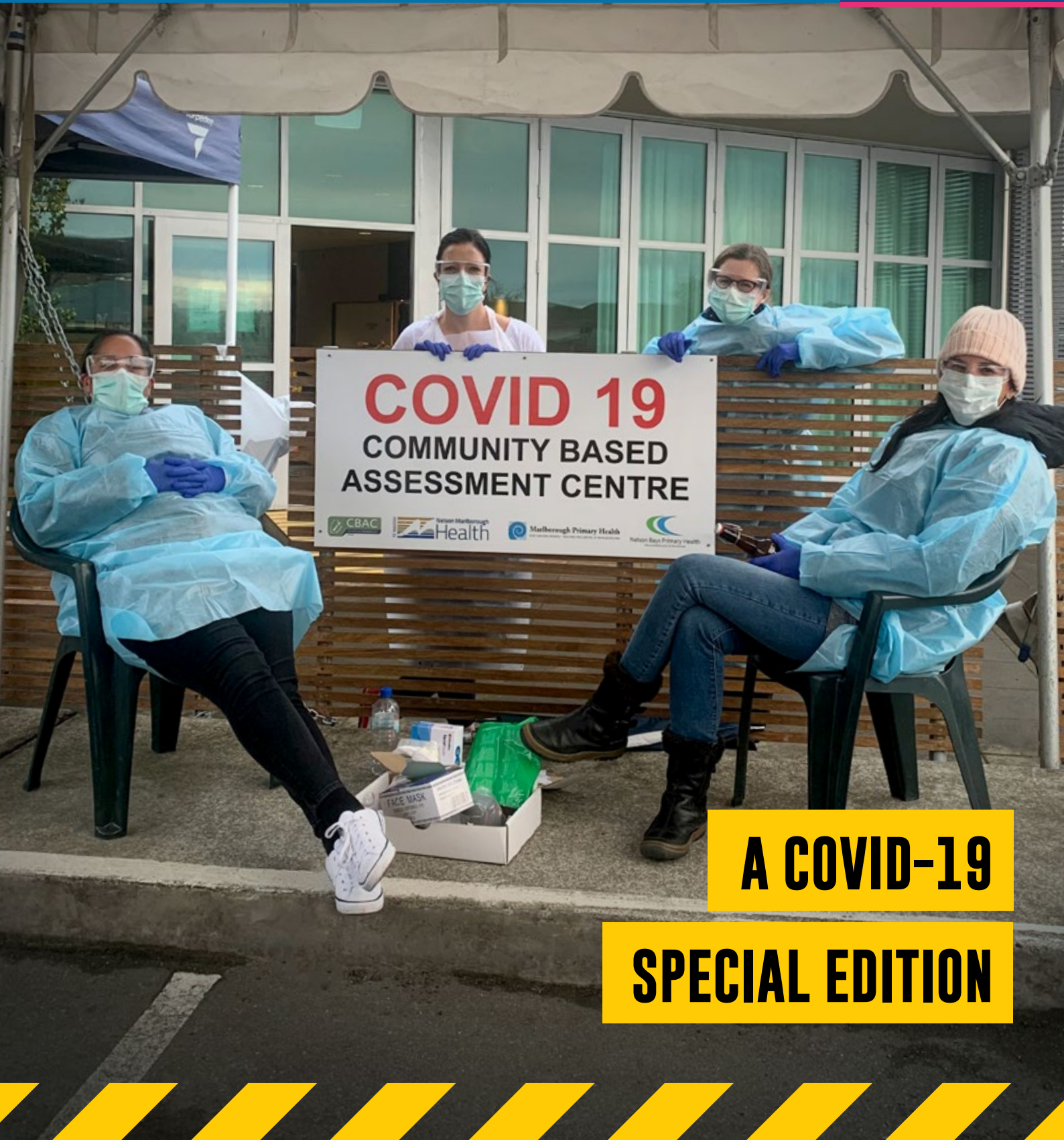


CONNECTIONS

Tūhononga

A magazine for Nelson Marlborough Health staff

Winter 2020



A COVID-19

SPECIAL EDITION

CE UPDATE

**Kia ora,
Our work has been dominated by COVID-19 in recent months but perhaps now we can afford ourselves some time to reflect on what an incredible job New Zealanders, our staff and contracted providers have done to contain and, it would appear, eliminate COVID-19 in our region.**

Recovering the health system has challenges – especially the significant amount of deferred care resulting from the lockdown. We also need to continue to support our community from a psychosocial perspective as we live with COVID-19 and the economic fallout.

While more has been accomplished in some areas than we could have dreamed of, our challenge is to ensure we don't lose these gains but embed the innovations that have served our health system so well.

We will not return to the way

we worked before COVID-19. We will build on the new ways of working and the successful changes implemented in our response.

The goal is a more equitable, connected and responsive health system that improves patient care.

There are many things we have learned during this period that we will take forward in our future planning. For instance, the environmental benefits, the partnerships between iwi and health, virtual ways of working, the use of mobile clinical teams. The benefits of greater coordination in support of our vulnerable populations, flexible work options that enhance work-life balance, and nimble decision-making through delegation, emergency management structures and clarity of roles are all things we want to build on.

We have amazing staff. So many of you dropped your regular work and put in hours and hours to ensure we could cope with what came our way. As a result we have prepared the health system to cope with the re-emergence of COVID-19.

Thank you again for your amazing work over the last few



months. Please keep supporting one another as we care for our community – no doubt with challenges of winter illness and economic effects to respond to.

Peter Bramley
Chief Executive

BOARD TALK

A TIME FOR THANKS AND REFLECTION

On behalf of the Board I want to pass on our heartfelt thanks and gratitude for the extra time and effort you have all put in over recent months.

Each day I hear more and more stories of how you have stepped up and made an amazing contribution towards eliminating the virus and keeping our community safe. You are all remarkable.

Not only have we had to negotiate new ways of working – with all the extra infection prevention measures, new models of care, PPE

requirements, working from home and other challenges, but many of you have also gone the extra mile (or three).

Special thanks to Food Service Manager Bob Saunders and his team, who together with Clare Haycock from The Care Foundation, set about funding and delivering almost 1000 vegetable and fruit packages for staff, to thank them for their work.

I have heard of many examples of how staff acted quickly and innovatively in order to ensure we could keep delivering high-quality healthcare safely.

Thank you for being adaptable, caring and tolerant of change. You have done a magnificent job of keeping COVID-19 at bay. As you know this is not over yet, but at least we can get back to doing some of

the other aspects of healthcare that have been on hold.

Just what our new normal will look like is still evolving. There are many aspects of what we have been doing in recent months that will become part of our business as usual – wider use of telehealth consultations, stronger community connections, and working in new teams.

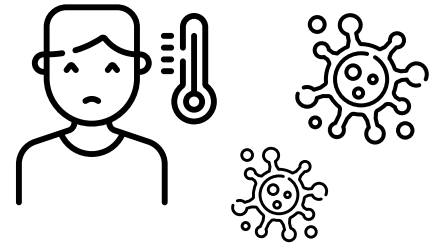
I am confident we will reflect on this time as one of exhaustion for some, but also stimulation, challenge and innovation, team pride and renewed commitment to delivering healthcare to the people of Te Taihupo.

Thank you again
Ngā mihi,

Jenny Black
Chair, Nelson Marlborough
District Health Board

FRONT COVER: The Tāhunanui CBAC at the former Nelson Suburban Club

WELCOME TO THE CONNECTIONS COVID-19 SPECIAL EDITION



Bubbles. Physical distancing. CBACs. Swabs. Self-isolation. Quarantine. PPE. Pandemic. Flattening the curve. Lockdown. Rāhui. Cluster. Community spread. Contact tracing. Asymptomatic.

This is some of the new lexicon. Terms once more familiar to health workers now pepper everyday conversation with neighbours, co-workers, whānau and friends.

At the time of writing, the global pandemic continues to unfold with 10.2M cases and almost 505,000 deaths worldwide. At the time of writing there are 22 active cases in New Zealand, all among newly-returned NZ citizens and residents in isolation and quarantine facilities.

This issue of Connections magazine celebrates some of the

ways our health system responded to the crisis. There was the activation of pandemic plans, isolation wards and community-based assessment centres. The fast-tracking of new models of care, and the technologically-enabled relocation of many of us to home offices, kitchen tables and spare rooms. The partnerships between, and with, Te Taihiti iwi, with councils, Civil Defence, Police, government agencies, primary and community health organisations and others.

To quote Nelson Marlborough Health CE Peter Bramley, the response required "all the thinking, working and planning together about how to keep people safe and to make sure we were prepared should COVID-19 get away on us.

"Things happened that we might

have imagined but wondered if we'd get there. Collaboration like we've never seen. The key is not to revert back, but to find permanent solutions that keep equity at the centre."

We hope you enjoy reading about some of the ways in which Nelson Marlborough contributed towards a national effort to flatten the curve and stamp out COVID-19.

Unite against COVID-19

Good on You

Clearly this wasn't just a job but a calling that they dedicated their life to.

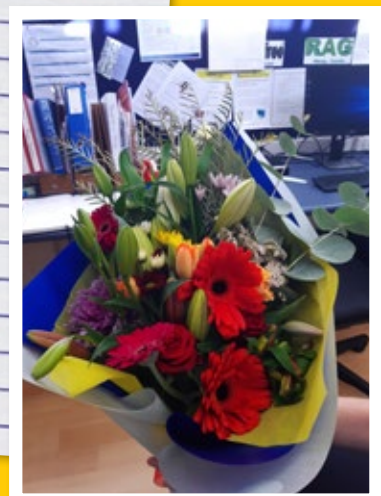
(Ophthalmology)

I felt throughout that I was in very safe, capable and professional hands.

(ED, Wairau)

These flowers are for all your extraordinary care and patience and love towards our lovely Colin.

(Alexandra Hospital)



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

Connections is your quarterly staff news magazine produced by the Communications team. You can contact us with any feedback or story ideas on: comms@nmdhb.govt.nz

LONG HOURS, LATE NIGHTS AND BUSY WEEKENDS



Health Protection Operations Manager Sonya Briggs writes about the Public Health Service response

In January the Nelson Marlborough Public Health Service (PHS) started planning for a new novel coronavirus which was gaining momentum of transmission in Wuhan, China. While contact tracing is a bread and butter health protection function for the PHS, there was very little information and guidance about this new virus to help with preparations.

The PHS Emergency Operations Centre was stood up on 29 January and the first case in the Nelson Marlborough area was confirmed on 20 March. Once a case is notified to the Medical Officer of Health, health protection officers contact and isolate the case, conduct a thorough interview, identify all the contacts and then place the contacts in quarantine.

This involved long hours, late nights and busy weekends. The health protection team were constantly on edge waiting for the next confirmed case to be identified, and were ready to kick into gear at a moment's notice.

The unique nature of COVID-19 and the continual learning and evidence emerging has seen a constantly changing process. The team needed to be agile and constantly open to learning new IT systems and changing procedures.

Over time a National Close Contact Service (NCCS) was created to support New Zealand's public health units to contact non-household contacts and to help with the ongoing monitoring required.

Having to maintain a seven day roster and with an increasing numbers of cases meant we needed to extend our response beyond the health protection team. Members from other PHS teams – health promotion, smokefree, public health nursing and strategy and planning – came on board. They helped transfer information to the NCCS and with the daily monitoring of household close contacts, which may last for 20 to 40 days for a case.

The case and contact management process, including contact tracing, is well-established, efficient and able to be flexed up and down depending on demand.

The whole PHS has been involved in the COVID-19 response – case and contact management, border protection, health promotion activities, welfare and psychosocial support, assessment and testing. This was in addition to continuing other critical public health activities and much more.

Above: Sonya Briggs, Operations Manager, Public Health Service

AN UNLIKELY CAREER HIGHLIGHT



Above: Trainee Health Protection Officer Frances Knight

Frances Knight has had quite the start to a new career as a trainee Health Protection Officer.

The 23 year-old moved to Marlborough in March to join our Public Health Service and quickly found herself working at the forefront of a major public health response to a global pandemic.

Health protection officers manage potential community health risks. Frances' first duties included assessing drinking water supplies, working with the border health team and dealing with communicable diseases, but that all changed very rapidly. She was given "a lot of reading to do" and then joined an emergency operations centre team that worked a seven day and on-call roster.

Frances feels extremely lucky to have been part of a "hard-working, knowledgeable and experienced team who were all very supportive."

She still can't believe that a virus can create global chaos, and reflects that when you are doing your training you never think something like this will happen in New Zealand.

"For it to happen at the start my career – I wouldn't say it's a dream come true but it is exciting. I will be ready for the next one."

*"I wouldn't say it is a dream come true, but it is exciting."
Frances Knight.*

GETTING THROUGH COVID-19: A PATIENT'S PERSPECTIVE

Choosing whether to spend lockdown in central London or with her close family in Marlborough wasn't hard for Tamara Gillan.

Originally from Blenheim, Tamara and her five year-old son live in London where she is founder and chief of a marketing agency and a social enterprise.

In the days before New Zealand went into Alert Level 4 lockdown, Tamara made the urgent decision to leave the UK and join her mother in Blenheim. The fact that her young son has fragile lungs made the decision to move to somewhere with better air quality easier.

"Within a day we had packed our bags and boarded a flight to New Zealand," Tamara says.

Tamara and son arrived at her mother Toni's house in Blenheim two weeks after Toni had visited them in London in early March. Together, they self-isolated. Then came the phone call that changed their lives.

"We don't know who brought COVID-19 into the house. It could've been Mum or me," says Tamara. "Mum got a call from the contact tracing team saying that someone sitting in the row ahead of her on the plane had tested positive, but then I might have picked it up on the way home."

Tamara's mother became unwell with typical COVID-19 symptoms; a runny nose, exhaustion and difficulty breathing. A week later Tamara became unwell, losing her sense of taste and smell, and feeling tight in her chest.

"It felt like someone was kneeling on my chest and that was very scary."

At one stage Tamara became so breathless she had a panic attack. Knowing that the hospital and help was just a phone call away reassured and calmed her.

Tamara admits she is not usually a good patient, but having COVID-19 changed that.

"I was worried about my mum, was trying to be a good parent and was also trying to keep my business going from the other side of the world. But then I had to stop and treat this disease with the respect it deserves," she says.



