

CONNECTIONS

A quarterly magazine for Nelson Marlborough Health staff

September 2018



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- VOLUNTEERS IMPROVE PATIENTS' EXPERIENCE
- TIME FOR CHANGE – YOUR WAY
- HOW TO START A DIFFICULT CONVERSATION

CE UPDATE

There's never a dull day in the health sector, but if I had to choose three stand-out events since the last issue of *Connections* I would have to go with:

SI PICS

The launch of the South Island Patient Information Care System (SI PICS) in June is the largest IT project undertaken to date, and the training, upgrades and system refinement continues into spring.

We are the second DHB to introduce SI PICS to a hospital, and the first to introduce SI PICS to all sites and services. The move is part of a South Island Alliance initiative to replace nine different patient administration systems with a single regional administration system – resulting in a more streamlined journey for patients.

Congratulations to the team that prepared and implemented SI PICS.

Bowel cancer screening

In August, the Ministry of Health gave us the green light to commence bowel cancer screening in our region.

It took at least a year to get to that point, involving a huge effort to put endoscopy and histology pathways in place, to improve facilities, recruit additional staff and modify models

of care. And that's just in our hospital settings – the role of GPs in primary care settings is crucial. GPs will help raise awareness about the value of screening, receive the test results and support patients who need follow-up from those test results.

I'd ask all NMH people to encourage whanau and friends who are eligible for the free screening to participate. We especially want to reach those who have traditionally lower participation rates – including Māori, Pacific, Asian and rural communities – to ensure the benefits of this programme are equitable across our communities.

Winter preparedness

If you are reading this in September, winter might seem to be behind us, but it's worth reflecting on the work we do every year to prepare for one of our busiest times of year.

Board chair Jenny Black shares her appreciation in her column on this page for our efforts to protect vulnerable patients and communities against influenza this year. Some of this work was done behind the scenes – writing to expectant mothers and the parents of children with respiratory illness to encourage them to take up free flu vaccination for example. Other work was more at the coalface, setting up clinics at Franklyn Village residents to offer vaccination.

These milestones are a handful of achievements and challenges over the past few months. There is much



more to acknowledge. At the time of writing, NZNO nurses, midwives and healthcare assistants have agreed to a new collective agreement after months of negotiation and a nationwide strike. We are close to commencing the indicative business case for Nelson Hospital's redevelopment and nominations have opened for our Health Innovation Awards. The Models of Care project workstreams are really warming up at the same time as we are introducing improved models of care for areas such as mental health.

These are but a few of the many amazing things that happen every day across our health system. We hugely appreciate the skill and commitment of the many people who ensure care is provided for our community.

Peter Bramley
Chief Executive

BOARD TALK

With a hint of spring in the air we are easing out of winter and its associated illnesses, although I know many areas are still feeling the demand for their services.

I am always impressed and very appreciative of how staff adapt and make changes on a seasonal and daily basis to ensure we can continue to run our hospitals and deliver services during times of high demand, like the winter months.

Congratulations to everyone involved in helping to increase our flu vaccination rates, both in the community and among our staff. Your letters to midwives, call backs to children with asthma and appeals to the over 65s all contributed to greater numbers protecting themselves from influenza. We were also very grateful for funding from the Care Foundation which enabled around 40 vulnerable people to be vaccinated who may not have been otherwise.

We are at 57 per cent of staff receiving the flu vaccination this year. The Ministry of Health has an 80 per cent target for healthcare workers to be immunised annually against influenza.

Part of the seasonal contingency planning also included the opening of the Medical Admissions Unit. The extra medical beds will mean patients with acute conditions will spend less time waiting in ED for a bed, and have a more streamlined admission process.

The Board enjoys following progress on the roll out of several new technologies and acknowledge the extra pressure this can put on all staff involved. Thank you

Jenny Black
Chair, Nelson Marlborough
District Health Board



FRONT COVER: The rescue and the Life Flight helicopters on the Nelson Hospital helipad. Story page 11.



