pulse

13 JUNE 2022

WINTER PLANNING

As we are in the midst of the COVID-19 pandemic, and have commenced opening up our borders, it is evident that we will begin to see a flurry of our usual winter viruses and possibly some other vaccine-preventable illnesses.

Some of the usual respiratory viruses we expect to see, as well as COVID-19, are flu, RSV, adenoviruses and rhinovirus. These illnesses can present like a normal cold, or can be more severe depending on other factors for the patient population.

Some other vaccine preventable illnesses that are on our radar to watch out for are pertussis (whooping cough) and measles. Vaccine fatigue, and overworked GP clinics or people's reluctance to visit them, have seen a decline in normal vaccination rates, leaving vulnerable populations even more vulnerable.

Because so many of these viruses are hard to diagnose clinically as many of the symptoms mimic several cold and flu-like illness, testing becomes important, especially in those most susceptible or those presenting as inpatients to health facilities.

Our challenge will be how to manage these illnesses living concurrently together, with the relaxation of the "COVID-19 rules" alongside boarders opening and low vaccination rates.

A strategy focusing on education, prevention, and communication will be key to getting through this winter season with as minimal increased impact to the health system as possible.

Next to COVID-19, influenza (flu) is our largest challenge for the winter because it's hard to know if the dominant circulating strain will cause large numbers of hospitalisation and severe disease, how effective is the vaccine, and whether mutation is possible. Flu is also similar to COVID-19 in that it is spread before symptoms arise, or sometimes when there are no symptoms at all.

We do know that our overall immunity to Influenza this year is much lower. Vaccination rates in healthcare workers and the community were far lower last year (2021). This, as well as no circulating strains of flu in the community for the last two years (9 cases in NZ, all contained in MIQ facilities), means that we haven't been exposed, and thus our immunity waning further.

FLURONA – one concern is the possibility of concurrent flu and COVID-19 infections– coined as FLURONA. We know that so far only 1% of patients with COVID-19 in the northern hemisphere have also had flu at the same time, but we also understand that patients with this coinfection have a higher mortality rate. The best way to prevent poor outcomes from flu and COVID-19 coinfection is with vaccination.

We also have other measures in place, which will help with prevention of spread in the health facilities:

- Continue indoor mask wearing (as well as good cough/sneeze etiquette)
- Staff not coming to work acutely unwell
- Diligent hand hygiene
- Isolating unwell patients and appropriate PPE for staff based on symptoms
- Testing strategies for patients
- Cleaning and disinfection practices
- Good ventilation.

Flu vaccination

Healthcare workers: flu vaccination needs to be a priority in healthcare workers, and at least 80% of healthcare workers should be vaccinated against flu. Staff will least likely have incidence of catching from patients as already wearing a medical mask (good for droplet precautions) however are still twice as likely to get flu as non-healthcare workers.

Inpatients: for eligible hospital or ARC inpatients, it is important to offer flu vaccination early, especially if vulnerable or over 65 or pregnant. There is very little contraindication to giving a flu vaccination, apart from allergy to the components of the flu vaccine, or acutely unwell with fever.

Angela Foster vaccinating SCDHB staff for flu during our staff vaccination drive

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Community: we need to continue community efforts to boost flu vaccinations, including working with other community services such as AWS, among the Māori, Pasifika and other ethnic groups, pregnant populations, and primary care patients. It is also advisable to recommend flu vaccination to anyone over the age of 6 months, especially to children who have been hospitalised with a respiratory illness. Children are often carriers and spreaders of flu to vulnerable whānau.

Other vaccinations

Work is already being done in this space, but awareness should be made that some normal childhood vaccination rates have declined over the last two years, meaning we could see more vaccine preventable diseases, such as whooping cough and measles.

Inpatient strategy

It will be important to have a strategy that involves both clinical symptoms, history and testing for those presenting to health facility.

Those who meet the clinical criteria of both flu and COVID-19 (i.e. must have fever and cough for flu) (COVID-19/flu/RSV), those admitted to ICU or paediatrics, and those who might have poor outcomes if they have flu or RSV should have a combined test.