Tamara is grateful that New Zealand 'went hard and went early' in its response. She is also hugely grateful for the role of the Nelson Marlborough Public Health Service – especially the support given for people recovering in their homes.

"I felt hugely privileged to be under the care of public health, with their expertise, their attention to detail and their kindness," she says. "It made me feel I absolutely made the right choice to come to Marlborough."

"What was amazing about the public health team was that as they monitored my symptoms daily, they talked to me and helped me understand what was happening and the path I was on."

She especially thanks Clinical Director of Public Health Dr Stephen Bridgman, Medical Officer of Health Andrew Lindsay, her case manager Evan McKenzie and public health nurse Karen Aitken.

"There are some positives to come from the experience. My son got to spend precious time with his grandparents, we watched a lot of classic movies together and my mother and I managed to repair the dishwasher by ourselves watching an online video manual. We were pretty proud of that."

"The NZ response, support and professional care has been superb... I am feeling very privileged and fortunate to be home and in such great care, when the rest of the world is faltering so gravely. Thank you for everything you and that the wider team have done, and do.

We have felt beyond supported, in every possible way from your expertise, kind cheerful voices, to your informed medical care and advice, answering our big and little questions and even sharing ideas to keep my child entertained and more meaningfully engaged.

We remain deeply indebted and are pleased to have crossed to the other side of 'well'. We took a deep breath outside on the riverbank yesterday, allowed out for the first day, but kept ourselves firmly to ourselves and wish all those you are looking after that freedom."

Left: Tamara Gillan and her son

Above: an extract from Tamara's thank-you letter to the Public Health Service team

HOW THE PUBLIC HEALTH SERVICE SUPPORTS SOMEONE IN QUARANTINE

Someone in quarantine is phoned by the PHS team each day. Their symptoms are assessed and they have a conversation to make sure they are doing OK and are on their way to recovery.

The PHS team also speak with household contacts to make sure they haven't developed any symptoms and remain well. The team pass on test results and find out if the household has enough support to meet their isolation requirements – both the welfare and medical needs. It can be quite stressful for people in isolation by themselves as they have very restricted ability to communicate and socialise as they normally would.



CBACS AT THE CENTRE

Above: The Blenheim CBAC at Horton Park's old netball pavilion and courts

The day after the Blenheim community-based assessment centre (CBAC) opened, the first two Nelson Marlborough cases were announced. Five days after that, New Zealanders woke to their first morning in lockdown.

The Blenheim CBAC was one of the first in New Zealand to start assessing and testing people with symptoms. Its location at disused netball courts was ideal – lots of room for cars, a standalone building for staff to work from away from main medical centres and ample space to set up 'red and green' infection prevention pathways.

With similar attributes, the former Suburban Club building in Tāhunanui (Nelson) and a bridge clubroom in Motueka were quickly transformed into CBACs and made operational before Alert Level 4. Medical centres in Takaka, Picton and Murchison set up triage centres to safely assess and test people outside of centre waiting rooms, and a second Nelson-based CBAC opened in Toi Toi in May to meet the demand as case numbers rose in our region.

Charlotte Etheridge, General Manager Primary Care with Nelson Bays Primary Health, describes the Tāhunanui CBAC as the 'Rolls-Royce' of CBACs. On a side note, infectious disease specialist Dr Richard Everts describes Charlotte as the "Jacinda Ardern of the CBAC team in Nelson" for her leadership, organisation skills, kindness and humour.

Charlotte says that, from the day it opened on 23 March, Tāhunanui CBAC staff were offering the full response – screening, assessment and testing.

So how do you transform a netball court, an empty building, or a porta-cabin into an emergency response centre?

"We knew what CBACs needed to be, but not necessarily what they looked like. And we knew they had

to be operational, in a short space of time.

"To make it happen it came down to being able to work together quickly – Nelson Marlborough Health, and the PHOs – and in a high-trust environment," Charlotte says.

"One of the biggest positives is the trust we've shared in each other. There were so many critical steps to making the CBACs work, from the infrastructure, IT and WiFi and equipment (thanks to Pete Kara and Bev Nicolls) to the clinical pathways which Elizabeth Wood, Dave Dixon and Richard Everts did a great job with."

Then there were the staff. The front-liners whose masked, gloved and gowned presence become synonymous with COVID-19. Wielding clipboards and questions, they met people in their cars and assured worried, unwell people that the nasal swab would be uncomfortable but had to be done.

"They've been absolutely incredible," Charlotte says.

Infectious disease specialist and physician Dr Richard Everts backs that up. At a speech to mark the closure of the Nelson CBACs, Richard gave a special shout-out to nurses Ngaire-Dawn Munro and Megan Spick, among the many people who made the CBACs a success.

"You spent two months standing in the CBAC carpark, in the cold or heat, sun or rain and in full PPE," Richard says.

"You were the first face people see at the CBAC and have been engaging and reassuring at a time when people are often frightened. It's been lovely hearing your laughter echoing through the front doors of the CBAC."

Charlotte also credits the comradery among staff.

"It's been really collegial, with everyone on the same page and a lot of trust with each other and the system."

Charlotte applied the best of her experience in general practice management to get the balance of staffing right. Having a list of casual staff to call on was a



Then there were the staff. The front-liners whose masked, gloved and gowned presence became synonymous with COVID-19. Wielding clipboards and questions, they met people in their cars and assured worried, unwell people that the nasal swab would be uncomfortable but had to be done.



Above: The Tāhunanui CBAC at the former Nelson Suburban Club
 Right: The Blenheim CBAC at Horton Park's old netball pavilion and courts

critical factor.

"On one day we had 171 people arrive, and two long queues. I called six people on the casual list and they were there in 10 minutes.

"We were dealing with a lot of anxiety, from people attending the CBACs and also from employers and business owners. Each morning at Tāhunanui we had a huddle to go over the key messages, operational plans. And just to support each other."

The Toi Toi CBAC evolved from an assessment-only centre in a carpark and porta-cabin, to a full CBAC in the heart of Toi Toi – Victory Square. Here, people were also offered a little extra āwhina – food packages, welfare support and referrals to social services. This was the approach for mobile CBACs too; in partnership with Te Taihū iwi organisations, mobile teams set up pop-up CBACs at marae and in rural communities, offering kai and welfare packs to people being assessed and tested.

"We got really good with the mobile response," Charlotte says.

"We have kits and teams ready to go, whether it's into remote regions or into police cells. This means that if the CBACs have closed we are ready to get them up and running again quickly if we need to."



Above: The Motueka CBAC at the Motueka Bridge Club

ODE TO THE OPPOSITION

An excerpt from Dr Richard Everts' speech made to celebrate the closure of the Toi Toi and Tāhunanui CBACs on 12 June.

When you win a sports match it's important to say a few kind words about the loser. In this case, the loser is COVID-19, the SARS-CoV-2 virus.

SARS-CoV-2 – you have been an amazing player. Here's why.

1. We still don't know where exactly you came from.
2. In a few months you have infected 7.5 million people and killed 420,000 people in the world. And those are just the ones we know about. The global daily new case rate is still accelerating as the virus spreads across the USA and into developing countries like Russia, South America, and Africa.
While I'm talking tonight, 50 people in the world will die of COVID disease.
3. COVID-19 – you can spread like wildfire!
Let's think about the church choir in Washington State. 60

people took steps to prevent transfer; there was no physical contact, no music sharing, distancing. They spent 2.5 hours in a hall the size of a volleyball court. Someone was infected but did not know it. 45 of 60 became infected over the following four days and two people died.

And let's not forget the wedding at Oyster Cover in Bluff – 90% of attendees were infected.

4. Up to 80% of people who are infected don't even know it. They don't recognise any symptoms, but can be highly infectious.
5. Even after you are dead SARS-CoV-2, we can still detect bits of you in the throat two months after infection.

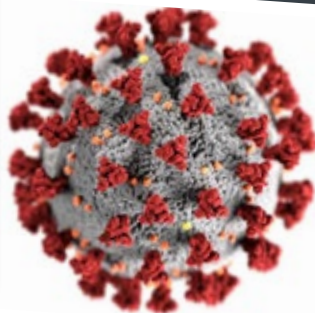
So SARS-CoV-2 – you're an incredible pathogen. You did your best in NZ but we beat you, for now.

So we get the trophy. And you get the loser's certificate of participation. But I think I'll just hold off prize-giving for a few more months...

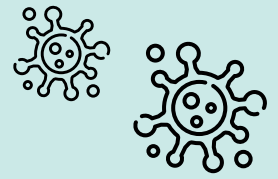


Above: Dr Richard Everts

The structural morphology of a coronavirus. COVID-19 is the name of the disease caused by the novel coronavirus first identified in 2019. Its full name is Severe Acute Respiratory Syndrome coronavirus 2, or SARS-CoV-2.



NELSON MARLBOROUGH CASES – A SNAPSHOT



- The first of our 50 cases was notified to the Nelson Marlborough Medical Officers of Health on 20 March, and the last one on 29 April.
- 49 cases were reported to the World Health Organization by New Zealand. One further case was reported by Slovakia; while this case was not reported in the NZ figures it was part of the Nelson Marlborough Health workload and illustrates global collaboration in trying to control the pandemic.
- Three cases required acute hospital care for some stage of their illness – two at Wairau Hospital and one at Nelson Hospital. Two people required intensive care. 32 acute hospital bed-days were used to care for COVID-19 patients, across intensive care and general wards. No COVID-19 deaths were recorded locally.
- 47 cases were managed in home isolation, monitored and supported by the Nelson Marlborough Public Health Service team.
- 27 cases were women, 23 were men. The ages ranged from 12-82 years, with a median age of 45 years.
- 22 cases were resident in the Marlborough district, 21 in the Tasman district and 7 in Nelson.
- 6,840 tests were conducted between 18 March and 24 May, across primary care, hospitals, aged residential care facilities, community-based assessment centres (CBACs) and mobile testing sites. 69% of tests were taken at CBACs.

A DAY TO CELEBRATE

21 May marks International Tea Day and the day that Amelia Earhart became the first woman to complete a trans-Atlantic solo flight.

In our part of the world, it's also the day that our last active case was discharged from isolation – a day that we could confidently say that Nelson Marlborough was 'COVID-free'.

The announcement was made by Dr Stephen Bridgman, Clinical Director of Public Health, who credited the co-operation of our community towards stamping out the virus.

"I'd like to thank all cases and their local close contacts, who co-operated with strict isolation and quarantine requirements. The general public have also made a phenomenal effort to follow the Alert Level rules, and to get symptoms assessed and tested.

"The huge collective effort of our health services prevented sustained community transmission – the spread of the virus in our community between people who do not know each other. This is clear in our testing data – of the nearly 7000 local tests over the past two months, we have identified only 37 cases through testing," Dr Bridgman said at the time.

At a speech to celebrate the closure of the Nelson CBACs on 12 June, Dr Richard Everts gave Stephen a special mention.

"We saw Stephen's true colours during this crisis – as a scientist, a leader and someone who cares about people."

Richard is particularly impressed with Stephen's role as chair of the clinical technical advisory group (CTAG) who were dealing with a brand-new virus – looking at symptoms, transmission, and means of diagnosis.

"They provided evidence-based advice throughout the pandemic, and encouraged everyone on the group to have a say," Richard says.



Above: Dr Stephen Bridgman

THE ROLE OF MEDICAL OFFICERS OF HEALTH DURING PANDEMICS

The Health Act 1956 and the Epidemic Preparedness Act 2006 give significant powers to medical officers of health during outbreaks of notifiable infectious disease.

COVID-19 was classified as such a disease in New Zealand on 30 January. On 11 March, the Health Act was updated so that both 'novel coronavirus' and 'COVID-19' were also designated as quarantinable infectious diseases. A wide range of powers were subsequently made available to NMH Medical Officers of Health Dr Stephen Bridgman and Dr Andrew Lindsay. These include the power to:

- require a probable, suspected or confirmed case to refrain from working, using public transport or

travelling, and to stay in isolation

- direct the closure of educational institutions (including early childhood centres)
- carry out contact tracing in order to identify the source of the disease, make contacts aware that they might be infected, and limit transmission
- require probable, suspected or confirmed cases to provide information about their contacts
- require any suspected cases on board an aircraft arriving in New Zealand to be examined, provide samples, supply information and to stay under surveillance
- require people to report or submit for medical examinations or testing (if authorised by the Minister of Health)
- require people, places, buildings, ships, vehicles, and aircrafts to be isolated and quarantined (if authorised by the Minister of Health)
- request Police for assistance when exercising those powers.

KEEPING THE MEALS ON WHEELS TURNING

Food Service Manager Bob Saunders lost most of the Meals on Wheels delivery volunteers to lockdown.

Many of the drivers were older people advised to stay home, so Bob was left wondering how he was going to deliver more than 70 meals a day to people who rely on the service.

"I was sitting with my head in my hands when Clinical Governance Support Manager Peter Twamley asked if his team could help," Bob says.

"They were working from home and delivered the meals on their lunchbreaks, really stepping up to the job."

Bob co-ordinates eight different runs with 5-15 meals per run each day. During lockdown an additional 246 meals were delivered each day to homeless people and community mental health service clients.

Bob says the way that Peter's team jumped on board was a humbling experience.

"Over this time I have met so many staff that work and support the hospital that I didn't know existed. I guess at the end of the day we are just doing our job so it felt kind of weird to be acknowledged and supported like this."

Bob says his team coped very well in the kitchen with the new workplace requirements.



From left: Angela Christieson, Bob Saunders and Peter Monk. Angela is the early cook and Peter is one of the drivers and also sorts the meals into runs.

"It was all a bit daunting at the start but we are pretty good with the PPE and handwashing, although the physical distancing was a bit tricky," he says. "We moved the work benches around, separated the tray lines and it's 'one in and one out' in the office."

Bob was also happy to be able to keep the hospital cafés open during lockdown. "Some days were pretty quiet, but it gave the staff somewhere to go and the café team also made lots of ready meals for staff to take home."



Above: Laura Anderson, Medical Laboratory Technician at MedLab South, Nelson

A SILVER LINING TO THE COVID CLOUD

The rate of electronic orders for lab tests jumped from 25 to 80 per cent in the Nelson Marlborough region during Alert Levels 3 and 4.

While the uptake of lab e-ordering by GPs in our region has been gradual since its introduction in April 2019, the increased use of virtual health consultations during lockdown sent the rates soaring.

MedLab South Laboratory Manager Rebecca Brosnan describes this as a silver lining.