KEEPING TRACK OF PATIENTS' TRAVEL

Our patient travel team books around 180 flights a week for patients, and often their support person, to centres outside the Nelson Marlborough Health district.

That's around 700 flights a month, of which approximately 100 have to be booked at very short notice.

Team leader Lee Packer says the team are extremely busy.

"They also help cover the enquiries desk, so there are lots of interruptions during their day," she says.

This year the team made some changes to their service delivery, the major change being the introduction of a comprehensive spreadsheet – patient flight details, support person, transfer info and accommodation needs.

"Everyone on the team, including the interpatient transfer and Life Flight organiser, can access this spreadsheet," she says. "This means any of the team can look up and answer an enquiry about a patient's travel arrangements."

As a result, continuity and communication has improved for patients, and within the team.

Lee also keeps data on why flights are cancelled or missed. "We get all sorts of reasons, from 'my child had a sports day' to 'you didn't send me a ticket'."

The team tries to put some responsibility back on the patient and

remind them to let the travel team know in good time if they haven't received their tickets.

"The staff are amazing, as many of the people they deal with are very emotionally drained by the time they talk to the patient travel team," she says.

"They work very collegially and are very patient-focussed."

Above image: Jody Hellescoe, India Brown, Lee Packer, Aleisha Hollis

"The people who care for them in their home, and at the various activities they attend, do so with love." (Letter to the editor about Disability Support Services.)

"Their pleasant care and attention was fantastic as was their attitude in all areas. Also for the reassurance to my family who accompanied me." (Facebook message: Wairau Hospital Urgent Care and ED.)

"Thank you for all your lovely, kind, cheerful time and attention to ensure my newborn and I had the best start to this amazing journey." (Wairau Hospital, Paediatrics)

"I have a very real phobia of hospitals and I cannot thank your staff enough for the care and time they gave me." (Nelson Hospital, Gynaecology & Surgical outpatients)

Good on You 😊

OUR 'VOLLIES'

You may notice a few extra helping hands around Nelson and Wairau hospitals this year as our volunteer cohort expands to help improve patients' experience.

Volunteers are not there to replace staff but they can often pick up non-clinical tasks that make a difference to our patients.

All volunteers are vetted and complete the Nelson Marlborough Health (NMH) induction process. Volunteer co-ordinator Amy Clarke says volunteers should be regarded as staff and encourages everyone to make them feel welcome.

Some of the new volunteers will work on wards, as way-finders and 'welcomers', in the allied health equipment store support and as meals on wheels drivers.

NMH has approximately 70 volunteers across the region, so stop and have a chat the next time you see one, and maybe thank them for the great work they do.

If you know anyone who is interested in volunteering, vacancies are listed on our website alongside application forms and general info. Spread the word!

For more information on our volunteers contact Amy Clarke (03) 539 3799 or amy.clarke@nmdhb.govt.nz



Tania Belworthy became a FED eight years ago because she wanted to give something back and repay the support she received when her son was unwell as a child. "I feel being a FED is an important, humble and helpful position," she says.

FEDS EXTEND FRIENDSHIP IN DIFFICULT TIMES

Offering comfort or a cup of tea, sharing a smile and a laugh are all in the job description for a friend of the emergency department volunteer (FED).

FEDs were introduced to our hospital emergency departments more than ten years ago and are part of St John's volunteer services.

Many FEDs work a dedicated four-hour shift once a week while others relieve volunteers during holidays or illness. There are two or three shifts a day, seven days a week, including public holidays.

Jeanette Douglas, FED co-ordinator for Nelson Hospital, became a volunteer once she retired.

"I had some time free and the idea appealed to me," she says. "Many of our volunteers prefer to be helping people in ED rather than working in a shop, for instance."

The FEDs do not do any nursing or clinical duties; they are there to support anyone in the ED – patients, whanau and staff.

"We talk to people, we offer a listening ear, and make cups of tea," Jeanette says. "We also help staff by re-stocking the linen or making a bed, but our priority is to give comfort."

The FEDs deal with a variety of issues which may include helping older people who have arrived in ED without their glasses to contact their families, or letting staff know when someone is anxious about what's

happening with their pet while they are in hospital.