Those who only have mild symptoms (or asymptomatic), if admitted to hospital, will have a COVID-19 only test.

PPE will follow the pathway for infectious illnesses. Apart from COVID-19 and some aerosol-generating procedures for flu being airborne spread, most of the other winter illnesses are droplet and/or contact spread. The constant use of our medical masks and good hand hygiene will likely prevent spread from patients to staff. However, the issue will be how to place patients with acute coughs/ cold-like symptoms when the diagnosis is not known.

Cohorting

Patients can be cohorted with symptoms in similar areas, however should NOT be cohorted in the same room without confirmation of disease.

Example: one wing can be used for respiratory illnesses; however, a multi-bedded room should only house those with the same confirmed infectious illness.

Cohorting with multiple infectious illnesses must not occur (i.e. COVID-19 + C. difficile, or flu + MRSA etc). These patients need to have their own single room.

Whenever there is a question on cohorting, consultation with the IPC team is recommended.

By Angie Foster
Infection, Control & Prevention Nurse

From left: Rene Templeton, Rachel Mills, Anne Greaney, Catherine Robinson, Megan Stark, Alice Knight, Anna Wheeler – meet in relation to workforce requirements for winter surge planning.

From left: Fiona Sinclair, Sharon Daniel, Terry Armer, Anna Wheeler, Sophie Lyons, Lorraine Bryan, Rachel Mills and Tracey Foster – meet in relation to discharge planning for the winter surge.

CEO UPDATE

Firstly, I would like to acknowledge the enormous and continued response to our local COVID-19 surge.

It is fair to say that across our health sector there is not one individual or service that has not felt the impact of our response. On behalf of our South Canterbury population, thank you.

Moving forward, it is predicted that we are in for an extraordinary 2022 winter. On the back of our Omicron COVID-19 surge, and with our international boarders opening, we expect to see an influx of both influenza, RSV and other winter viruses beyond the usual winter experience. Across the Ministry, the health sector, and locally here in South Canterbury, we are working to ensure a co-ordinated approach to winter planning activities. Collaboration on workforce, service capacity, communications, vaccination, preventative and patient flow activity is well underway.

South Canterbury continues to see high numbers of COVID-19 cases, and we have seen the first cases of influenza in our hospital in recent days. Our best protection over the winter period continues to be vaccination. Public vaccination campaigns are underway in our region for COVID-19 boosters, Influenza and Measles Mumps Rubella (MMR) for anyone born after January 1969 who hasn't had two recorded doses. For healthcare workers it is evident, that of all years, this is the year to ensure your vaccinations are up to date. COVID-19, MMR are free, and the Flu vaccination is free for all SCDHB staff, so please, get yours, encourage your colleagues and protect ourselves, our patients and our whānau this winter.

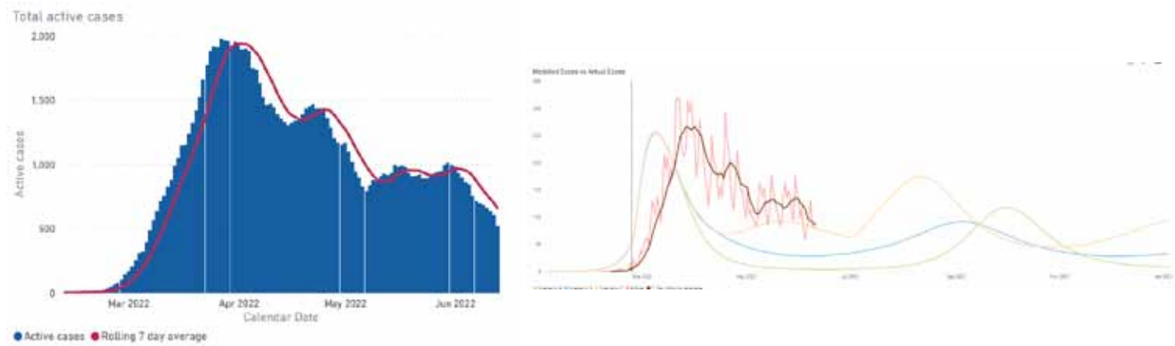
Coming out of our Omicron peak, and into a potential winter surge, it feels like the continued system pressure is relentless. However, the resilience our population, and health system has demonstrated continues to be inspirational and nationally exceptional. Our strength is in our people, thank you for all the great mahi that you are doing

