OUR HEALTH, SAFETY AND WELLBEING



## EXCELLENT E-BIKES

**When it comes to exercising, Doug Moffet finds the gym and golf boring, and reckons he sinks when he swims.**

He had always been interested in cycling but, living 25km from his Braemar Campus workplace, didn't feel up to a daily 50km commute. So to make cycling a viable option Doug decided to invest in an e-bike.

Using his skills as a procurement specialist, Doug did his research and pored over catalogues and websites analysing different e-bike specs before settling on

a shiny, red, 'Kinetic Sprint'.

"It was a \$3500 investment but I feel I got value for money," he says.

Doug aims to use his e-bike three times a week and reckons he saves about \$36 each day he doesn't use his vehicle.

"I charge the bike up at night for three or four hours, which costs less than a dollar a day."

Doug says although his bike can go up to 30km/h he still feels like he is exercising, especially on the right settings.

"I definitely have more energy when I get in to work and it's a form of exercise I enjoy."

Doug is happy to share his research and knowledge of e-bikes to anyone interested.

### Doug's advice on things you need to consider when choosing an e-bike:

- decide what sort of drive you want: back wheel, front wheel or mid drive
- battery size: the number of gears on the bike are a factor for battery size
- tyres: keep the tyres pumped up (you go faster and it helps avoid punctures)
- accessories: pannier bags, mirrors, speedometers
- specification: European or other (European e-bikes are limited to 23 kmph)
- support: after-sales service levels.

# Know your nurses

*Whatever happens in the world, the world will always need nurses.*

On International Nurses Day (12 May) we celebrated and acknowledged the expertise and commitment of all nurses.

These days nurses are highly-skilled professionals, but until the late 1880s there was no formal training for nurses in New Zealand. Nurses became registered in the early 1900s, and nursing training took place in hospitals up until the 1970s.

In this region the shift to Nelson Polytechnic (now Nelson Marlborough Institute of Technology) was made in 1974, with the aim to prepare nurses for the challenges of caring for people into the 21st century.

## TAKING SKILLS TO THE NEXT LEVEL

**Nursing is a profession with clear career progression and a qualified nurse can work in a variety of roles.**

- **A healthcare assistant** completes a one-year Certificate for Health Care Assistants which provides the skills and knowledge to provide patient care.
- **An enrolled nurse** completes an 18-month Diploma in Enrolled Nursing programme which covers the theory and clinical nursing practice required to apply for registration as an enrolled nurse with the Nursing Council of New Zealand.
- **A registered nurse** completes a three-year Bachelor of Nursing Degree, passes an assessment of Nursing Council competencies for registered nurses and an examination for registered nurses.
- **A specialty clinical nurse** has in-depth, specialist knowledge and skills that focus on a specific clinical condition.
- **A PRIME (Primary Response in Medical Emergencies) nurse** is highly trained to support the ambulance service with a rapid response and a higher level of medical skills than may otherwise be available in a rural community.
- **A clinical nurse specialist** is a designated role with a multidisciplinary team involving applied clinical practice, education and consultancy within a particular clinical area. It requires the advanced knowledge of a postgraduate qualification.
- **A nurse practitioner** must be registered with the Nursing Council of New Zealand, have a minimum of four years' experience in a specific area of practice, and have completed a clinically-focused approved Masters programme, or equivalent.

## CLINICAL NURSE SPECIALIST: A CAREER IN ACUTE CARE NURSING

Jo King's nursing career has been one of constant progression. She has accumulated over 30 years of intensive care and coronary care nursing experience since she began her training in Palmerston North.

From the moment she graduated Jo took up intensive care nursing, and has worked in New Zealand, Australia and the United Kingdom. She has also been a critical care educator and charge nurse in this area, and is

currently working as a clinical nurse specialist in emergency nursing.

"I have always liked working in acute care areas," she says. "People have different skill sets and this area suits me."

As Jo's career progressed she juggled work, raising children, and completing postgraduate studies, including a Master of Nursing (clinical).

"It was busy but stimulating and rewarding – it also adds a lot to your nursing practice."

Her advice to new nursing grads?

"It is never too soon to start aiming high," she says. "There are many options and

pathways in nursing, particularly in advanced clinical practice."

She believes the future potential of nursing is great and people need to be ready for those opportunities.



In June 2017 Sue Addison and Jo King (right) were appointed to set up a pilot clinical nurse specialist service in Nelson Hospital's ED. Both are clinical experts in emergency nursing and have completed Masters of Nursing (clinical).