"Volunteers have to have a lot of empathy, an ability to relate to people, be sensitive to what's going around them and have a sense of humour."

Jeanette says they also need to be able to turn off and not bottle up any stress after a busy shift in ED. Support for FEDs is available if needed.

"Volunteers have to have a lot of empathy, an ability to relate to people, be sensitive to what's going around them and have a sense of humour."

"There's a lot of personal satisfaction from being able to support someone, have a laugh and cheer them up – you go away feeling good."

Prospective volunteers are assessed for suitability, and undergo police checks. Jeanette says more mature people with life skills are preferred.

Anyone interested in becoming a FED in Nelson can contact Sarah McCabe, P: (03) 548 8157 or E: sarah.mccabe@stjohn.org.nz and for Wairau Hospital contact Sandra Young P: 0800 785 646 (ext 3632) E: Sandra.young@stjohn.org.nz



Charlotte Bowe, acting learning and development team leader, trying out the volunteers' stand in the main foyer of Nelson Hospital.

OUR HEALTH, SAFETY AND WELLBEING



JOINING THE SILVER TSUNAMI

Connections editor, Jane Horder reports back from the mature-aged workforce group

My last birthday tipped me over the edge. I've moved significantly along life's continuum and realise resistance is futile.

I am one of the 36 per cent of our staff who are more than 55 years old (nearly seven per cent are over 65) and, like the rest of New Zealand, our workforce is greying and becoming more female.

An invitation on the intranet to join a 'mature-aged workforce group' intrigued me. I know I am 'aged' but I'm not sure I am truly 'mature' yet!

However, I joined around 12 other mature-aged staff at the first meeting led by CAMHS social worker Chris Hickson and Jan Mitchell, occupational health safety & wellbeing co-ordinator.

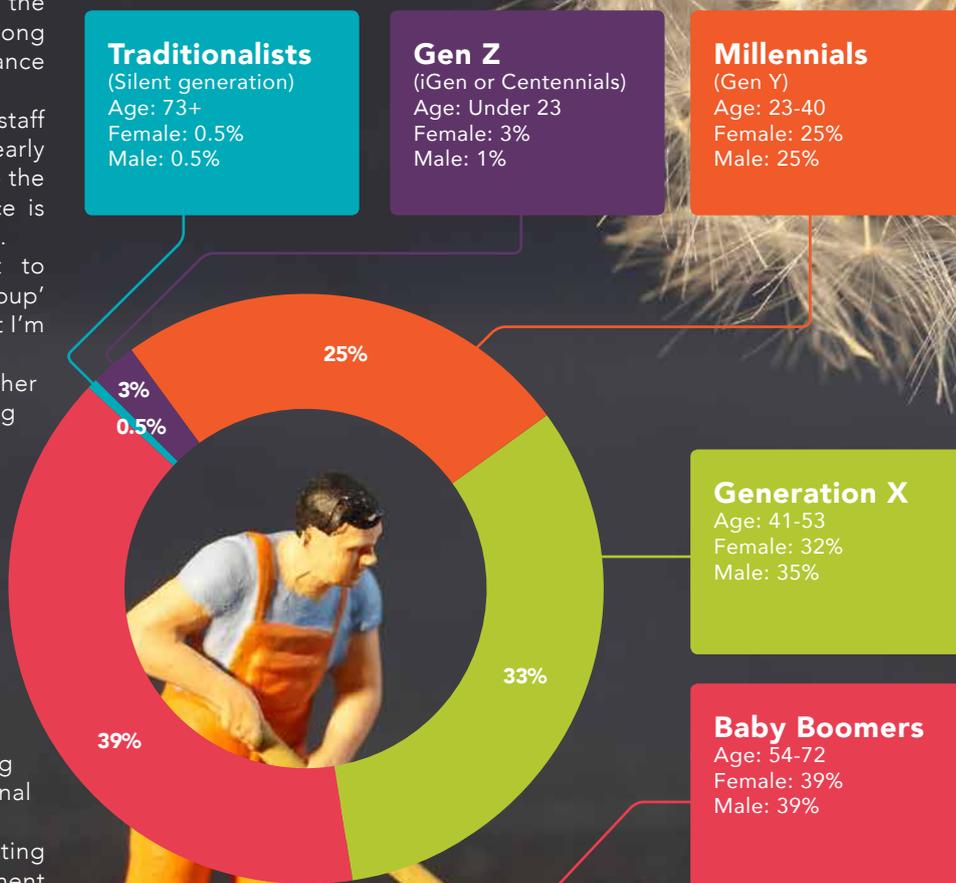
It was a friendly affair where we shared views, ideas, challenges and opportunities associated with our age group in the workplace.