"It's good for GPs and a real win for us at MedLab South where we've seen great gains in efficiencies and in data accuracy as a result of the increase in e-ordering," Rebecca says.

Clinical Information Systems Director Dr Bev Nicolls says the e-ordering gives GPs much-needed information and control and saves precious lab team time.

"When a GP orders lab tests for their patient, on paper, they can't see if the patient has completed the test, they can't easily change the test order, nor can they see what stage the test process is at. If they use e-ordering however, then they'll have that information at hand and greater control of the process," says Dr Nicolls.

MedLab South are now trying to get all GPs and hospital clinicians to use e-ordering, to build on the gains made during lockdown.

GOING BEYOND THE BASICS TO HELP THE HOMELESS

Working with homeless people during the COVID-19 response has been the highlight of Karen Crook's long nursing career.

Karen worked as the weekend clinical lead of a multi-disciplinary wellness team who helped homeless people into accommodation and connected them to health services.

"We worked in pairs and went around lots of the areas homeless people frequent and asked them if they would like to get off the street," Karen says.

"Their reaction was amazing – they were so humbled and appreciative and often they were tearful."

Karen says the work has been a privilege, with people taking the wellness team into their trust.

"We take a holistic and wellbeing approach. We ask them how they came to be in this situation and while they may be shy initially once they get started they just share their stories," Karen says.

Common themes to their stories include trauma, sexual abuse, mental health issues, drug and other substance abuse, and prostitution.

Most of the people Karen and the team helped were male, aged from their teens into their seventies. The majority of people wanted to be homed and stayed in the motels or campground accommodation found for them.

Karen says the accommodation providers worked hard to make this a sustainable initiative. A few providers employed kind, empathetic security staff who helped the newly-homed people feel safe.



Above: Madhu O'Brien, Karen Crook and Janice Howard were part of the wellness team helping get homeless people into accommodation during lockdown.

"I've always been passionate about helping people with mental health and addiction issues, or who have been traumatised, and it's been good to hear their stories and be able to meet their needs are. Looking back over the past few months I really feel this has been a highlight in my career."

TRANSFORMING OUR DIGITAL WORKPLACE

COVID-19 threw NMH digital workplace transformation projects into full throttle, in particular with the launch of Microsoft 365 (M365).

M365 lays the foundation for a modern digital workplace, enabling us to work securely in the 'cloud' from any location. It offers a wide range of applications, or tools, including Microsoft Teams (MS Teams) which NMH reached for as a starting point to keep us connected and united during lockdown.

What is Microsoft Teams?

MS Teams is an online collaborative workspace that brings together team work functions – such as meetings, instant messaging, task-tracking, note-taking and file sharing – in one secure place. MS Teams can be accessed via a web browser or from an app on your preferred device.

MS Teams allows us to collaborate with people from other organisations, as hospital radiology teams found very useful.

Jess Ettema, Nelson Hospital Radiology Operations Manager (and early MS Teams adopter) says that she

found the software easy and simple to use.

"We've connected with our wider networks, including the South Island DHB radiology group. We use it for all our video meetings and it saves us time being able to add updates directly into Teams prior to meetings," Jess says.

MS Teams proved especially helpful during 'peak pandemic'.

"Teams saved my inbox from being bombarded during COVID-19 as information was changing daily. It was so helpful to have a central point for all our communication and to be able share documents securely," Jess says.

"We also now use Teams for our national radiology group in lieu of face-to-face meetings and it's working well."



Interested in using MS Teams?

All NMH staff have access to Microsoft Teams. Find out how to get started: <http://nmhintranet/organisationsupport/itandapplicationsupport/O365/MicrosoftTeams.html>

A Q&A WITH DR NICK BAKER



Above: Dr Nick Baker

Dr Nick Baker is NMH's Chief Medical Officer and has been with us for 26 years, working through pandemics and other major emergencies. We asked Nick to share some thoughts with Connections readers.

How is COVID-19 different from other pandemics you've worked through, eg SARS and swine flu?

For both SARS and swine flu we worked hard to prepare and had precautions and protocols in place.

Swine flu was more lethal and hospitalised more people than COVID but as we had no tools to track, test and isolate we just had to accept it.

Another point of difference for COVID-19 is that by the end of February the WHO published an excellent paper that provided a clear 'recipe' listing the key actions a country can take to stop COVID in its tracks, which New Zealand followed. We didn't have the same kind of opportunity to prevent a SARS or swine flu outbreak.

After SARS I worked for the Ministry of Health to develop a plan for the next pandemic, and I used some of this work to help NMH prepare for COVID. This was theoretical work but proved to be a useful planning template as COVID escalated in our region.

Another difference is that while I was prepared for the medical consequences of COVID, I was not ready or alert to the harm caused by the lockdown, the unemployment, the emotional issues, supply chain problems, the economic impact – a real domino effect.

What are some of the highlights for you?

Our strong team effort with common purpose – the ability to just get on and do things – was impressive. In some ways it was like gravity was switched off as we could discuss, decide and get things done, at a much faster pace.

Then there was the day where we realised we could not have the staff gathering we'd planned. So we did it by Zoom and had 190 people join the meeting – much more than we'd expected.

Another highlight for me was the national response. As a country we had the leadership and will to put the common good ahead of personal self-interest. Enough COVID was let into the country to ensure New Zealanders took it seriously and got behind the cause, but not so much was let in that we could not cope.

Looking at my own role, a highlight was the Emergency Co-ordination Centre team where we connected across sectors and benefitted from having iwi leaders with us. We met daily and it proved an extremely agile system, with every member very engaged and ready to grab every opportunity.

Any low points?

That would be the day I wrote to national senior officials about the risk of letting people into the country from countries where community transmission was rampant. I had an awful, sinking feeling that we were missing our only chance to protect New Zealand. I was very relieved when the borders closed, five days later.

What do your children think about it all?

At first they told me to stop talking about what was happening in China, thinking I was over-reacting and feeling that it wasn't important to NZ.

By February they were listening more but still not prepared for the impact on their lives. By March they were really listening and were prepared for lockdown and big changes to their lives.

What would your parents and grandparents have thought about it all?

My parents lived through WW2 and its aftereffects. They would have taken this in their stride, adapting again like they had before. It's been hard to not keep using wartime analogies through our COVID preparations and actions!

My grandfather was a medical officer in the British Navy during the 1918 pandemic. He faced it with scientific curiosity and left a fascinating record of the surging deaths at a time when communications were poor, as was people's understanding of the flu.

It's been hard to not keep using wartime analogies through our COVID preparations and actions!

PROVISIONAL NOTES
ON THE PATHOLOGY OF THE PRESENT
EPIDEMIC.

BY P. FILDES, M.B., B.C.,
SENIARY SURGEON-LIEUTENANT COMMANDER, R.N.V.R.
(Forking in the Navy on Behalf of the Medical Research Committee);
S. L. BAKER, M.R.C.S., L.R.C.P.,
TEMPORARY SURGEON-LIEUTENANT, R.N.;
AND
W. R. THOMPSON, M.Sc. CORNELL,
(From the Laboratory, R.N. Hospital, Haslar.)

Post-mortem

(a) *Macroscopic pathology.*—
of a rapidly fatal case will be
with which we have been dealt
Externally: The body of a w
man, aged 18; marked cyano
quantity of blood exuding from
deeply blood-stained watery
trace of similar fluid in rig
on both sides is injected a
patches. The pericardium co
fluid. The heart shows not
lytic staining of the endocard
and appears in good condition.
a dark purple colour and shows
in places; it retains its shape
feels soft and jolly like, with
in diameter scattered about
upper lobe is similarly affect
in the anterior portion it is
section the lower lobe is dar
full of a thin haemorrhagic
the cut surface. In the plac
portions described above
lung and resemble infarcts
are more or less spherical
lung. The lower part of the
is treated by a thin haemorrh
aerated and shows a congest

THE arrival and progress of the influenza pandemic in London appears to have been unexpected among the population and to have caused a certain extent of dismay. The curious isolation of different communities due to the difficulty of travel and the absence of press facilities has put back the distribution of common knowledge to what it was a hundred years ago. It is possible to read about occurrences in South Africa or Bombay, but news from towns in this country only filters through gradually and often in a distorted form. While the influenza epidemic has been proceeding sporadically or scately in Portsmouth for months, the fact has hardly been referred to outside.

Left lung: The lower lobe is in places; it retains its shape and feels soft and jolly like, with several firmer areas 2 or 3 cm. in diameter scattered about in the posterior part, but upper lobe is similarly affected in its anterior part, but in the anterior portion it is spongy and feels aerated. On section the lower lobe is dark-red colour and airless, being full of a thin haemorrhagic exudate which flows out from the cut surface. In the places corresponding to the firmer portions described above there are found solid, dark-red, rather dry areas. Some of these extend to the surface of the lung and resemble infarcts in appearance; others, however, are more or less spherical masses situated centrally in the lung. The lower part of the upper lobe is similarly infiltrated by a thin haemorrhagic exudate, but the upper part is aerated and shows a congested spongy lung substance. The

LOOKING BACK TO 1918

Dr Nick Baker's grandfather, Dr S. L Baker (M.R.C.S., L.R.C.P.) was a medical officer in the British Navy during the 1918 influenza pandemic. He co-wrote a paper published in the November 1918 issue of medical journal The Lancet, from which some excerpts are shared here.

The 1918 flu pandemic was one of the most lethal global pandemics, and coincided with the end of World War I. Between October and December 1918 alone about half as many New Zealanders died as had during the whole of the World War I.

Long before there was a case in NZ, you were talking about schools closing and other interventions. How did people respond to this?

People took it seriously and hopefully it helped to get people ready. I tried not to cause panic, by asking people to consider the possibilities rather than telling them what I thought was going to happen. I used wording like 'think how you will manage to work if schools are closed?'

In a COVID-19 world, what would you encourage young people to aim towards a career in?

We need both science and humanities. In our future world those who can adapt scientific facts or information technology to be understood, highly-valued and used by others will have a solid future. So look to careers that make new advances relevant and applicable.

What does Aotearoa need more of now?

We need to keep innovating. We are an isolated state and with almost every other country being a biosecurity threat we will have to adapt and evolve in new ways with increased self-sufficiency – a bit like the culture Cuba has had to create.

We should also look to add as much value as we can to the products we export. For example, creating high-value industries and jobs in NZ by processing raw logs into high-value products or turning milk powder and fruit into more valuable commodities. Sustainability will be driven more by need to import less, reuse and recycle.

Do you think we could use this as an opportunity to raise the importance of vaccination? Before the polio vaccine, lockdowns were a regular occurrence right?

Yes and the rate of people declining to vaccinate has already dropped. It reminds people of the knife edge we live on where humans are very vulnerable to infections. What has happened has dismissed the arrogance of thinking that people are in control.



A NATURAL COMMUNICATOR

NMH Chief Medical Officer Dr Nick Baker (centre) is photographed here for Nelson City Council's 'Walk the Chalk' campaign to encourage physical distancing on city pavements.

Nick has been one of NMH's strongest public voices throughout the pandemic, fronting media enquiries and giving dozens of breakfast radio interviews.

He also tirelessly sought to keep people informed. One of the ways he did this was by giving a weekly presentation to NMH clinical teams and NMH union partners, from the earliest days before Nelson Marlborough had its first case. Nick also co-presented regularly to primary health teams, to our response partners (eg councils and Civil Defence) and to local businesses.

Those of you who have seen Nick in action will appreciate his talent for presenting dense, detailed information in a down-to-earth and relatable way.

MISSION CONTROL: ECCS, EOCS, TAGS AND CIMS EXPLAINED



When Nelson Marlborough's Emergency Co-ordination Centre (ECC) was established on 29 January, only 65 COVID-19 cases had been reported outside of mainland China.

By the time the ECC stood down on 15 May, there were 4.5 million cases worldwide and more than 300,000 people had died. In the Nelson Marlborough region at that time, there had not been a new case in our region for more than two weeks.

During its 15 week duration, the ECC met 55 times to ensure the delivery of pandemic directives from the government, and to make decisions for our hospitals, community health services, staff and the general public.

Comprising leaders from NMH, Civil Defence, Te Taihiti iwi organisations and Police, ECC members provided functions and expertise within an adapted Co-ordinated Incident Management System (CIMS). CIMS is New Zealand's official framework to achieve effective co-ordination, command and control for incidents.

NMH was the lead agency for the regional response; a pandemic is one of the only emergencies where health

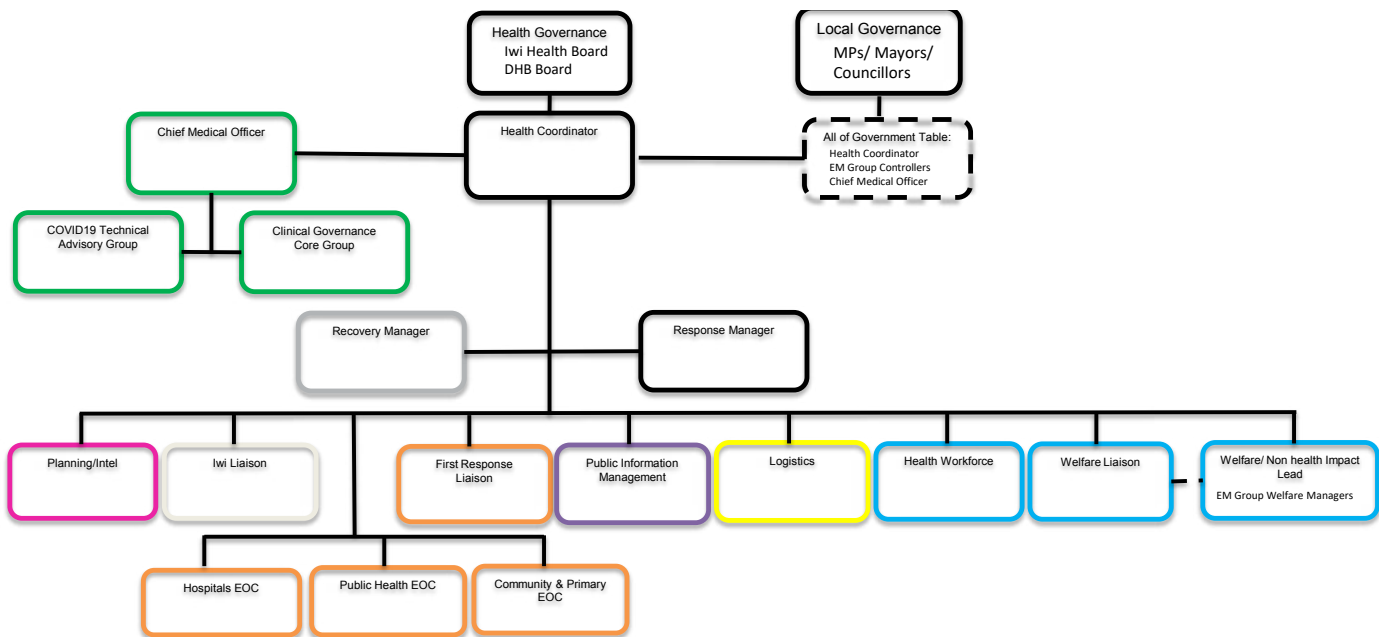
will be the lead agency. By comparison, a mass casualty incident requiring a huge health response would be led by NZ Police or Fire Emergency NZ.