# NURSE PRACTITIONERS: HIGHLY EDUCATED AND EXPERIENCED HEALTH PROFESSIONALS

The nurse practitioner role was created in 2001 and is the highest possible clinical qualification for a nurse. There are now 16 nurse practitioners working in the Nelson Marlborough region, specialising in areas such as older adults, child and youth health, sexual health, pain management and primary healthcare.

## NURSE PRACTITIONER: A SAFE PAIR OF HANDS

One of our newest nurse practitioners is Irene Minchin who specialises in pain management. Since she graduated in 1997, nursing has taken Irene from rural Canterbury to outback Australia, from big city hospitals to a small team on the West Coast.

Irene did the new graduate mental health programme while working in Christchurch's Sunnyside Hospital. After a couple of years she moved to a remote area in central Queensland and continued in mental health.

When she returned to New Zealand Irene changed tack

and began working in theatre at Burwood Hospital.

"It couldn't have been more different, but I loved it," she says, "and I have worked in peri-operative nursing ever since."

After a role at Christchurch Hospital, Irene relocated to Greymouth and continued as a theatre nurse. She also started her Master of Nursing qualification.

"I would encourage anyone to go and work in a rural hospital – it's a different sort of nursing," she says. "You have to be independent and resilient, but I was well looked after."

When she came to Nelson Hospital thirteen years ago, Irene says it was a different place compared to today.

"It was more relaxed, with a sleepy, country hospital feel, but

*"I would encourage anyone to go and work in a rural hospital – it's a different sort of nursing."*



now the people we see are sicker, there are more tourists around, and our patients are older," she says.

In 2017 Irene began training to become a nurse practitioner, with funding through Health Workforce New Zealand. She also did a prescribing practicum paper through Massey University.

This culminated in an invitation to do a 'viva voce' or oral exam at the Nurses Council in January 2018.

"I spent every hour I had, when I wasn't looking after patients, preparing to face the examiners," Irene said. "They don't just ask you about the stuff you know, like your speciality, it is much wider."

She says it was pretty stressful but not impossible. "Their goal is to know that you are a safe pair of hands."

Irene's prescribing practice was approved and she is now a nurse practitioner in pain management at Nelson Hospital.

Her advice to new graduate nurses?

"Start studying now as it doesn't get any easier as you get older. Take every opportunity available and keep going, one paper at a time."





# STORY BRIEFS



Dr D.W. (Peter) Low (left) shows off the coronary care unit equipment in 1971.

## **RIP: Dr Peter Low (29.10.1924 – 25.04.2018)**

Dr Peter Low was a son of D C Low, a surgeon, GP and former medical superintendent of Nelson Hospital.

Since 1921 there has continually been a 'Dr Low' on staff in Nelson Hospital – that's 97 years. There has been Doctors D C Low, D.W. (Peter)

Low, David Low and Stephen Low.

Dr Low went to medical school in Dunedin, largely during the World War II years. He trained as a surgeon in the 1950s, and in the 1960s specialised in orthopaedics. He was the first surgeon in Nelson to perform a hip replacement. In 1966 he became medical superintendent –

a position he held right through to his retirement in 1989.

While at Nelson Hospital, Dr Low encouraged many hospital community activities including organising hospital concerts and corralling hospital staff into fun-runs and other charity events. Peter passed away peacefully on 25 April, in his 94th year.



In April Richard Bohmer gave a Grand Round presentation titled, 'Transforming Care'. Dr Bohmer works independently with hospitals and health authorities around the world helping them establish clinical leadership and management models and to improve their performance. His visit was in support of the Models of Care Programme.



## **HEALTH STANDS PROMOTE APRIL FALLS**

To help promote the notion that 'falls are everyone's business', and to raise awareness of falls-related injury prevention, the allied health team organised display stands at Wairau and Nelson hospitals. Both stands generated a lot of conversation and educational opportunity.





## GRANDCHILDREN AND GOLF BECKON FOR KEVIN

Dr Kevin Hill arrived in Nelson in February 1982 to take up a role as obstetrician and gynaecologist working alongside doctors John Ives and Brian Neill. However, the weekend before he started, Dr Ives unexpectedly departed.

"It was a very busy start," Kevin says. "Brian and I worked together for ten years and then when he retired, Dave Leadbetter joined and we had a long partnership both in our private practice and our work together at the hospital."

Kevin made the decision to specialise in obstetrics and gynaecology while still only in his 4th year at medical school. He says at the time it was a very male-dominated profession, but is now a popular choice among female doctors. He says the field appealed to him as a "very enjoyable speciality with bits of surgery and medicine thrown in".