General themes for mature-aged workers include job flexibility, health effects of shift work, changing work practices, technology, personal finance and training opportunities.

The group agreed to keep meeting and to keep ELT and management informed of its activities and concerns.

If you would like to join the mature-aged workforce group please get in touch with Chris Hickson or Jan Mitchell.

The generation breakdown for NMH employees





RNs Elissa Piesse (left) and Carmel Bain look over an OtTeR form in ED.

DIFFICULT CONVERSATIONS CAN LEAD TO BETTER DEATHS

If a patient has an untreatable condition, or is unavoidably deteriorating, medical staff have to decide what level of intervention to provide.

If a patient has recorded their end-of-life care wishes and needs, then a clinician's decision-making is made much simpler.

Cardiologist Dr Tammy Pegg says it is unfortunate that not enough of

"A deteriorating patient may be treated with intubation, artificial ventilation, dialysis, fluids, feeding and much more in order to save their life."

our patients have had a conversation about their end-of-life care. Some sign 'not for cardiopulmonary resuscitation' (CPR) or 'do not resuscitate' (DNR) forms but these don't cover broader aspects of resuscitation beyond chest compressions and defibrillation.

"A deteriorating patient may be treated with intubation, artificial ventilation, dialysis, fluids, feeding and much more in order to save their life," she says. "In some patients these actions may be risky and futile, and not give the dying patient the end they or their family would wish."

Tammy says the 'options for treatment and resuscitation' (OtTeR) form was developed to help focus the conversation on what we are doing for a patient, rather than on what we are not doing. It replaces the CPR and DNR forms.

"OtTeR includes the wider definition of resuscitation and other treatments offered in acute settings," she says.

Any patient who is especially unwell or who has multiple health issues should have an OtTeR in place. However, Tammy also encourages fit and healthy people to have a conversation with their family and healthcare providers about what end-of-life care they want, and then complete an advanced care plan (ACP).

"We need to break the taboo around death. OtTeR and ACP documents help start the difficult conversations about what people want, and don't want, at the end of their lives."

OtTeR conversations can be complex, as often patients and whanau may initially say they want full resuscitation. Tammy says there's a conversation guide on the form to help staff guide patients towards treatment decisions that are appropriate and in line with their wishes for end-of-life care.

"Discussing their options is better than just asking patients if they want resuscitation."

Tammy says OtTeR is a dynamic document and able to be changed. There is also time built in for staff and patients to reflect and check they are still comfortable with the path they are on.

The OtTeR form sits alongside an ACP which is preferably completed before a patient comes in to hospital.

The OtTeR form was co-designed with help from the NMH Consumer Council, Maori and chaplaincy representatives, and senior clinical staff. It has been trialled and unanimously endorsed by the Clinical Governance Group.

OtTeR training is available for staff through LEARN and www.acp.elearning.ac.nz

WANT TO CHANGE THINGS AROUND HERE?



Group work in the Time For Change course

The American business strategist Tony Robbins says, 'by changing nothing, nothing changes.' However, to make changes we often have to push ourselves beyond our comfort zone, and break away from stable, but sometimes stale, ways of doing things.

Three years ago Nelson Marlborough Health began running a 'Time for Change' course which gives participants a toolkit of techniques to drive change.

This programme is an adaptation of 'The School for Health and Care Radicals', run by Helen Bevan, Chief Transformation Officer with Britain's National Health Service.