Jason Power, CHIEF EXECUTIVE

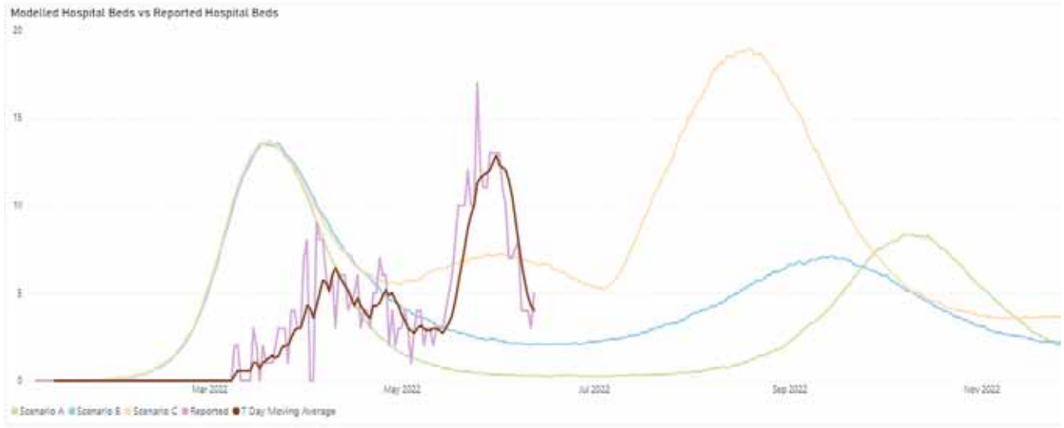
2022 WINTER PLANNING

Our COVID-19 Community Prevalence remains higher than modelled

South Canterbury Community COVID-19 Prevalence

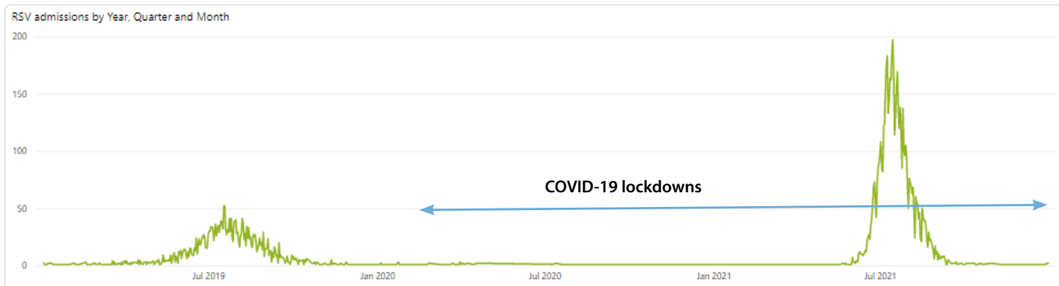


However, the conversion of our high community numbers into hospital admissions has been low compared to that modelled, until the last week falling well outside our modelled inpatient impact.