The ECC was supported by three technical advisory groups (TAG) that provided specialist advice and knowledge. Thank you to the:

- COVID-19 TAG
- Māori & Vulnerable Populations TAG
- Hospital TAG

The ECC was also supported by three emergency operations centres (EOC) that handled detailed work and standalone functions. Each EOC is led by a controller who has the same responsibilities as the ECC health co-ordinator. Thank you to the:

- Hospital EOC
- Public Health EOC
- Primary and Community EOC



Planning/Intel

- Plans Manager
- Intel Manager
- I & R support

First Response Liaison

- FENZ
- Police
- St John
- Immigration
- EM Group/ Councils – utilities and lifeline services

PIMS

- Internal Comms
- Media Liaison
- Videographer

Logistics

- Procurement
- IT Logistics
- Business Analyst
- Facilities

Health Workforce

- HR Support
- Union Liaison
- HSW Support
- ELT Liaison

Welfare/ Non health Impact Lead

- Shelter and Accommodation
- Food, Water, Hygiene & Clothing
- Psychosocial
- Care and Support of vulnerable people
- Financial Assistance





Previous page: A structure diagram for the NMH Emergency Co-ordination Centre (ECC) that led the regional health response to COVID-19 from 29 January until 15 May.

Above: The Hospital EOC before and after Level 4 lockdown started
Right: The Hospital Technical Advisory Group in action



ECC mission statement: To protect the health of the Nelson Marlborough population in order to limit the impact of COVID-19 without increasing health inequities. He waka eke noa – a canoe which we are all in with no exception.

WHO CONTRIBUTED TO THE REGIONAL RESPONSE?

- Accident Compensation Corporation (ACC)
- Civil Defence Emergency Management
- Community health providers (assorted)
- Department of Corrections
- Department of Conservation
- Fire & Emergency NZ
- Housing NZ
- Immigration NZ
- Marlborough District Council
- Marlborough Primary Health
- Ministry of Business, Innovation & Employment
- Ministry of Education
- Ministry of Social Development
- Nelson Bays Primary Health
- Nelson Marlborough Health (including our Public Health Service)
- Nelson City Council
- NZ Police
- Oranga Tamariki (Ministry for Children)
- Sport Tasman
- Tasman District Council
- Te Piki Oranga
- Te Taihu iwi organisations (listed in full on page 24)



HEALTH CO-ORDINATORS AT THE HELM

Above: Hilary Exton and Tim Casey shared the health coordinator role in NMH's multi-agency emergency coordination centre.

The Emergency Co-ordination Centre (ECC) was led alternately by Tim Casey and Hilary Exton, in the role of health co-ordinator. The health co-ordinator has the same responsibilities as the incident controller in the CIMS structure – the role just has a different name for a health-led response. Among other things, health co-ordinators:

- set objectives and an action plan
- direct the response
- control personnel and equipment
- maintain situational awareness
- determine critical resources and manage their use
- establish and maintain communications with other agencies and the community

We asked Tim (Business Integrity Manager) and Hilary (Director of Allied Health) a few questions about the ECC.

1. What are the attributes of a good ECC?

Emergency response structures need to be collaborative, agile and retain a mission focus. It is critical to get the best information available at the time to the right decision-maker and allow quick decisions to be made, to best enable the workforce who are out on the ground responding.

A lot of the time, these decisions need to be made with incomplete information available – ECC members apply the best of their knowledge, expertise and experience to find a solution. Once the decision is made it is important to communicate it accurately with those that have responsibility for carrying it out. Additionally, the ECC needs to keep all stakeholders informed, especially the National Health Coordination Centre in Wellington.

2. How was this response different to others that you have been involved with?

COVID-19 presented a number of unique challenges; command and control had to be done virtually and Zoom became a critical enabler. The hallway discussions that usually happen between meetings and that can resolve a lot of minor issues could not occur, so regular telephone and virtual communication between staff at all levels was important to keep the response moving.

It can also be a long time between health-led emergency responses, because a pandemic is one of the only emergencies where health is the lead agency. This is where relationships are so important and served us well for this response. We know our partner agencies well and have good relationships with them, strengthened through the 2016 Kaikoura earthquake and the 2019 Pigeon Valley fires response work. Our partnerships with Te Taihiti iwi, and our psychosocial response partners, have especially blossomed in recent years.

3. What made this ECC successful?

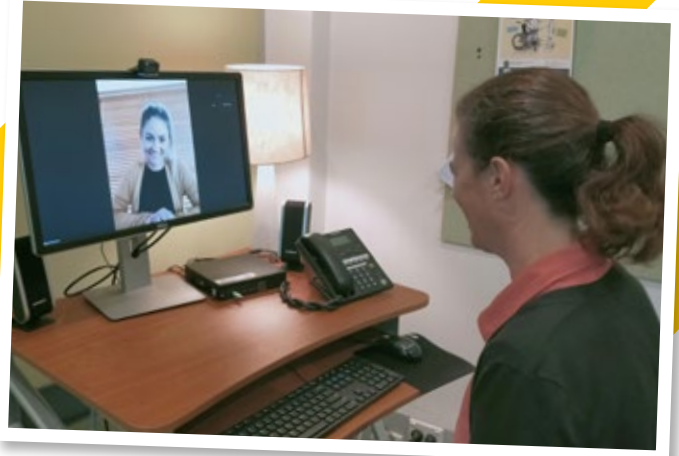
We were certainly protected by decisive action from the central government in terms of border control and the lockdown, but ultimately it was the outstanding work of all involved in the Public Health EOC, Community and Primary EOC, Hospital EOC, and the three technical advisory groups that ensured we were able to respond effectively.

The co-operation of all parts of the health and disability sector and, more broadly, other agencies who supported our response was crucial to limiting the effects of COVID-19 in Te Taihiti.

TEN THINGS ABOUT THE CO-ORDINATED INCIDENT MANAGEMENT SYSTEM (CIMS)

1. CIMS is New Zealand's Incident Management System, first developed in 1998 and based on similar systems used in North America and Australia.
2. CIMS describes how agencies co-ordinate, command, and control incident responses, how the response can be structured, and the response relationships.
3. CIMS enables responses of any scale (local, regional or national) and complexity to be managed in a co-ordinated, consistent manner, by ensuring all agencies are working from the same blueprint.
4. CIMS applies to all hazards and risks, from missing people to marine mammal strandings, food safety to forest fires, pandemics to public disorder.
5. CIMS is reviewed every five years (or sooner if required). The most recent edition highlights the importance of the inclusion of iwi/Māori in response and recovery.
6. The CIMS principles are: responsive to community needs/urupare ki ngā hiahia hapori; flexibility/ngāwaritanga and unity of effort/mahi ngātahi.
7. The National Health Emergency Plan (NHEP) is different from CIMS. Like CIMS, the NHEP guides the health and disability sector's response. But whereas CIMS focusses on the response and recovery, the NHEP also focusses on the 'reduction' and 'readiness' components of emergency response planning.
8. Other health-related plans that could be activated in parallel with a CIMS response structure are: The NZ Influenza Pandemic Action Plan, the NHEP Mass Casualty Action Plan, the NHEP Multiple Complex Burn Action Plan and DHB-level plans.
9. The CIMS manual can be downloaded from the Ministry of Civil Defence and Emergency Management website: civildefence.govt.nz/resources/publications
10. Interested in CIMS training? Talk to your manager or get in touch with NMH Emergency response Manager Pete Kara: pete.kara@nmdhb.govt.nz

LOCKDOWN SNAPS



Speech Therapy Team Leader Michele Cunningham uses Zoom to talk with dietitian Natarsha McEwan. Clinicians who weren't ward-based were able to work remotely, giving them the opportunity to provide high-quality patient care via video consultation. This has been largely successful with positive feedback from clinicians and patients and clinicians are encouraged to continue using telehealth where appropriate.



Above: Doctor Tom Jerram
Photo credit: Digby Shaw

Putting his passion for mountain biking aside, Dr Tom Jerram supported the decision to close bike trails during Alert Level 4.

Tom is a Nelson Hospital ED doctor and knows the amount of emergency service call-outs related to mountain biking in our region. He could also see the potential for COVID-19 to be spread among bikers. To help his fellow mountain bikers see the trail closures in the same light, Tom wrote an open letter to the Nelson Mail explaining the risks. He reports a good reaction from the Nelson mountain biking community and no mountain bike-related injuries seen in ED during lockdown.

MOLECULAR LAB BUILT TO ENABLE ONSITE TESTING

In January 2020 Medlab South Clinical Microbiologist Juliet Elvy was aware of the strain of coronavirus that causes COVID-19 but did not foresee the unfolding of a global pandemic.

Before summer had ended, she and her team were at the frontline of the fight against the virus. Remarkably, they evolved from choreographing the courier delivery of thousands of samples sent to other laboratories for testing, to developing their own molecular lab at Nelson Hospital where they could conduct more than 100 polymerase chain reaction (PCR) tests each day.

Juliet says the lab science needed to detect a virus is very different from the usual bacteriology testing done in the small Nelson lab.

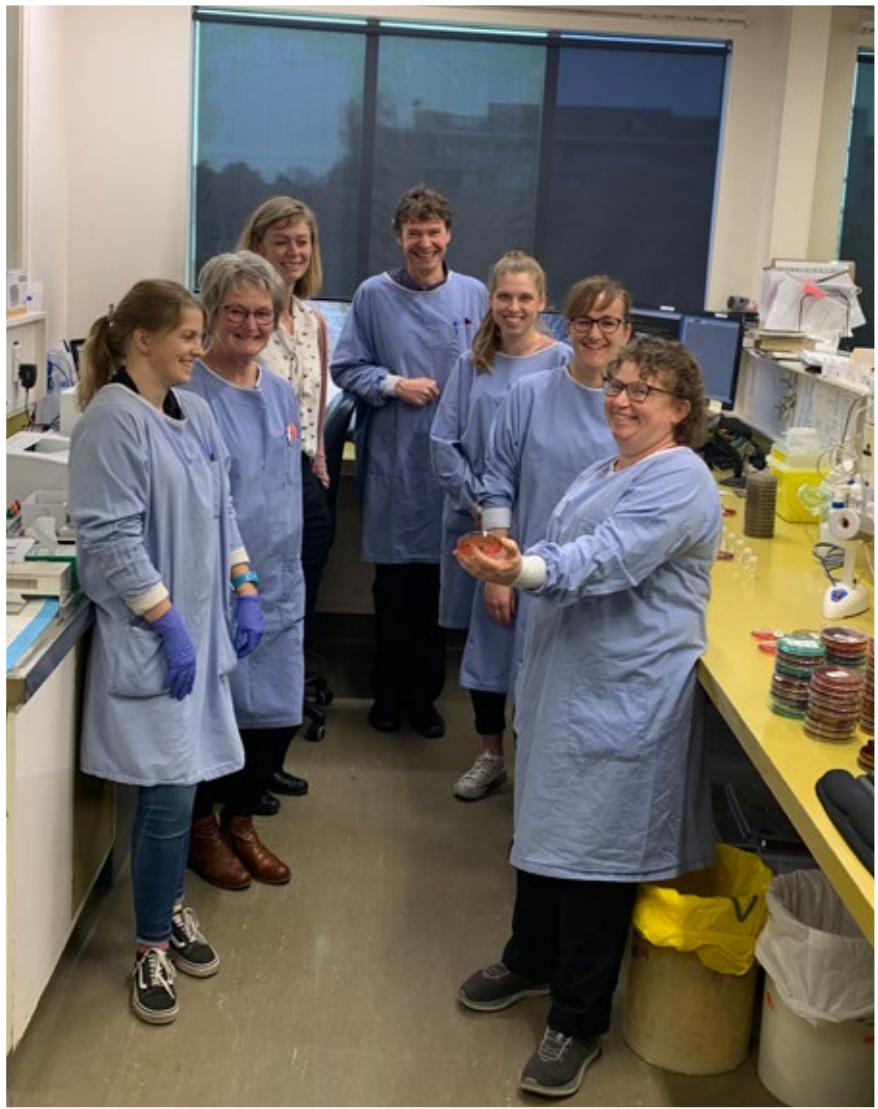
"In the Nelson microbiology laboratory, we culture bacteria, but COVID-19 is a virus and we can't culture viruses in the same way as bacteria," she says.

"For a COVID-19 virus test you need to amplify fragments of the viral nucleic acid by PCR. It uses completely different technology and expertise, which we didn't have here."

Sending samples away for testing during Alert Level 4 became increasingly difficult; flights were cancelled, or delayed, and tertiary labs were swamped with samples.

Then the opportunity arose for Juliet to establish a test laboratory, right here in Nelson.

Before summer had ended, she and her team were at the frontline of the fight against the virus.



Above: Led by Juliet Elvy (third from the left), Nelson's MedLab South team established their own COVID-19 test lab.

"Luckily we were able to source a molecular platform quickly because it was already available in New Zealand, and we decided to go for it," Juliet says.

Although none of her team were molecular scientists Juliet felt confident in their ability.

"Under normal circumstances it would take weeks to set this up but the urgency of the situation meant it all happened very quickly."

The team undertook three days of intensive training and within a fortnight were able to test up to 150 samples (swabs) a day.

"I am very proud of the team, they stepped up and took the new technology on board, and their agility to react to the change was really impressive."