After completing Dr Bevan's online course, Clinical Governance Support Manager Peter Twamley was so impressed he adapted it for a local five-week 'Time for Change' course.

To date more than 150 people have completed the course and given it the big thumbs up.

Co-presenter Jen Hassloch believes it resonates with people because it encourages participants to take a closer look at themselves.

"You need to look at yourself before you can affect change," she says. "That can be quite unsettling for some people, but you need to know what makes you tick."

During the course participants are asked to make a minor change in something they do and then sustain it. Jen says this is often harder than expected.

"It might be something simple like changing the way you brush your teeth. Then we look at how difficult it is to change and what you might need to do to achieve it."

"The Time for Change course taught me to roll with resistance and keep reframing the WHY. It is great preparation for an innovation culture. Just do it."

Lexie O'Shea, General Manager Clinical Services

"I learned a lot about myself and what I need to achieve to implement change and how I can be a better leader and support person. It's an amazing opportunity and I love lighting the fire in people and see them get what it's all about."

Kirstie Williams, RN and Time for Change co-presenter

She says this exercise also helps people appreciate the challenges involved in getting someone else to change.

Jen reminds people that you can only change yourself, not anyone else.

"By changing your attitude, your behaviour, and your responses others will seem to have changed."

The Time for Change course is open to all healthcare professionals in the Nelson Marlborough region. Register through HR Kiosk or email jennifer.hassloch@nmdhb.govt.nz

FUTURE MAORI HEALTH LEADERS

Over three days Nelson Marlborough Health staff shared their passion for health and gave a positive hospital experience to Maori students from Nelson College and Nelson College for Girls, Garin, Nayland and Waimea Colleges.

GM Maori Health and Vulnerable Populations Ditre Tamatea says the programme is designed to promote insight into careers in the hospital and health sectors as part of the organisation's Maori workforce development plan.



Twelve rangatahi (youth) on the annual Maori secondary school students work placement programme Kia Ora Hauora got the chance to find out more about health career pathways.

A RECORD YEAR FOR INFLUENZA IMMUNISATION: HOW DID WE DO?

The Ministry of Health recently announced a record year for influenza immunisation by New Zealanders – ourselves included.

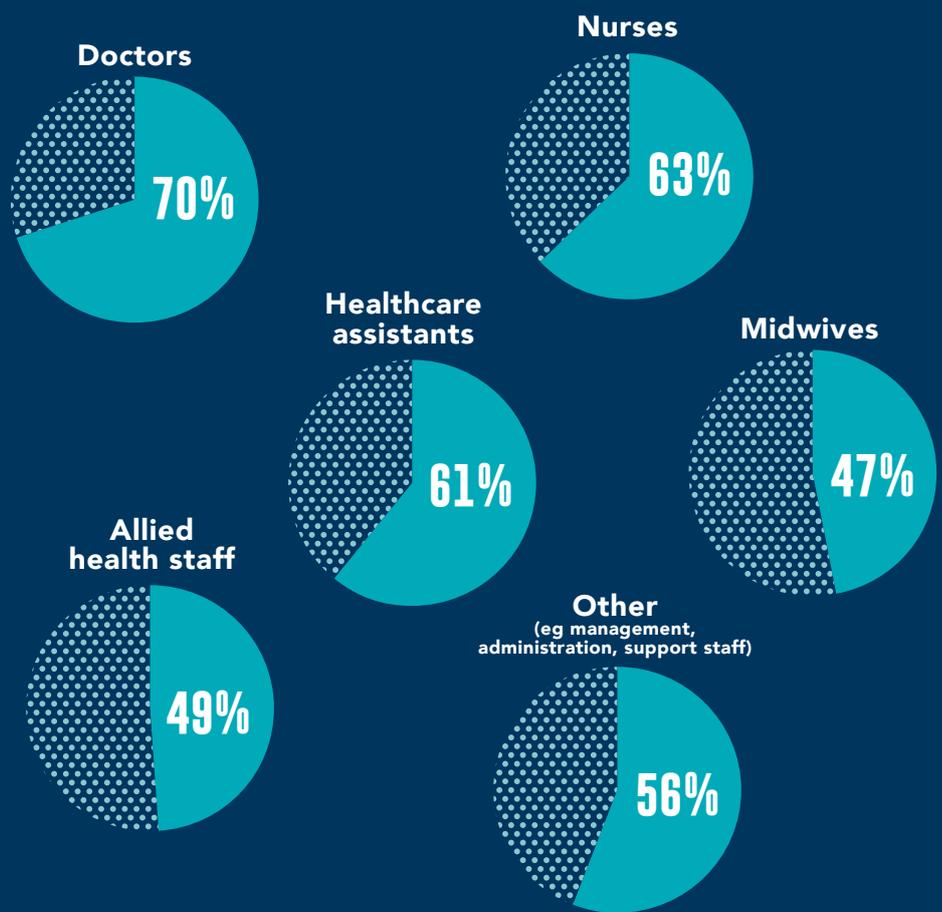
57 per cent of NMH staff rolled up their sleeves for their free flu vaccination this year, and some departments met the Minister of Health’s challenge for 80 per cent of healthcare workers to vaccinate.