Kevin says the changes in birth management made in the 1990s

when midwives became the lead maternity carers, led to a more efficient use of his time.

"We used to go to every normal delivery of women under our care, plus patients of GPs who did not practice obstetrics, and our own private patients, and were called in by GPs for the problem or high-risk deliveries whether we were on-call or not. Now it is strictly on-call and only for the higher-risk deliveries."

Kevin says he will miss the 'clinical stuff' but will definitely not miss being on-call. He says it's been a happy team that he's enjoyed being part of.

His retirement plans include building a new house (with no lawn), joining a cycling club, spending more time with his grandchildren and playing more bridge and golf.

"I have played on 285 golf courses around the country and I have 90 more to go."

Dr Kevin Hill is presenting his valedictory address, 'What a ride' at Grand Round on Tuesday, 12 June 12.30pm.

## THE KINDNESS PROJECT



Year 4 and 5 children at Tapawera Area School made beautiful cards to cheer up children being cared for at Nelson Hospital. Their teacher Gemma says it was part of a 'kindness project', based on the idea that kindness spreads. The cards, when seen in person, are lovely and inspire lots of warm fuzzies.

# CELEBRATIONS FOR ALLIED HEALTH

There's been a lot to celebrate among allied health staff so far this year. If you are wondering what 'allied health' is, it's specialties outside of nursing and medicine – physiotherapy, occupational therapy, speech and language therapy, psychology and social work for example.



The Nelson Marlborough Alliance Falls Prevention Steering Group recently thanked Mark Preston-Thomas for his contribution to the group. Mark played an important role in the development of community and in-home strength and balance classes and the overall success of the steering group in Nelson and Marlborough.

From Left: Hilary Exton, Joyce Forsyth, Mark Preston-Thomas, Barney Rennie, Kim Fergusson, Glenis Bell, and Simone Newsham.



## Job well done, Cath.

Speech language therapist and team leader Cath Lawson has completed a significant piece of work on surgical voice restoration – a national document related to speech language therapist competencies for post-laryngectomy.



## Congratulations to our latest Calderdale facilitators

Occupational therapists Samantha Ehrlich, Nicky Clarke and Lisa McIntyre have become credentialed Calderdale Framework (CF) facilitators. Lisa and Nicky are using the framework to roll out a new service model to our Needs Assessment and Service Coordination Services and stakeholders. Samantha has supported a number of CF projects, and has been key to supporting, training and extending the programme to our allied health assistant workforce.

Director of Allied Health Hilary Exton is also a fully-credentialed CF practitioner and is helping to lead the implementation of CF and support the growing number of facilitators working in clinical roles.

## What is the Calderdale Framework?

Developed in the UK, the Calderdale Framework is a workforce development tool or process that can be applied to promote efficiencies, and unlock the potential of the allied health workforce and improve patient care delivery.

The South Island Directors of Allied Health support the implementation of the Calderdale Framework as a means of developing a more flexible and competent allied health workforce for the South Island health system – in primary care, secondary care and community health care.



## Leadership award recognises commitment to children and families

Occupational therapist Emma Williams has received a Health Quality & Safety Commission 'Open for Leadership' award for numerous projects she has initiated, led and coordinated in her role as a case manager, lead crisis worker and, more recently, clinical coordinator with Child and Adolescent Mental Health Services.

Commission Deputy Chief Executive Karen Orsborn says the award recognises her "exemplary leadership, work ethic and commitment to children and families".

Emma says winning the award came out of the blue as she had no idea she'd been nominated: "I'm just doing my job, which I feel passionate about. That is reward in itself, so to get that level of recognition is quite humbling. I'm trying to enjoy it as much as possible."





## WHAT THEIR CLIENTS SAY

*"I can't thank Motueka Maternity enough for setting me up, feeling positive and refreshed, and ready to head home." (SM)*

*"What really makes it stand out are the midwives... when struggling with breastfeeding their patience and encouragement really helped me push through with it."*

*"We have learned so much over the two days here and we will recommend this unit to anyone that is having a baby." (L & B)*

*"Such an amazing little maternity unit and an asset to the community. One happy patient and family." (EB)*

## MIDWIFERY: AN ABSOLUTE PRIVILEGE

**Late last year Nelson Marlborough Health took over providing labour and post-natal inpatient services at the former Nelson Bays Maternity Unit, also known as Te Whare Whanau, in Motueka.**

The changeover gave midwife Rachael Kingsbury an opportunity to take up a charge nurse manager role that she loves, based in a community she feels proud to be part of.