NUMBERS AT A GLANCE

Between 18 March and 24 May 6,840 tests were conducted, across primary care, hospitals, aged residential care facilities, community-based assessment centres (CBACs) and mobile testing. 69 per cent of tests were taken at CBACs.

The MedLab South laboratory in Nelson processed 2,739 tests on-site (as at 18 June).

THE ART OF MIDWIFERY, AT A DISTANCE

The concept of physical distancing does not sit naturally with midwifery – the word ‘midwife’ itself derives from an old English word meaning ‘with-woman’.

So when Nelson midwife Rachel O’Hanlon heard that COVID-19 was heading our way she knew there was big change ahead for her colleagues.

A community or lead maternity carer (LMC) midwife, Rachel’s initial reaction was to look at what was happening for midwives in other countries. She also did a lot of reading, and followed Ministry of Health updates closely.

Finding the situation scary, Rachel decided to make a WhatsApp group to connect with her peers. Before long there were 34 midwives across the district using the social media platform to talk to, support and educate each other.

They used email to keep clients up to date with service changes, and started phoning women before their appointments.

“For some LMCs that’s meant phoning 10 women in preparation for a clinic the next day, and there’s also a screening questionnaire to fill out. It’s become the new normal for us now,” Rachel says.

Other changes included clearing clinic spaces so that walls and surfaces could be disinfected regularly, and learning how and when to use PPE gear. One of the biggest changes was minimising in-person appointment times as part of the infection prevention process.

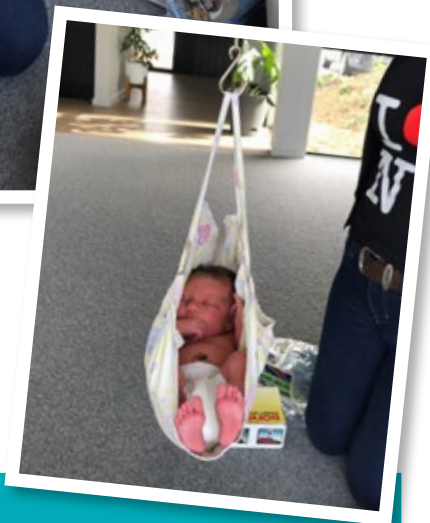
Rachel says that this was difficult for both midwives and women. Before COVID-19 an LMC might spend an hour with a client, and this was whittled down to 15 minutes.

“Now we spend a lot of time on the phone before an appointment, talking through any concerns. Then when women come in it’s a quick consult to check blood pressure, urine and the baby’s heartbeat.”

Rachel says that midwifery is about being with women, and that the pandemic has distanced LMCs



Above: Midwife Rachel O’Hanlon weighing Navy Tankard, born during lockdown.



from women. Midwives have, however, shown great resilience.

“We have gone through huge change but midwives have adapted. They’ve put antenatal classes online, provided virtual question and answer sessions via Zoom, learned how to don and doff PPE, and how to email prescriptions and Medlab forms. They have felt overwhelmed at times but they have pulled together and they are doing it for the mums.”

Rachel also acknowledges the support both LMCs and core (hospital maternity unit) midwives have had from Charge Midwife Managers Sylvia Keller and Tracy Botica, midwife Ashleigh Foord and Associate Director of Midwifery Debbie Fisher.

“They have put in many hours supporting us, and have included us in everything.”



DURING ALERT LEVEL 4 LOCKDOWN

94 babies were born at Nelson Hospital, 52 at Wairau Hospital, six at the Motueka Maternity Unit, two in Golden Bay and there were 22 home births across the region.

STAYING SAFE AT HOME, THE DSS WAY

Things really ramped up for Disability Support Services (DSS) homes in the 48 hours before Alert Level 4 was activated.

Acutely aware of the vulnerability of both staff and DSS clients, DSS managers leapt into action to update business continuity plans, prepare easy-read information packs, reorganise and redeploy staff, manage PPE requirements and create additional home-based activities for clients.

Staff were organised into 'home bubbles' to minimise the number of people working across houses and Zoom was used to help keep people connected.

The 'What's On' staff newsletter was used more frequently, with the support of the admin team, to communicate with staff, the people DSS supports and their families.

The newsletters included photos and stories illustrating how DSS housemates stayed safe at home during the lockdown. Housemates gardened, baked, enjoyed music and movement and decorated their windows with Easter eggs and teddy bears, for the enjoyment of passers-by.

Liz Matthews, Manager Complex Support and Respite says the support of Dr Richard Everts, infectious disease specialist, to develop and implement COVID-19 preparedness checklists was invaluable.

"The checklist ensured that everyone knew what they needed to know and that we had the PPE available in the right places," Liz says.

Richard trialled the checklist with Team Leader Sheryl Gray, refining it further for use in all DSS houses. From there, the checklist was used by disability services providers nationwide. It was also adapted for Mental Health & Addictions Residential Support Services.

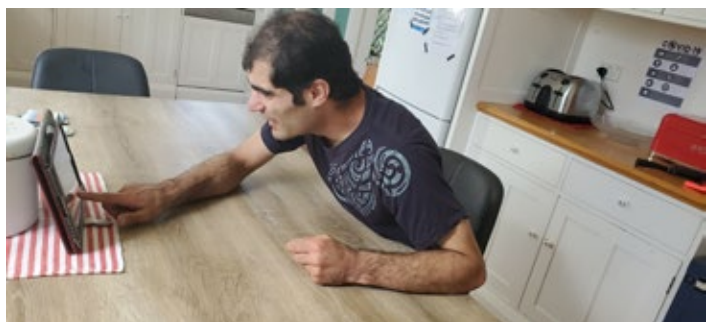
Karen Bailey, Manager Residential and Supported Living, says that one of the challenges for DSS was responding to emergency respite requests in a safe, mindful way and within COVID-19 restrictions.

"We were fortunate to be able to use two empty houses to support people and were able to develop new staffing bubbles to make this happen," Karen says.

"Our staff went above and beyond in coming together at short notice, especially around the three children that Leighan Drummond and her team supported within 24 hours of a crisis arising."

General Manager Jane Kinsey says DSS leaders can be very proud of how well their teams came together, in a fast-changing situation, to keep the people they support safe at home.

"Our philosophy was that we were all in this together, and we also told each other to be kind and that 'calm is contagious'," Jane says.



From top: Managers Liz Matthews and Karen Bailey with DSS house information packs; Shirley Ward (Saxton Road) with her Easter egg art; Melissa Stephenson (Porritt Place) enjoying a foot spa; Amir Zadeh (Wainui St) talking to his sister Ahlam in Wellington; Karen Drummond (Moffat St, Motueka) enjoying 'Abba Day'.



THANK YOU, TEAM DSS.

This is a very comprehensive package that helps alleviate the fears we held prior to this release. I recognise the tremendous amount of work that's gone into producing these plans. This is truly appreciated and I just hope we can sneak through this crisis without our homes being affected.

This is a worrying time for all of us – especially for those on the front line – and I understand the pressure you're all under right now.

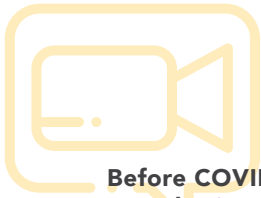
Thank you again and take care - we will make it through this.

From a DSS family member who received a COVID-19 information pack.



From top left: Ari Morris (Regent Lane) helped with a garden clean-up at his home; Vicki McCorkindale, Paige Riddell-Phillips, Karen Baily and Liz Matthews live up a Zoom meeting with General Manager Jane Kinsey by making a 'hat day' meeting; The Anzac Day window display at the Halifax Street home; Housemates Anna Fry and Dave Morrison (Warwick Street, Blenheim) making Easter eggs.

VIRTUAL CONSULTATIONS COME OF AGE



Before COVID-19 virtual health consultations had been tested at a pilot level and were shaping up as an exciting new way of working. The technology and our ability to make it work for patients and staff was then put to a tougher test with the leap into lockdown. We needed innovative solutions – quickly – and virtual health consultations were expedited to everyday care.

Here are two examples of how consultations enabled continuity of care during COVID-19.



SHARED SCREENS ENABLE SAME-PAGE APPROACH

Nelson Hospital's Paediatric Outpatients Department had been planning a pilot virtual health project before lockdown, so were well-placed to take their diabetes clinic online when they needed to.

The virtual clinics brought a paediatrician, diabetes nurse specialist and dietitian online into one 'Zoom room' with a patient and their family.

Paediatrician and virtual health advocate Dr Peter McIlroy says the clinics were a resounding success for all involved.

"The clinics exceeded my expectation," he says. "One family in particular were in a rural location but the connection was not an issue and the conversation was seamless."

The ability to share screens was particularly beneficial, says Paediatric Dietitian Helen Norrish.

"It allowed the multidisciplinary team to view and discuss patient information at the same time and formulate a plan. Parents were also able to share information with the team in this way, which I think helped them to feel connected and involved in their child's treatment," Helen says.

Diabetes Nurse Specialist Pauline Tout says that the extra time needed to prepare for a virtual consultation was worth it. "Credit must be given to both nursing and admin staff who took this new technology in their stride, setting up the meetings and ensured everyone was prepared," Pauline says.



Above: Dr Peter McIlroy

Virtual clinics can enhance a cross-disciplinary approach to care, as health professionals can collaborate and participate in real time during the session and collectively contribute to a patient's care plan. The patient is also part of the discussion.

Dr Peter McIlroy says that this approach provides a significant advantage to health outcomes and the future of NMH's healthcare system.

"I would encourage all clinicians to look at how they can use the technology to connect with their patients. Picking up the phone provides a form of communication and we can use it to convey information but a virtual appointment provides much more to both the patient and to the clinician," Peter says.

The virtual clinics brought a paediatrician, diabetes nurse specialist and dietitian online into one 'Zoom room' with a patient and their family.



Above: Dr Vicky Samuels

REACHING OUT TO REST HOMES, REMOTELY

As the primary GP for two rest homes in Marlborough, it was important that Dr Vicky Samuels could continue regular clinics and reviews for her vulnerable patients during lockdown.

"Maintaining their bubble was understandably paramount for rest homes and maintaining our clinics and the health of our patients is also important, so we found a solution with video conferencing," Vicky says.

Dr Samuels had been trialing virtual health appointments for rest home patients only a week before lockdown began. With the help of rest home nurses, she was able to get it going quickly and with a bigger scope than planned for the trial.

"The nurses have been amazing and made it all possible. They are my hands," Vicky says.

"Each rest home has their own way of implementing the video appointments. One walks me from patient to patient and the other has set up a dedicated clinic room where patients come to have their appointments. It's whatever works for them, but there is always a nurse present which is why it works so well."

Vicky says that video is a superior solution to phone consultations.

"You can see your patient, which helps assess their condition. And being able to see their GP gives patients a feeling of physical contact and confidence in their care."

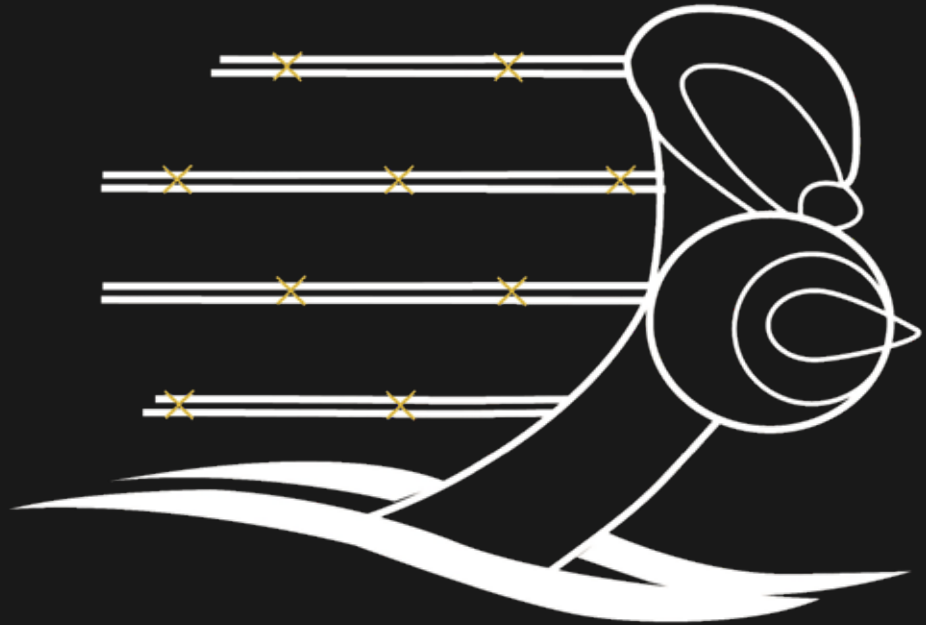
She has been pleasantly surprised about how

receptive her patients were to the change. "It is hard for the elderly to be so isolated so reducing physical contact is not ideal, but overall my patients enjoyed the new form of interaction. I had a video appointment with a patient the other day who is 102 and she loved it! She was thrilled to see my face and not just hear my voice over the phone."

This type of consultation has now become a regular model of care for Vicky's practice. She continues to offer virtual clinics to her rest home patients, which frees up precious travel time.

"I had a video appointment with a patient the other day who is 102 and she loved it! She was thrilled to see my face and not just hear my voice over the phone."

– Dr Vicky Samuels, Marlborough GP



MATE KORONA: THE KAUPAPA MĀORI APPROACH FOR TE TAUIHU

Te Taihū means ‘the prow of the waka’ and is the name given by Māori to the top of the South Island. Eight tribes form the region’s tangata whenua population: Ngāti Kūia, Rangitāne o Wairau, Ngāti Apa ki te Rā Tō, Ngāti Koata, Ngāti Rārua, Ngāti Toa Rangatira, Ngāti Tama ki te Waipounamu and Te Ātiawa o te Waka-a-Māui.

As essential partners in the regional COVID-19 response, mandated Te Taihū iwi representatives joined the Emergency Coordination Centre (ECC) in March. See the article on page 14 about the ECC structure.

“It was important that we approached our structural response in a way that up held Te Tiriti o Waitangi and maximised the chance for us to advocate for Māori health equity,” Ditre Tamatea, GM of Māori Health and Vulnerable Populations, says.

“In many ways we were building on what we had achieved, to ensure iwi were at the decision-making table, during the Pigeon Valley fire emergency response in 2019.”

The contribution of leading Māori health advocates at both local and national response levels is essential if we are to eliminate the virus and mitigate its harmful effects, says Ditre.