Influenza: around the country

So far this season Influenza A, or H1N1, has been the most-detected leading flu virus, and rhinovirus the most commonly-detected respiratory virus.

The best way to protect your colleagues, family, friends and the public is to build your immunity through influenza vaccination. For more information visit www.fightflu.org.nz

UPTAKE OF THE FLU VACCINE BY BROAD STAFF GROUPINGS:



MODELS OF CARE UPDATE: VIRTUAL HEALTH PILOTS

The Models of Care Programme aims to improve and transform the way healthcare is provided in our region.

The focus of the programme so far has been to understand current initiatives, problems and patient perspectives across seven workstreams. Further workstreams will form as the programme progresses.

The programme team and Clinical Working Group have identified change



Some of the participants from a recent workshop to identify change initiatives to trial.

initiatives to trial, in consultation with participants at many workshops. One area is ‘virtual health’ or tele health. NMH staff, patients and communities have all expressed the desire to introduce virtual health, particularly as a way to improve access to health services.

Virtual health pilots will be undertaken to assess the benefits and barriers from a system perspective.

The team would like to learn more about what is working well, what’s not working or what is already being trialled with virtual health.

Please contact Suzanne Beuker if you have information or ideas to share about virtual health.

If you want to find out more or get involved with the work that is underway please get in touch.

E: ModelsOfCare@nmdhb.govt.nz
Visit www.nmdhb.govt.nz/the-models-of-care-programme

End of Life Care	Planned (Elective) Care
Vulnerable Populations	Long Term Conditions
Mental Health	Unplanned (Acute) Care
Primary Led Care and the Health Care Home	