"I love Motueka, it is the most amazing, giving community," she says. "Thanks to a great group of local knitters we are able to give a knitted item to every family that comes in to the unit, and through the generosity of the Moutere Kai Collective we can donate a nutritious meal to families when they leave."

Now called the Motueka Maternity Unit, the unit offers a quiet, homely environment where midwives work alongside women and their families to ensure they

*"Thanks to a great group of local knitters we are able to give a knitted item to every family that comes in to the unit..."*

get the level of care they need.

Since she trained fifteen years ago Rachael has worked across the entire midwifery scope, including roles as lead maternity carer (LMC) and staff midwife, and in a variety of settings from a large urban hospital to a small rural community. She is now charge nurse manager at the unit.

In that time she has seen an increase in the complexity of cases midwives deal with. She encourages women to register with a midwife as soon as they can in pregnancy – ideally before 12 weeks.

"Generally we are picking up more issues in pregnancy now and dealing with more challenges, such as obesity, family violence and older mums," she says. "Midwives have to be very skilled and know their community and how to refer cases."

Rachael believes midwives are also in a privileged position.

"We are around at a life-changing time – the exact moment when a couple become a family, and witnessing that is one of the most rewarding things you can do."

Originally from Canterbury, Rachael spent several years in the North Island. Now her children are grown up she and her partner have bought their 'dream property' and moved to the Aorere Valley in Golden Bay.

"We love the lifestyle, the proximity to the Kahurangi National Park, the quietness and the lack of cell and internet reception," she says.



From left back: Clare Crosswell, Paula Clode, Chris McGill, Deb Gihon, Tracy Adams, Jenny Ineson, Trudy Pearson, Helen Gilhooly, Hailey McCauley

## REFERRAL CENTRE HUMMING ALONG

**If you ever feel overwhelmed by the number of emails in your inbox, then spare a thought for the referral centre team. They receive around 4500 email referrals a month.**

From November 2017 all referrals across the district, from GPs and other external referrers, started going through to the referral centre based at Wairau Hospital.

Centre team leader Rachael Lane says the centre was established to standardise processes and free up time to allow administration staff to concentrate on clinic and theatre bookings.

"They were constantly interrupted by phone calls and urgent tasks when they were trying to load referrals," she says, "so I looked at how to reduce the pressure on them."

Once it was decided to establish a referral centre to cover both Nelson and Wairau, it didn't take long before Rachael had a team of nine, and a standardised method of processing referrals, in place across all the services on board.

"Lots of planning went into setting the centre up, for instance making sure we have business rules in place for each service, as well as around the use of the shared mailbox so emails get picked up."

Rachael says the referral centre is 'paper lite' with around half of the referrals received electronically and any fax or paper referrals captured electronically.

Referral centre staff are split between two rooms with one room loading and sending referrals for triage, and the other updating the triage and sending out the appropriate acknowledgement letter.

"The establishment of the referral centre has meant we are able to meet our Elective Services Patient Flow Indicator, or ESPI,

*"They were constantly interrupted by phone calls and urgent tasks when they were trying to load referrals"*

that all referrals are appropriately triaged and acknowledged within 15 calendar days."

ESPIs are performance measures that provide information on how well DHBs are managing key steps in the elective patient's journey.

Rachael says the work requires staff who are process-oriented and pay attention to detail.

"The referral centre staff are an amazing bunch. They did an awful lot, in a short space of time, to get the centre up and running and I am extremely proud of them."





*Models of Care Programme clinical working group members, from left rear: Neil Whittaker, Anna Charles-Jones, Rachel Thomas, Hilary Exton, Megan Peters, Cathy O'Malley  
Middle row: Rachel Inder, Stephen Bridgman, Peter McIlroy, Bridget Jolly, Alex Browne  
Front: Nicky Cooper, Linda Ryan, Suzanne Beuker (chairperson), James Chisnall  
Absent: Tammy Pegg, Mike Ball, Susan Seifried, Tina Murphy, Ditre Tamatea and Meg Robertson*

## INTRODUCING THE MODELS OF CARE CLINICAL WORKING GROUP

**Most healthcare professionals understand 'models of care' to be the ways we organise and deliver health services to our communities.**

The Nelson Marlborough Health (NMH) Models of Care Programme will focus on future models of care needed to meet the needs of our community, especially Maori and vulnerable populations, and to meet increased demand for services in general. We also need health services that are safe, high-quality, and that take advantage of new technology.