“The fear is that if we don’t have a programme that focuses on health equity for Māori, Māori may disproportionately feel the impact of Mate Korona. This is because Māori have higher rates of people living with underlying health issues and higher rates of poverty with many whānau living in cold, damp, unhealthy homes where over-crowding is a significant problem.”



Above: GM Māori Health and Vulnerable Populations Ditre Tamatea



Above: A TOA team visited Franklyn Village to screen for COVID-19, give flu vaccinations, and offer welfare support.

TE ORANGA ALLIANCE

“TOA means warrior or champion and that’s exactly what our alliance is – people who are fighting for the health and wellbeing of our whānau.”

That’s how Ditre Tamatea, GM of Māori Health and Vulnerable Populations, describes the Te Oranga Alliance (TOA) comprising representatives from: Te Waka Hauora (NMH Māori Health and Vulnerable Populations), Te Piki Oranga, Victory Community Centre, NMH Mental Health and Addictions, the Nelson Marlborough Public Health Service, the South Island Programme Alliance, Ministry of Social Development, NZ Police, Franklyn Village, Blenheim Emergency Transitional Housing Service (BETHS), Bings Motel and Brydan Accommodation.

During the pandemic TOA members contacted low-income whānau (both Māori and non-Māori) to assess welfare needs (eg accommodation and food) and arrange support as required.

NMH Poukorowai and TOA member Tui Lister describes some of TOA’s mahi. “By the end of the second week of lockdown, our team partnered with the local police to drop off nearly 60 food packs to Franklyn Village residents on Good Friday. We’d also delivered more than 75 aroha packs (containing food and cleaning products) to whānau living on or near our eight local marae, and dropped off personal protective equipment to each marae.”

Tui says that the support for Franklyn Village residents has been one of the most rewarding parts of her role in the response.

“The residents were so overwhelmed. Their comments to us ‘we were not forgotten’, ‘bless those who have helped us’ and ‘this is an amazing help to our whānau – thank you’,” Tui says.



Left: The Waikawa Marae team, NM Public Health Service, Marlborough Primary Health and the Māori Welfare Recovery Group provided COVID-19 testing and a free flu vaccination clinic at Waikawa marae. They also gave out care packs, packed by Te Hauora O Ngāti Rārua and funded by Te Pūtahitanga and Manaaki 20, and fruit provided by Wakatū Inc and delivered by the Department of Conservation.

CONNECTING WITH KAUMĀTUA

TOA used the contact details of local kaumātua provided by the Ministry of Social Development (MSD), Nelson Bays Primary Health and Marlborough Primary Health to call kaumātua and offer support, free flu immunisation and COVID-19 assessment and testing.

MSD Regional Commissioner Craig Churchill is very supportive of this initiative. “We teamed up to reach out to our most vulnerable clients, our over 70s Māori clients in Nelson, Marlborough, West Coast and through to Kaikoura and offer manaaki, support,” Craig says.

“We were all in this together and I would like to thank all involved who helped our community in this way.”

Ditre Tamatea says that while all whānau are at risk, kaumātua are especially vulnerable.

“Many of the kaumātua we called were very appreciative of this. Some just wanted someone to talk to when they were isolated from whānau and feeling this keenly. Many were worried about others and didn’t want to be a burden so were very whakamā about expressing their need for help,” Ditre says.

Ditre says that the partnership with MSD and the primary health organisations is one of the silver linings to the crisis.

“For years we’ve wanted to work like this and it’s taken a pandemic to learn that we can. I really hope we can continue to work across sectors, for the benefit of our whānau.”

“We were all in this together and I would like to thank all involved who helped our community in this way.”

THE KŌKIRI-A-IWI (KAI) RESPONSE

Te Taihu’s eight iwi organisations formed Kōkiri-a-Iwi (KAI) partnership to lead and co-ordinate the iwi response to COVID-19 and to advocate for iwi.

Te Rūnanga o Ngāti Kuia Kaitiaki Rebecca Mason says: “At the core, we must make sure that we as kaitiaki do everything we can to protect and support whānau. We realised very quickly this was not a time for division and the wearing of ‘hats’, but a time for us to come together as one across Te Taihu.”

The KAI strategy had four main areas of focus.

1. A co-ordination centre for all iwi-led COVID-19 activities
2. Streamlined communications to people on tribal registers
3. The Manaaki a Iwi (MAI) group to look after iwi welfare needs
4. The Pou Kaiwhakarite group to provide cultural support to whānau who had a death in their whānau during rāhui

Rebecca says that the restrictions around tangihanga was particularly challenging, with ‘virtual tangi’ organised by whānau to uphold vital tikanga instead.

She reiterates the importance of staying focused on what lies ahead. “We must make sure that our united voice is still being heard in all the right places and at all levels, influencing decision-making and outcomes across the healthcare and social systems and agencies.”

Te Puni Kōkiri Senior Advisor Dr Lorraine Eade managed the KAI welfare pou and emphasises that “we must take heed from the past and remain accountable to the many key learnings that have come from it.

“A clear precedent and warning of what could lie ahead if we don’t take appropriate action has been provided historically with regard to the impact of previous pandemics on Māori. The 1918 influenza pandemic resulted in a death rate for Māori of 4.2%, approximately seven times as high as the non-Māori death rate.”



Te Piki Oranga Chief
Executive Anne Hobby

THE POWER OF KAUPAPA MĀORI HEALTHCARE

GM Māori Health and Vulnerable Populations Ditre Tamatea says that the six local Māori healthcare providers who were the backbone to the Whānau Ora and iwi welfare response for high-needs whānau in Te Taihū went 'above and beyond' during the pandemic.

The providers are: Te Piki Oranga, Te Āwhina Marae, Whakatū Marae, Maata Waka, Te Korowai Trust and Te Hauora o Ngāti Rārua.

Te Piki Oranga Chief Executive Anne Hobby says technology was invaluable to connect with, and provide services to, whānau.

"It enabled us to work together and manage whānau health conditions during lockdown. We did daily video check-ins with our kaimahi and the management group to address any issues as they arose," Anne says.

"Health consultations, triage and counselling continued via phone, and calls took up to two hours each depending on the level of anxiety or stress experienced by the whānau.

Technology was invaluable to connect with, and provide services to, whānau.

"Health education around COVID-19 has been continual and our nurses continued to see whānau face-to-face as necessary. Our pukenga manaaki (navigators) delivered prescriptions each day which was important for those whānau who were unsure about leaving their bubble for items such as medication.

Te Piki Oranga encouraged whānau to protect themselves from the 'flu, working with the primary health organisations to immunise high-needs whānau at drive-through vaccination centres. Other mahi led by Te Piki Oranga included work by pukenga manaaki (navigators) to help place homeless people into temporary accommodation, responding to domestic violence cases and assisting wahine into accommodation.

LOOKING AHEAD TO THE FUTURE

Ditre emphasises that this work is going to be just as important in the coming months as it is now.

"It is likely that the number of whānau in the low income bracket is going to climb because many of the industries that Māori are traditionally employed in will be most affected by the economic downturn caused by the pandemic," he says.

"The ongoing focus will be on how to support whānau to live in the new COVID-19 world. The road to recovery on an international and local level will be a long one in terms of health and social wellbeing and in terms of economic impact.

"This will doubtless be with us for many years and may indeed become a part of what the 'new normal' is. Whatever comes, we will be stronger if we face the challenge before us together."

SWOOP TEAM TO THE RESCUE



Above: District nurses and swoop team first responders Della MacPherson and Di Johnston with Nurse Practitioner Carla Arkless (centre).

Great name, excellent service – what is there not to like about a swoop team?

A swoop team is a rapid response team comprising a nurse practitioner, a GP, district nurses with experience in both palliative care and urgent care, and clinical support staff. They help prevent unnecessary and unwanted trips to hospital, by providing care and treatment at home when a general practice team is unable to do so in time.

Which is wonderful, but not what Carla Arkless thought she'd be doing first in her new role as Nurse Practitioner for the NMH Ambulatory Care Service.

She was going to focus on leading the transition of primary (uncomplicated) palliative care from the hospice community services to district nursing services. Then COVID-19 happened and Carla found herself moving – swooping – in a different direction.

"We thought a swoop team might be needed if our hospitals became overwhelmed with cases, so we built a team to assess and treat people at home," Carla says.

While the Nelson Marlborough health system was able to cope with cases, the swoop team still found a niche during the response, especially for rest home residents.

"There is unmet need in the community, and in aged care residences, for people who don't have complex palliative care needs so don't fit hospice criteria, but who still need care in a way that suits them, especially after-hours.

"We've been able to give people clear advice about what to do if things get worse, what things to look out for, what medications to use and generally have conversations about goals of care and what they want to achieve."

Carla says these reassuring types of conversations can prevent unnecessary trips to hospital.

The GP or nurse practitioner on the team mostly joined a consultation remotely (using virtual health), with a nurse present with a patient in their place of residence.



Above: Lorellin Syben didn't let lockdown get in the way of her wedding.

LOCKDOWN? LET'S GET MARRIED!

Not only did Lorellin Syben start her new job as Improvement Facilitator (Consumer Engagement) during lockdown, she also got married.

"My partner Matthew and I had been wondering what to do about our wedding. We'd thought about a surprise one when my father was visiting from Australia but lockdown changed all that," Lorellin says.

While chatting to her friend and neighbour over the fence at home, Lorellin joked about the idea of a 'bubble wedding'. Her friend's mother is a celebrant and also lived next door, so why not?

"Matthew is an essential worker so it was really important to us that we didn't break any lockdown rules," she says. "We talked it through with the neighbours and all agreed we could only proceed if we could do it within the rules."

Within a few days their DIY wedding was sorted.

"I made my own bouquet using flowers from the garden, we used decorations from home, I did my own hair and we wore clothes we had already," she says.

"I did buy some champagne in my weekly shop though."

So on 4 April Matthew and Lorellin exchanged vows, standing in their little boat decked out with handmade wreaths and bunting, with the celebrant on the other side of the fence.

"We passed documents over using gloves and hand sanitiser and our neighbours took photos and videos so we could share them with family."

Lorellin also took starting a new job, from home, in her stride although admits that it felt a little odd starting a new role and not meeting anyone.

"I contacted IT and got access to the system sorted on the first day, and I had a phone and some documents to look through," she says.

"Daily Zoom meetings helped me meet the team virtually so I didn't feel too isolated."

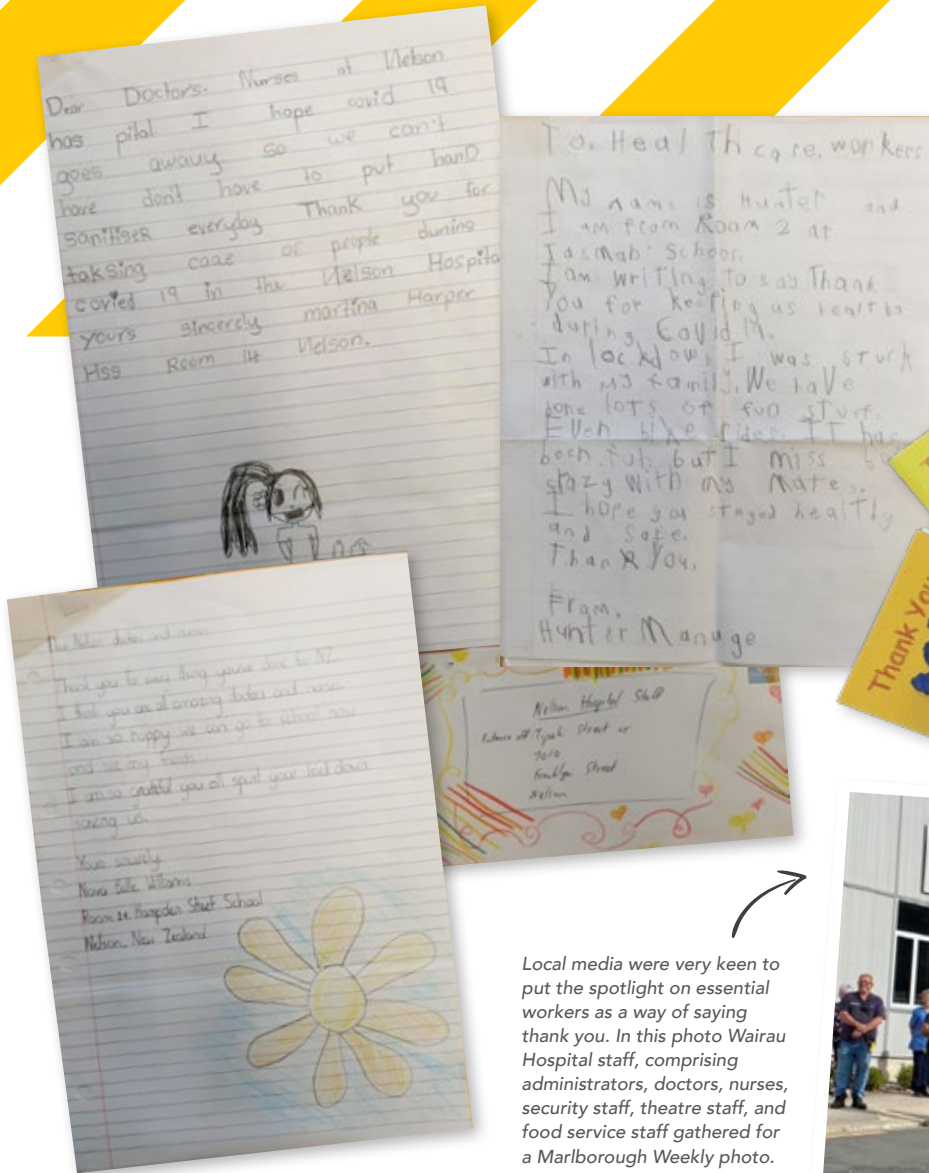
AROHA AND AWHI FOR ESSENTIAL WORKERS



The pandemic turned the spotlight on essential workers as heroes – health workers, first responders, social and community workers, supply, delivery and transport workers and more. Here is just a small sample of the gratitude and support offered to NMH employees.

Some of our most articulate and affectionate support came from tamariki. NMH received bags of fan mail from school children – shout outs to St Joseph's School, Ranzau School, Rapaura School, Hampden Street School and Tasman School in particular.