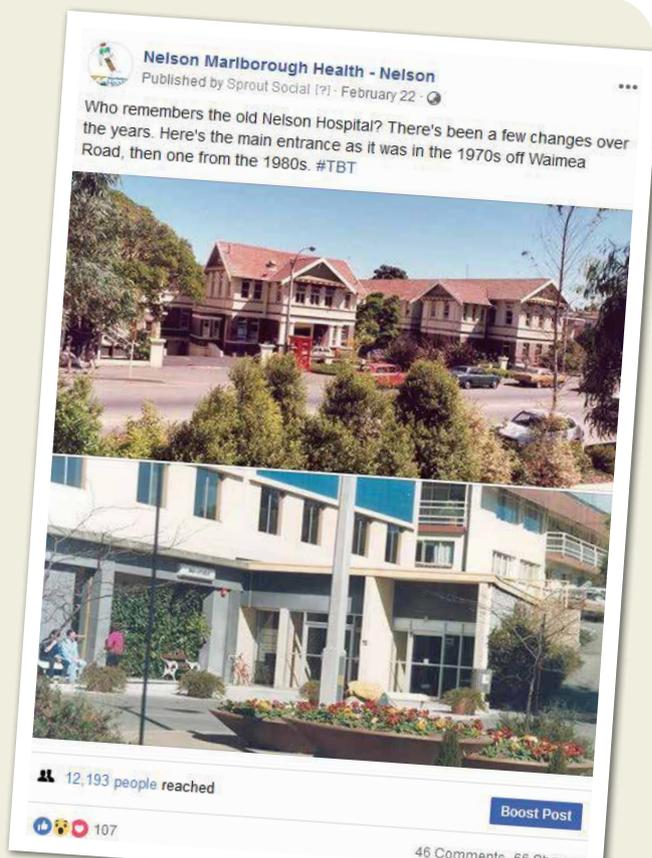
THE PICK OF THE POSTS ON FACEBOOK

We manage two Facebook accounts, Nelson Marlborough Health – Nelson and Nelson Marlborough Health – Marlborough. An easy way to find us is by searching Nelson Marlborough Health.

Our Facebook followers have been steadily increasing to reach more than 1,820 followers in Nelson and 1,070 for Marlborough.

If you are on Facebook, please 'like' and 'follow' our pages, and react, share and invite your friends to follow us too, so we can share important health information and stories about the great work we do.

The most popular post so far this year on the Nelson page was two photos of Nelson Hospital from the 1970s and 1980s. It was shared 66 times and reached 12,193 people. It attracted 218 comments and 510 'likes', 'loves' and other reactions across both pages.



A post celebrating Wendy Barry's 50 years as a dental therapist, posted on 16 April, was the most popular post for the Marlborough page. The post reached 3,345 people, including 316 'likes', 'loves' or reactions and 123 comments.

WOOLLY WINTER WARMERS WELCOMED

Beautiful hand-knitted woollen booties, bonnets and singlets ensure the precious babies in the special care baby unit (SCBU) go home toasty warm.

90 year old Jean Hellyer has been knitting for SCBU Nelson for around five years and recently dropped off a new parcel of her amazing knitting (pictured).

Jean had a premature baby 62 years ago. Luckily all went well despite her son being approximately 32-34 weeks gestation and 3lb 3oz (1.4kg) at birth.

SCBU staff always enjoy receiving knitting and thank Jean and the many other amazing knitters that help to keep SCBU babies warm.



Thanks to a SCBU mum, Jean enjoyed meeting a new baby and had a lovely moment remembering her own experience.

HEALTH INNOVATION AWARDS...ENTRIES ARE OPEN

Here's your opportunity to shine a light on innovation, initiative and ingenuity.

Entries for the 2018 Health Innovation Awards are open. There are more categories this year, and more opportunities to win an award.

The new Emerging Leader Award category recognises the people who make our healthcare system safer, more skilled, more compassionate



and more equitable through their leadership.

Any employee of Nelson Marlborough Health or other health-related provider in the region can enter the awards. Entries close 31 October. For details and your entry form see www.nmdhb.govt.nz/health-awards

Correction and apology: In the June issue of *Connections* we inadvertently put a photo alongside the wrong caption on page 15. Our apologies to Sue Addison and Jo Cattell for the error.

We welcome your submissions of articles and photos for *Connections*. Please send to comms@nmdhb.govt.nz

CELEBRATIONS AND EVENTS

AAARGH...



Paediatrician Dr Stefan Schulze tried valiantly to disguise himself as a pirate to avoid detection of his fractured fifth metatarsal (the long bone on the outside of the foot that connects to the little toe).

But his eagle-eyed colleagues were not taken in by the parrot, eye patch and the fake wooden leg – otherwise known as a ‘strap-on’.

MEDIA SPOTLIGHT



Various media outlets expressed interest in the release of the “Serious event review into the care and treatment of Ruby Knox” prepared by developmental paediatrician Dr Rosemary Marks. Media were given an embargoed copy of the review document, and a media conference was held on site with Dr Marks and our Chief Medical Officer Dr Nick Baker who spoke to the reporters and answered questions.

MAPU OPENS



The 10 bed medical assessment and planning unit (MAPU) opened in July at Nelson Hospital for 10 weeks as part of the seasonal contingency plan.