Programme participants will consider how the various parts of our health system should work together to improve the health outcomes for people in our regions. This will involve designing and testing improvements and changes to the

way healthcare is provided while building on the positive changes and projects already underway.

The clinical working group appointed in March 2018 will ensure models of care align to NMH needs and enable the transformation of the total health system.

Group members were selected for being innovative thinkers, with a broad health system view, who connect well with their clinical peers and colleagues. They are not representatives of a particular profession, care setting or organisation – but these aspects were considered when they were selected.

There will be opportunities for NMH Staff to get involved in this programme as it develops.

## PROGRAMME PUTS PROFESSIONALS TOGETHER

**The AT&R ward at Nelson Hospital hosted their first inter-professional student placement recently.**

The Inter-Professional Education (IPE) Initiative is funded by the University of Otago as a research project and puts final year students from different professions together to work with especially selected patients.

In Nelson Hospital, physiotherapy, medical, occupational therapy and nursing students spent three days working together with patients in AT&R.

Professor Don Wilson, from the University of Otago's School of Medicine, says by working collaboratively the students gain a better understanding of the roles of different health professions. He says that this can change how the students perceive themselves and others and sets the foundations for the professions to work together.

An IPE pilot programme in 2017 was a positive experience for students says Alice Scranney, clinical educator for 4th year physiotherapy students.

"It allowed discussion between disciplines that wouldn't normally happen in student placements," she says. "They all heard what was discussed, so no time was wasted repeating information, and they made a treatment plan together so they got a better understanding of professional boundaries and if a referral was appropriate."



*Hazel Davidsen (physio), Rose Spence (trainee intern), Jennifer Hall (patient), Effie Milne (registered nurse) and Edward Leach (occupational therapist) worked together on their inter-professional student placement.*



## NZ'S WORST-EVER NATURAL DISASTER DUE TO THE FLU

**In 1918, an influenza pandemic of unparalleled ferocity swept the globe, killing tens of millions in just a few months. It involved the H1N1 influenza virus and infected 500 million people around the world resulted in the deaths of 50 to 100 million.**

In New Zealand at the height of the epidemic during the months of October and November, between a third and a half of the country's population – and in some districts nearly everyone – was infected.

In most towns and cities, services were either scaled back or cut altogether because there were too few fit people to run them. Theatres, hotels, schools and banks closed. Coastal shipping stopped. Food and coal shortages were common. Maori were particularly hard hit: in some areas so many died that the few who were left had to move elsewhere.

In just eight weeks, influenza deaths totaled 8600 – at a time when



the country's total population was only just over one million. The war had killed 16,500 New Zealanders in four years. As soldiers arrived home, many found that they had just lost a sister or brother, their mother or father, their wife or a child, to this invisible enemy.

Death was most likely to visit those aged between 20 and 45 – not vulnerable children or the frail and elderly. In New Zealand, unlike other parts of the world, the virus showed

an unexplained predilection for young men. Most people died from bacterial pneumonia; there were no antibiotics.

No event has killed so many New Zealanders in such a short time. It remains the country's worst natural disaster.

*This article was prepared by Anne Jaques, Clinical Nurse Specialist - Infection Prevention and Control MidCentral District Health Board, and was reprinted with permission from MidCentral News (Issue 165, April 2018).*



**Getting vaccinated is the most effective way to avoid getting AND giving the...**

# FLU



**Influenza.**  
Don't get it.  
Don't give it.

**Our patients and visitors are counting on you.  
So are your workmates.  
Free flu vaccination is still available  
on wards and by appointment.**



*"It's not enough to say that 'I will take time off if I get sick'. We need to protect our patients by getting vaccinated." Barb Gibson, clinical nurse specialist (infection prevention)*



*"It appears there are some particularly virulent strains of flu this year, and in my working environment I am surrounded by vulnerable people, so I need to be responsible." Lynne Bary, charge nurse manager, Ward 9*



*"The flu epidemic in the Northern Hemisphere this year is so concerning that I think we should all vaccinate, and this year is the first year that I am going to pay to vaccinate my children." Tammy Pegg, cardiologist*



*"I am aware now this year that a healthy adult can have the virus and be asymptomatic. This really brings it home to me about my vulnerable patients and I would certainly feel awful if I gave them the flu." Jo Cattell, RN Ward 10*

# HAVE YOU MET YOUR WARD VACCINATOR YET?

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

Our patients and visitors are counting on you. So are your workmates. **Free flu vaccinations are available on wards** and by appointment for NMH staff. Contact your nearest ward vaccinator or our infection prevention team.