Thank you also to the children who contributed to the 'Thanking Essential Services Art' show, an initiative by MP Nick Smith, supported by The Suter Art Gallery Te Aratoi o Whakatū, Nelson Mail/Stuff, Nelson Principals Association and Appleby Farms Ice Cream.



Local media were very keen to put the spotlight on essential workers as a way of saying thank you. In this photo Wairau Hospital staff, comprising administrators, doctors, nurses, security staff, theatre staff, and food service staff gathered for a Marlborough Weekly photo.



NZ King Salmon donated salmon to hospital workers. Outpatients Services Charge Nurse Manager Brenda McAlpine said this gourmet kai was a 'real morale booster' and gratefully received.

AROHA AND AWHI FOR ESSENTIAL WORKERS



Some support was anonymous. Tāhunanui community-based assessment centre (CBAC) staff came to work one morning to find this lovely thank-you sign. They were also gifted a brand-new espresso machine on the day the building was blessed for use as a CBAC. By all accounts, the machine was put to good use, and often!



One of Dr Sanka Ramakrishnan's grateful patients shouted the Medical Outpatients Unit team a pizza lunch during Alert Level 3. Medical secretary Mandy Thomas received the 20 pizzas, delivered by ex-All Black Wyatt Crockett. The kind donation was recorded by TV3 and the Nelson Mail.

Left: Jessica Twardawa and Mandy Thomas enjoy a takeaway lunch, courtesy of a grateful patient.

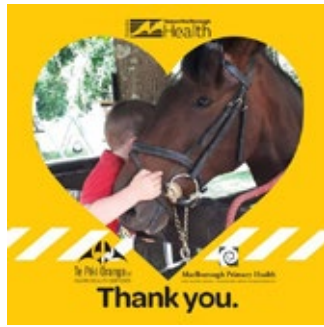
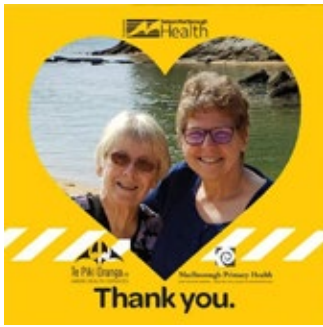


Fresh Choice Nelson donated body wash, shampoo and conditioner to NMH essential workers to help them freshen up before returning home to their bubble. For patients in isolation, they donated toothbrushes and, as an Easter extra they donated 150 packets of hot cross buns.



To thank and support the staff who were working at the forefront of the response, NMH Food Service Manager Bob Saunders and Clare Haycock from The Care Foundation set about funding and delivering almost 1000 vegetable and fruit packages to staff.

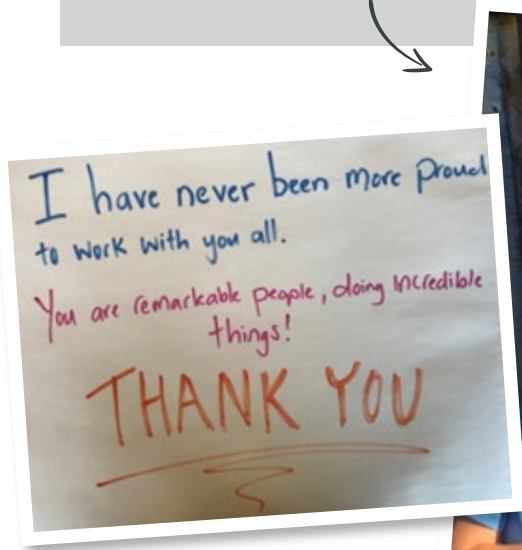
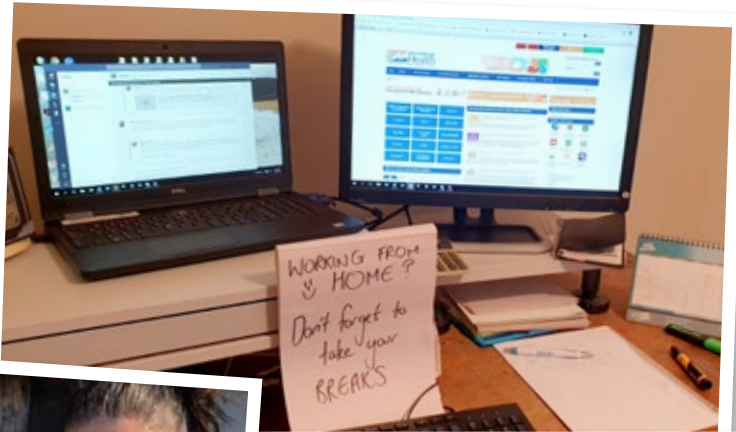
Essential workers like Bob Saunders and his food services team rose to the challenge during lockdown. Bob's team made an additional 246 meals on wheels each day, and kept the hospital cafes open for staff, while meeting cleaning and physical distancing requirements.



It went viral! Our community were quick to upload the 'thank you' photo frame made for Facebook by the communications team.



Staff reached out to support each other, and not only their closest colleagues. These photos are a handful of the images contributed to the 'United & Connected' video series published by the communications team during lockdown to help raise morale.



IN OUR REGION

March – June 2020



50
COVID-19 cases

152 

Hospital births & 22 home births in region.

During level 4 lockdown (26 March – 28 April)



15

Pop up vaccination clinics ran



3

COVID-19 positive and 122 suspected patients in hospital care

6840



Tests done (18 March - 24 May)



120%

IT Helpdesk tickets increased 120% a day in the first week of lockdown. (26 March- 2 April)



2750%

There was a 2750% increase (8 to 228) in video outpatient appointments in April



56%

Hospital occupancy was at 56% for Nelson, and 47% for Wairau in April



55%

In April we achieved 55% of the procedures we had planned

30 

Visits made by public health nursing swoop team

(7 -29 April)

ALLIED HEALTH

Allied Health maintained 68% of activity across the services.

68%



160

Food packages delivered



700

Masks used



75

Aroha packs delivered

1,750

Pairs of gloves used



PEOPLE & CAPABILITY



55%

E-learning course completions increased 55% on the same time period last year.

COMMS 1 FEBRUARY - 31 MAY



44

Daily web updates



15

Media releases



20+

Radio interviews



104

Media responses



41

Newspaper adverts/features



268

Facebook posts



24

All user emails

32%

Increase in Facebook fans



118,445

Visits to NMH website

37,418

Visits to NMH website COVID-19 page

7%

Increase in overall visits to intranet (between 1 February and 30 April)

LOCKDOWN SNAPS



Community mental health teams prepared this van to transport people with suspect COVID-19 cases. The middle seats were removed to provide physical space. The remaining seats were 'wipe-able' and the carpet was protected with film to make cleaning easier. The van also carried two sets of PPE gear.



Meaningful memes: Theatre staff got creative to drive home crucial public health messages. Here, Nelson Hospital theatre staff send a message during lockdown and put a fun spin on handwashing – TikTok-style.

Let's give our cleaners a huge round of applause. From left, household services heroes Julie Sellars and Shona Huntley ready to start cleaning Nelson Hospital's isolation ward.



Supply deliveries doubled when the Alert Levels were activated so new stores employee Jo MacLean had to cope with this while learning the usual delivery points, and the PPE supply chain. She also stepped in to handle waste collection from community-based assessment centres and GP clinics. Thanks Jo!



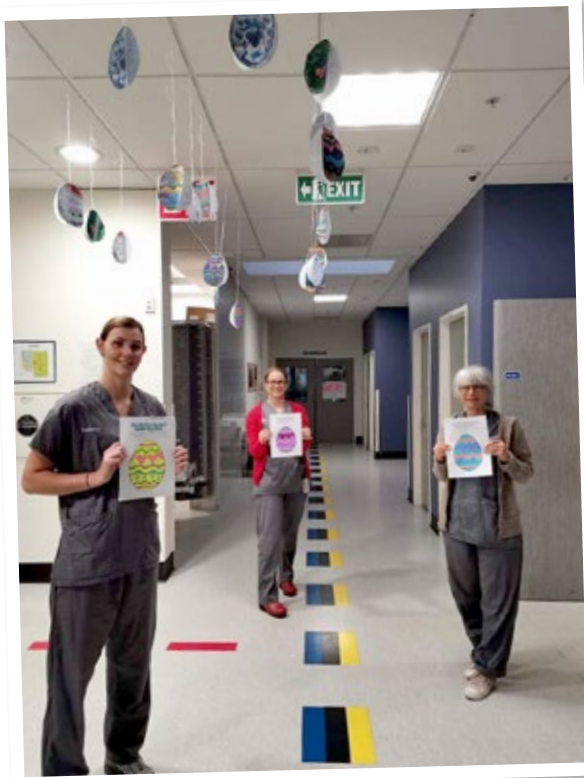


LOCKDOWN SNAPS



PPE (personal protective equipment) refresher sessions were held in early March as part of pandemic preparations. Staff practiced donning and doffing PPE under the supervision of nurse educators. From left, Nurse Educators Hannah Randall and Jess Hayward and Nurse Consultant Sandy McLean-Cooper.

Working from home was not without its challenges. Louise Schweder, Organisational Development Co-ordinator, took it in her stride: "It's a different way of working which presents us with both problems to solve as well as opportunities to be more efficient and to work differently," Louise says.



Above: The Nelson Hospital Radiology Team still let the Easter bunny in during lockdown, cheering up their peers and patients with thoughtful gestures.



They built walls and divided wards to create spaces where patients could be isolated. Facilities Planning Co-ordinator Phil Elworthy was photographed here for a Marlborough Express series about essential workers such as maintenance teams. Phil says "It feels good to be a part of such a big thing in a community like Blenheim."

Photo credit: Stuff



ISLAND EXPERIENCE LEAVES LASTING IMPRESSION

When the Medical Council asked Cardiology Registrar Alexander Hosking to help out in Samoa after the measles epidemic, he didn't think twice before packing his bags.

Of Samoan ethnicity with family in Faleasiu Village in Upolu, Alexander joined a team of 45 volunteer doctors from NZ and Australia deployed through Samoan Drs Worldwide Volunteers (SDWV) and Samoa's Ministry of Health.

The Samoa measles outbreak began in September 2019 and by 6 January 2020 there were more than 5,700 cases of measles and 83 deaths. More than three per cent of Samoa's population had been infected.

Alexander arrived at Tupua Tamasese Meaole Hospital in Apia at the end of February and spent two weeks supporting the medical staff.

"By the time I got there the vaccination campaign had reached an estimated 96 per cent of the vulnerable population," Alexander says.

He says the staff helped him get involved as quickly as possible.

"They were amazing and so hard-working. They made me feel very welcome and were a joy to work with.

"For all they have been through they were a cheerful, positive bunch and I really respect the way they managed through those difficult times."

It wasn't all work for Alexander. He found time to enjoy Samoa's beautiful beaches and to learn more about the culture.

"It was an awesome experience and I would jump at an opportunity to go back," he says. "I recommend it as a great experience to anyone

involved in healthcare, not only as a volunteer sharing your skills, but for your own personal growth. I'm especially thankful to the medical team in Samoa, those who organised the service, and the amazing people I volunteered with over those two weeks."

Above, from left: Alexander, Jacob (another volunteer) and some of the Tupua Tamasese Meaole Hospital medical team



NEW BIRTHING POOL A HIT WITH MOTHERS, BABIES AND MIDWIVES

Immersion in warm water can help relieve labour pains and Motueka Maternity Unit's new birthing pool has been very well-received by both mothers and midwives.

Unit Charge Midwife Manager Tracy Botica says the pool replaces a mobile pool that midwives had to fill and empty by lifting a heavy pump in and out of the pool. They also had to remove and dispose the large, single-use plastic liners and roll the pool away for cleaning after each birth.

Tracy says her team did all of this for the benefit of women and babies, but the new permanent pool was something the midwives had wanted for some time.

The pool was blessed by Thomas Ngāruhe in March and was used the same day by a woman in labour, with

a second woman keen to use it also.

"There had been no births for a couple of weeks, but as soon as the pool was installed and blessed, we had two women needing it," said Tracy.

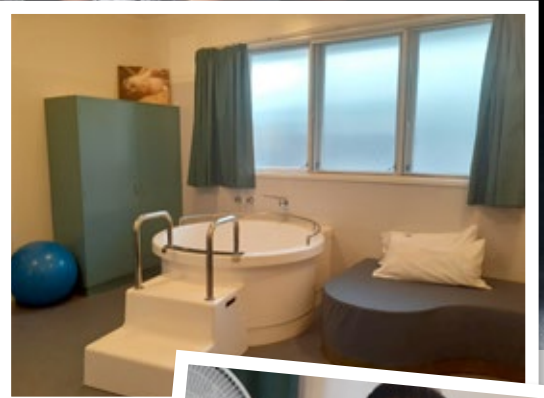
Tracy says the midwives love the new pool.

"It has given our birth room a much-needed aesthetic lift and makes it feel modern and fresh."

Lead Maternity Carer (LMC) Clare Spratt shares Tracy's enthusiasm.

"This is such a fantastic resource for women and midwives that promotes natural childbirth and that's what our local birthing unit is all about," she says.

The pool was purchased with NMH funding topped up by fundraising and donations.



Above: In the back row, from left: Debbie Fisher (NMH Associate Director of Midwifery) Anna Bannister (LMC), Teresa Ngāruhe (Te Waka Hauora), Thomas Ngāruhe (Te Waka Hauora), Mel Marr (Motueka Maternity Unit), Claudia Garnett (LMC), Kerrie McConachie (Te Waka Hauora). In the front row kneeling, from left: Tui Lister (Te Waka Hauora), Janice Hayes (LMC), Wendy Cotter (LMC), Tracy Botica (Motueka Maternity Unit)

Above (right): Motueka Maternity Unit's new birthing pool; Baby Poulson, with mum Renee, was the very first water birth at Motueka Maternity Unit.

THANK YOU TO OUR LONG-SERVICE LEGENDS



Above: Sandy Russell and Mike Cummins at the staff Christmas BBQ in 2006.

A MAGNIFICENT MILESTONE: 50 YEARS OF SERVICE

In 1970 a teenaged Sandy Russell (nee Westrupp) started working as a nurse aid at Braemar Psychopaedic Hospital in Nelson.

She moved to Auckland for a role at Mangere Hospital for a short while before returning to Nelson to work at Ngawhatu Psychiatric Hospital. Here, Sandy found deep empathy for vulnerable people, something she believes stems from her school days.