Registered nurse and MAPU project lead Jayne Rolfe says that medical patients who require admission will still come through the emergency department (ED), but will be identified earlier and transferred to the MAPU.

The MAPU is co-located with the day stay unit, and is open 24 hours a day, seven days a week.

HIGH TEA FOR NATIONAL ENROLLED NURSE DAY

Enrolled nurses from across the region celebrated National Enrolled Nurse Day on 30 June, with a high tea at ‘Apples for Charlotte’ in Havelock.

Enrolled nurses are employed in various health settings and are vital members of healthcare teams. There are currently seven institutes or polytechnics in New Zealand that offer the 18-month Diploma of Enrolled Nursing.



Nine enrolled nurses, with a combined 243 years of nursing, gathered to celebrate Enrolled Nurses day in June.

25 YEARS: CONGRATULATIONS BEV HARGREAVES!

Recently Bev Hargreaves marked her 25th work anniversary with a morning tea celebration.

Bev joined the Nelson Marlborough Area Health Board in 1993 and has worked mostly in accounts receivable, with short stints in accounts payable and payroll.

Thank you Bev for your dedication and contribution, and especially for your smiling face, cheerful attitude and the way you brighten the days of your colleagues and customers.



A BUSY AIR SPACE

The skies around our hospitals can get pretty busy with the arrival and departure of the rescue and the Life Flight helicopters.

Emergency Manager Pete Kara says it's not unusual to see both choppers on the helipad at once. He also reminds everyone to treat a helipad like an ambulance bay and to obey instructions from the orderlies who control the area.

"Keep away if the lights are flashing – it's not like an airport where you can wander out to the chopper," he says. "The critical thing is to move patients from the back of chopper to ED and the last thing we want is an incident on the helipad and to have to shut it down."

In the past year there have been around 400 helicopter missions, split between Murchison, Nelson and Wairau hospitals, and nearly 40 Life Flights.



It's not unusual to see two choppers together on the helipad.

TAKING A MID-WINTER PLUNGE

More than a dozen hardy souls took to the icy waters of Tasman Bay at Tahunanui beach for a mid-winter swim on 20 July.

Richard Savill, programme co-ordinator at Nikau House says staff and service users from mental health specialist services and the NGO sector all made the plunge.

The event was a fundraiser for a local charitable incorporated society, Club 24. Established in the early 1990s, Club 24 supports people with experience of mental health problems to achieve their vocational, educational, health and wellbeing goals.

He expects to raise around \$500 when all pledges come in.



CLEAN YOUR INBOX OUT

It's been around since 1993 and on any one day, a staggering 269 billion emails are sent globally.

Within our own organisation 27,000 emails are sent or received each day. This includes subscription email from websites such as Grabaseat and TradeMe.

IT infrastructure engineer Chris Charles says our mailboxes are getting bigger and bigger and he encourages us all to have a clean out.

"It's a good idea to do some regular housekeeping, such as emptying the 'deleted items'



folder," he says. "Also, instead of sending a large attachment which can clog up an inbox, save the document or image to the J-drive and then tell someone where it is located."

The IT team also remind staff to be mindful that emails are not guaranteed

to be private and confidential and anyone along the way can read them.

"When you are composing an email from your NMH mailbox it's a good idea to imagine the content is being printed on our letterhead paper, and how that might be perceived."

EMAIL ETIQUETTE



WE ARE HUMAN - LET'S TALK

If your message is complex or lengthy, pick up the phone and talk.



DON'T BE A KEYBOARD WARRIOR

Think about the effect your words may have. Emails can easily be misinterpreted and cause distress.



BE USER FRIENDLY

Keep it short and concise. Make the subject line clear and relevant.



DO YOU NEED TO TELL THE WORLD?

Use 'reply all', 'cc' & 'bcc' with discretion. Make it clear what action you want each recipient to take.



CONSIDER THE RISK

Take care what you write.

ALL emails are retrievable under the Official Information Act (OIA). It's easy to breach privacy.



RIGHT FIRST TIME

Check your email is going to the right person, the right list or the right address. Take care with attachments.