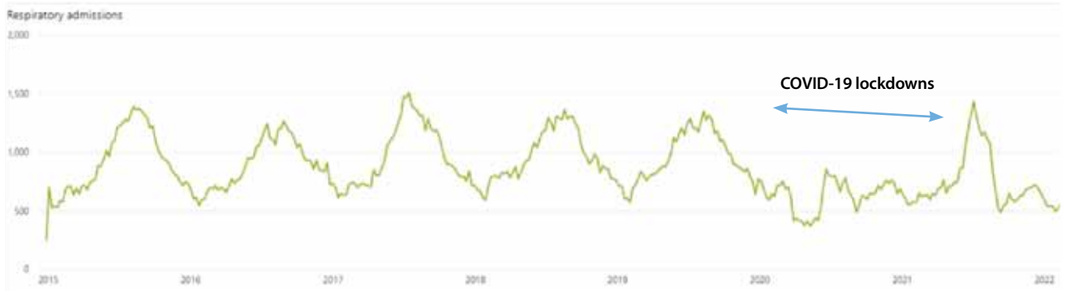


Moving into winter we are expecting a surge in RSV, similar to that experienced in 2021, however for a longer period as the 2021 lockdowns reduced the prevalence.

National RSV trend below

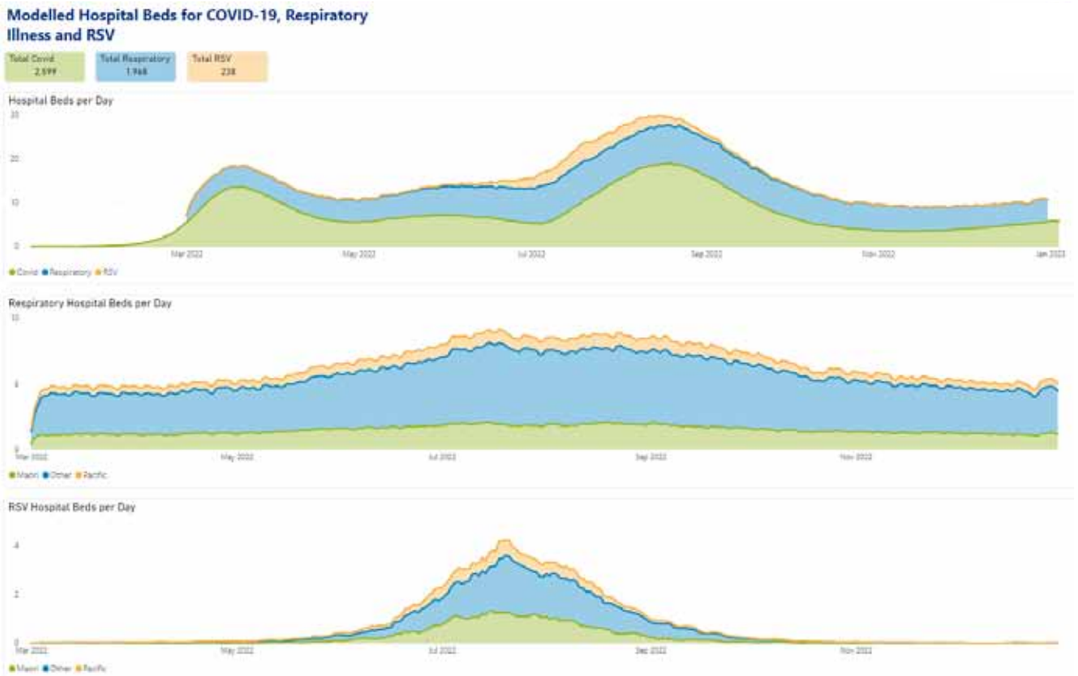


In addition, our winter respiratory illness trends have been impacted by COVID-19 lockdowns, and we are likely to see a surge with the opening of boarders. National Data on respiratory admissions below



The National COVID-19 Modelling Aotearoa Group has been working on modelling the cumulative impact of RSV, Respiratory illness (Flu) and COVID-19 over the winter months. As we know, modelling has variable assumptions, with our COVID-19 experience demonstrating the variance that can occur.

However, it is valuable as a planning tool. The following modelling is demonstrative of the 'worst case scenario' assuming the RSV, COVID-19 and Flu surge impact occur overlaying and reaching into our older adult and vulnerable populations.



This worse case scenario would see us peaking mid-August with inpatient hospital beds. Of note also is the RSV child admission impacts.

As with COVID-19, we use the worse case scenario for planning. The current workstreams are underway with the aim to support our winter response.