"I went to St Joseph's and Scared Heart College and was taught by the nuns. I think that gave me a strong sense of kindness for people, and a moral substance," Sandy says.

In 1985 Sandy became supervisor of the cleaning staff at Nelson Hospital, weathering the years of restructuring and redundancies that typified 1980s' public sector reforms and 'Rogernomics'.

"I think I was restructured 11 times in 13 years and each time they gave me more work and more responsibilities," she says.

It's been 50 years since her first day on the job and Sandy is now Manager of Hotel Services, responsible for approximately 95 NMH cleaning staff, orderlies, security staff and fleet staff.

Sandy was part of the relocation team for Nelson Hospital's redevelopment in the early 2000s when the older hospital building (built in 1924) and maternity ward

were demolished. It was an incredibly busy time and Sandy recalls driving to work one day when she realised she had been so preoccupied with the project she still had her nightie and slippers on.

"It was bizarre. How could I do that when I had had a shower? It just shows how tired we were."

Sandy is very protective of her teams and has worked hard to change how they are perceived, correcting people when they refer to hotel services staff as the 'green ladies' or 'domestics'.

"They haven't always had the appreciation they deserve, but they do more so now, and I like to think I am part of that."

She is immensely proud of her team's roles during outbreaks, whether it is COVID-19 or norovirus.

"I went to St Joseph's and Scared Heart College and was taught by the nuns. I think that gave me a strong sense of kindness for people, and a moral substance,"

THANK YOU TO OUR LONG-SERVICE LEGENDS



"The staff that are doing the cleaning have to be very skilled and very careful. If they do it wrong they put themselves and everyone else at risk."

Reflecting on some of the massive changes in her workplace over the past 50 years, Sandy reflects upon the introduction of computers.

"This thing was plopped down in front of me and I didn't even know how to turn it on but I thought 'oh well just add it to the list'."

"I don't get fazed. I have loved moving with the times. My job has been varied, stimulating and in the most part enjoyable so the 50 years seems to have flown by. At the end of the day you stay in a job for as long as you enjoy it – you don't stay in it just because it's a job."

Left: Nurse Sandy Russell (nee Westrupp) circa 1971.

MEDICAL GASES? TALK TO MURRAY

In 1980 "I got you" by Split Enz was number one on the charts, the 'carless days' scheme was in place and Murray Dixon had started his first job since finishing his medical fitter apprenticeship.

Murray remembers fronting up to 'the shack in the corner by the boiler room' for his first day on the job with the then-named Nelson Hospital Board.

Back then a fair amount of his time was spent fixing beds. Murray says he still fixes beds but his work has expanded considerably to include a variety of medical and dental equipment.

"I look after anaesthetic machines and the portable oxygen concentrators for patients at home, as well as the medical gases."

Murray enjoyed a quiet celebration for his 40th work anniversary this year. Facilities Manager Stewart Lawson gave a speech, noting that when the topic of medical gases comes up everyone always says, 'talk to Murray'.

"You are the glue that quietly holds the team together. Thanks for the outstanding service," Stewart said.

Chief Executive Peter Bramley attended the celebration and offered his reflection that people don't always appreciate how many roles, other than doctors and nurses, it takes to make the health system work.

"If we don't have people like yourself making sure things work it would grind to a halt," Peter says.



Above: Murray Dixon celebrated his 40th work anniversary this year.

THANK YOU TO OUR LONG-SERVICE LEGENDS



CALLING TIME ON AN ACCOMPLISHED CAREER

Nursing's been a great career for Pauline Tout as it provided enough action and diversity to suit her personality.

However, after 48 years she decided it was time to bow out and retire.

Pauline has worked in critical care, medical and surgical areas and as a nursing tutor. In 1993 she found her nursing niche specialising in diabetes. She became a diabetes nurse educator before a promotion to a clinical nurse specialist in 1996.

"The field was a good fit with my personal nursing philosophy of giving people the knowledge and skills so they can manage their condition better," she says.

Pauline started her nursing training in 1972 and continued to study throughout her career, completing a Bachelor of Arts (psychology major) at Massey University in 1993.

She went on to complete an advanced course in diabetes in 1996, a Postgraduate Certificate in Professional Nursing in 2004 and a Clinical Masters of Nursing through Massey University in 2009.

"Looking back over the 27 years I specialised in diabetes one of the biggest changes was in how we used technology," Pauline says.

"For instance, when I started, we used to check whether a patient had sugar in their bloodstream by doing a urine check which only reflected what was happening in the body four hours ago. Now the blood glucose testing is much more accurate."

Pauline says she had a very satisfying career and felt privileged to be involved in the lives of families managing a long-term condition. She's worked with some

Above: From left: Pauline Tout, Susanne Neal, Helen Tippler, Frances Horner, Jill Julian and Paulette Guile.

Right: Pauline Tout in 1973.

Below: Physicians Rob Handley, Peter McIlroy and Pamela Hale join Pauline Tout at her farewell celebration.



wonderful and committed people over the years, but the time felt right for her to move on.

"The COVID-19 outbreak was a bit of a catalyst for change and it is likely the service will operate differently in the future," she says.

"The team is very accomplished, and I am optimistic for the future of the service."

Pauline's colleague, Clinical Nurse Specialist Paulette Guile also recently retired from the team.

CONGRATULATIONS MIKE MCNABB

A surprise celebration morning tea was held in February for Mike McNabb to congratulate him for attaining his nurse practitioner status.

From left: Wairau ED staff Andrew Morgan, Karen Ensor, Gina Nicholls, Emma Henderson, Yo McGill, Erika Furlong, Sharon North and Mike McNabb.



HAERE MAI KERRI-ANNE MCCONACHIE



Kia ora koutou
Ko Taupiri te maunga
Ko Tainui te waka
Ko Waikato te awa
Ko Opuatia te marae
Ko Waikato te iwi
Ko Ngati Tarao te hapū
No Waikato ahau
Ko Waimeha tāku kainga noho ināiane
He Kaiwhakahaere Kaupapa ahau ki Te Waka Hauora
Ko Kerri-Anne McConachie tōku ingoa

Kerri-Anne McConachie is a Portfolio Manager Māori Maternal and Child Health for the Te Waka Hauora team. Her focus is SUDI prevention, breastfeeding, Kaupapa Māori pregnancy and parenting and smokefree pregnancy.

Kerri-Anne has a background of nursing and midwifery has been a practising midwife for the last 16 years, most recently for Nelson Bays Primary Health in Golden Bay. In January she and the three youngest of her four children moved from Golden Bay to Nelson.

Originally from the small town of Tūākau in South Auckland, Kerri-Anne says she brings a lot to her new role, from a clinical perspective, as a Māori woman and as a mother with lots of life experience.

"Having come from working in South Auckland I am used to working with a very diverse and vulnerable population," she says.

"I love working with women and their whānau and I am so honoured to move to a focus on Māori and vulnerable women and their whānau."

FINAL PLACE FOR A “LIFE IN FULL BLOOM”

A portrait of her mother Barbara Harte earned artist Philippa Dawson a final place in the prestigious 2020 Adam Portraiture Award.

Philippa is NMH's Manager of Financial Operations. The 2020 Adam Portraiture Award attracted a record 373 entries, of which 51 were shortlisted.



Above: Brittany Kramer and Cara Wells are studying towards a Diploma in Enrolled Nursing through Ara Institute of Canterbury.

ONLINE COURSE A DRAWCARD FOR NEW NURSES

Brittany Kramer and Cara Wells were among the first cohort of students to enrol in Ara Institute of Canterbury's online Diploma in Enrolled Nursing programme.

The institute took the programme online in 2019, meaning that Nelson-based students like Brittany and Kara did not have to relocate to Christchurch to study. Instead, they did the majority of training, including six clinical placements, in Nelson with support from a locally-based tutor. They attended five short block courses in Christchurch.

"I was working in a rest home, which I really enjoy, and it meant that I could do the course work around my paid shifts," Cara says.

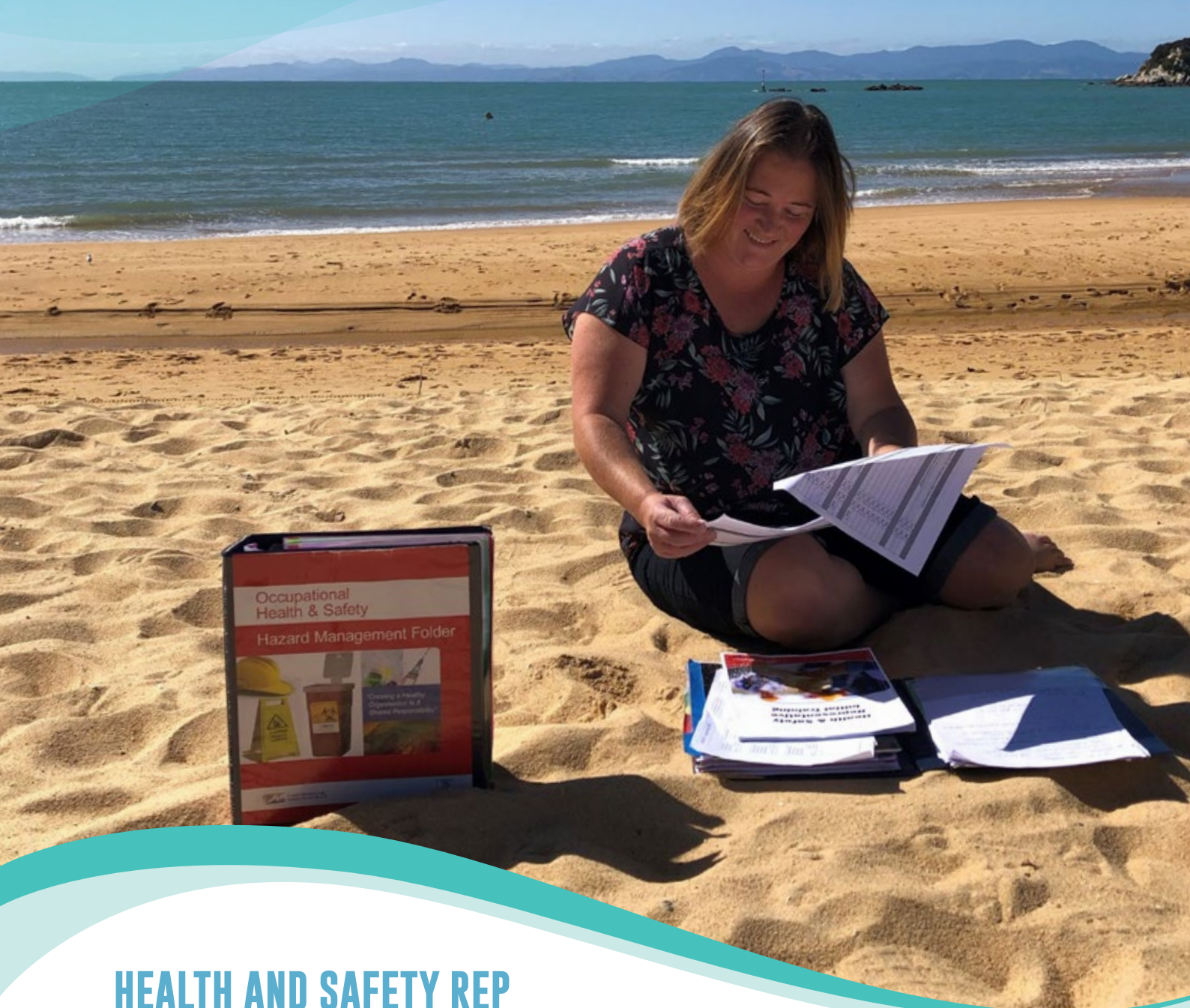
"I chose enrolled nursing training as the programme was only 18 months long. I didn't want to spend three years as a full-time student doing the Bachelor of Nursing."

Brittany initially completed a pre-nursing training certificate at Nelson Marlborough Institute of Technology before enrolling with Ara.

"I think I would've found the Bachelor of Nursing course quite academically challenging, so the mix of online theory, practice and clinical placements for the diploma programme suited me," Brittany says.



Above: A shift from Nelson's Braemar campus to a refurbished wing in Alexander Hospital in Richmond has strengthened the connectivity between Tasman Community Mental Health services, clients, family and whānau. The building was blessed for use on 23 March (two days before lockdown), by Paora Mackie with representation from Tasman Mental Health team, Alexandra Hospital staff and the NMH Executive Leadership Team.



HEALTH AND SAFETY REP REWARDED

Above: Stacey Hickey takes her role of role as Health and Safety representative very seriously.

Stacey Hickey's proactivity to ensure support workers know their workplace risks and how to manage them has earned her a recognition certificate from the Health and Safety team.

Stacey has been a support worker with Disability Support Services for 11 years, and for the last four years she has taken on the role of Health and Safety representative.

"I put my hand up and was elected at a team meeting. I really enjoy the health and safety training, and the support I get from Kristine Marriot and Bill Martin is amazing, Stacey says."

"All the DSS houses have differing levels of needs and risks. I make sure the monthly focus is displayed on the noticeboard, and that the risk register in the emergency folder is up to date."

Stacey also makes sure everyone is aware of the reporting process.

Although there was some resistance to health and safety processes at first, Stacey says that people have

become aware that keeping safe in the workplace is everyone's responsibility.

Receiving the certificate of recognition took Stacey by surprise.

"I thought it was odd to see the General Manager Jane Kinsey at our meeting, but when she presented the certificate to me, I thought, 'how lovely'. It's nice to be appreciated."

"I put my hand up and was elected at a team meeting. I really enjoy the health and safety training, and the support I get from Kristine Marriot and Bill Martin is amazing"



General phrases

Have a go at these simple, everyday phrases.

Hello

.....
Kia ora

——
Tēnā koe

How are you?

.....
Kei te pēhea koe?

——
E pēhea ana koe?

——
Kei te aha koe?

Did you know?

Kia ora

—— means ——

Thank you

—— as well as ——

Hello

Good

.....
Kei te pai

——
E pai ana

.....
Ka nui te ora

Bye

.....
Hei konā

——
Haere rā!
(speaker stays)

——
E noho rā
(speaker leaves)

▶ Check out our great audio tips to help with your pronunciation of Māori here: www.tetaurawhiri.govt.nz/resources



'Kia ita!'

Te Taura Whiri i te Reo Māori
MAORI LANGUAGE COMMISSION

www.tetaurawhiri.govt.nz