- Hospital capacity and patient flow planning
- Workforce capacity planning, inclusive of recruitment, and deployment planning
- Care in the community, inclusive of rapid response services, ARC admission and the role of the Care Coordination Centre (CCC) in the winter response
- Protection of our vulnerable, inclusive of acute care plans in the community
- Infection Prevention and Control requirements to support multi infectious illness management and patient cohorting, PPE requirements, health care worker training and public health messaging
- Vaccination campaigns
- Clinical guidance and testing requirements.

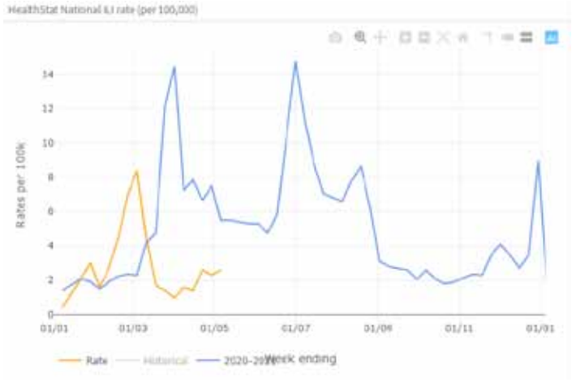
CURRENT INFLUENZA (FLU) SURVEILLANCE

The figures below show weekly rates of Influenza like illness (ILI) related calls per 100,000 people to HealthLine.

In the week ending 8 May, ILI related calls to HealthLine were high given the time of year, and slightly higher compared 2020-2021 rates.

Reference: Flu surveillance and research | ESR

The ILI call rates to Healthline has increased slightly across all age groups. In the week ending 8 May, rates of ILI related calls to HealthLine have exceeded historical rates for all DHBs with available data. In the South Island, Southern has increasing HealthLine rates compared to the same time of year in 2020-2021 or historical rates, similarly West Coast and South Canterbury are experiencing higher than expected HealthLine rates.



FLU 2022 INFLUENZA VACCINE FACTS

The influenza vaccine reduces the incidence of influenza illness in the >65year population from 6% to 2.4%.[1]

The Influenza Vaccine reduces the incidence of influenza illness in the healthy adult population from 2.3% to 0.9%.[1]

On a population level, many studies have noted the influenza vaccine has demonstrated a substantial positive impact on workforce and economy.

The influenza vaccine reduces the need for hospitalisation by 31% and ICU admission by 26% for those with breakthrough infection.[2]

Ethnic minority population groups are 1.5-2 times more likely to experience adverse outcomes including increased hospitalisation rates and ICU admission.[3]

Influenza vaccine in New Zealand is recommended for people 6 months or greater, without allergy related contraindications.[4]

Approximately 500 people die from influenza every year in NZ.[5]

Flu vaccination is free if you are 65 and older. [5]

In 2022 the flu vaccine is free for Māori or Pasifika aged 55 and over.[5]

Free flu vaccines are available for people aged 6 months and over with any of the following conditions:

- Chronic heart problems, excluding high cholesterol or high blood pressure, if they haven't caused problems with other organs
- Cerebrovascular disease
- Chronic breathing or lung problems, including asthma where regular preventative medicine has been prescribed
- Diabetes
- Chronic kidney disease
- Cancer that's not in remission, excluding skin cancers if not invasive
- Other conditions such as autoimmune disease, immune suppression, immune deficiency, human immunodeficiency virus (HIV), transplant recipients, neuromuscular and central nervous system diseases, cochlear implant, error of metabolism at risk of major metabolic decompensation, pre- or post-splenectomy, Down syndrome, haemoglobinopathies and children on long term aspirin.[5]

If you're not eligible for a free flu vaccine, it costs between $25 and $40 depending on the vaccine and provider.

1) Cochrane Database Syst Rev. 2018;2:CD001269. Epub 2018 Feb 1; 2) Vaccine. 2021;39(28):3678. Epub 2021 Jun 2; 3) https://www.cdc.gov/flu/highrisk/disparities-racial-ethnic-minority-groups.html; 4) https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/influenza; 5) https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/influenza/flu-influenza-vaccines

WINTER RESPIRATORY ILLNESSES

	THIS DISEASE IS SPREAD BY	EARLY SYMPTOMS	TESTING INDICATIONS		WHICH TEST Hospital inpatient	WHICH TEST Community	PPE/ISOLATION REQUIRED	DISCONTINUE ISOLATION
COVID-19	■ Direct contact with infected person.	■ Sore throat ■ Runny nose ■ Cough ■ Fever ■ Change in taste or sense of smell ■ If < 12 years, gastro symptom.	■ All with mild /severe respiratory symptoms ■ All hospital inpatients (asymptomatic or not).		(Liat) COVID-19 only test if mild symptoms and not admitted to paediatrics or ICU If they have FEVER & COUGH either: ■ Liat combo (COVID/FLU) or ■ Gene Xpert combo (FLU/RSV/ COVID-19) – for and respiratory symptomatic patients admitted to ICU or paediatrics.	■ Follow MOH guidelines for testing in the community.	**Airborne and contact** ■ N95 Mask ■ Eye Protection ■ Gown ■ Gloves.	■ See MOH guidelines for general public & ARC facility guidelines ■ Hospital Inpatients – 10 days after first symptoms or positive test – whichever first. RAT test negative ■ Unless very unwell – then 2 weeks – RAT test at day 13 & 14 negative ■ Severely immunocompromised ■ Discuss with IPC.
Influenza (FLU)	■ Coughing and sneezing ■ Direct contact with infected person.	■ Sudden onset of fever with cough, sore throat, muscular aches and a headache.	■ If has fever AND cough ■ Inpatient or vulnerable person (high risk obesity, severe cardiac or lung disease, severe immune compromise, pregnant, etc) who could benefit from antiviral ■ Or requested from public health for outbreak management.		If they have FEVER & COUGH either: ■ Liat combo (COVID/FLU) or ■ Gene Xpert combo (FLU/RSV/ COVID-19) – for and respiratory symptomatic patients admitted to ICU or paediatrics.	Testing in the community isn't usually required unless the patient has fever AND cough and would benefit from treatment or closer monitoring and meets one of the following (must be on request form): ■ High risk obesity ■ Severe cardiac or lung disease ■ Severely immunocompromised ■ Pregnancy.	**Droplet** ■ Medical mask (N95 if aerosol producing procedure) ■ Eye protection (for face to face interaction).	■ 5 days after first symptom as long as no longer acutely unwell ■ Can be longer if severe disease or severely immunocompromised. Discuss with IPC.
RSV	■ Coughing and sneezing ■ Direct contact with infected person.	■ Similar to common cold. Runny nose, cough.	■ Adults admitted to ICU ■ At risk adults (ARC facility, those who could have poor outcomes) ■ Children admitted to paediatrics (Gene Xpert combo).		■ Gene Xpert combo (FLU/RSV/ COVID-19) – if they have FEVER & COUGH ■ Or symptomatic patients admitted to paediatrics or ICU.	■ Testing not usually required in the community unless requested by public health.	**Droplet** ■ Medical mask ■ Eye protection (for face to face interaction).	■ 5 days after first symptom as long as no longer acutely unwell.
Whooping Cough (Pertussis)	■ Coughing ■ Adults and older children can pass on the infection to babies.	■ Runny nose, persistent cough followed by "whoop", vomiting or breathlessness.	■ Ordered by clinician based on history/ clinical presentation ■ Also if there are public health requests.		■ Nasal or throat swab or blood test – sent to Medlab.	■ Clinicians discretion based on symptoms and history after discussion with public health.	**Droplet** ■ Medical mask ■ Eye protection (for face to face interaction).	■ After 5 days of antibiotic treatment (2 days if azithromycin) ■ If no antibiotic treatment – 21 days from onset of illness or until no more coughing, whichever first.
Croup Viruses that cause croup: ■ Parainfluenza virus ■ Respiratory syncytial virus (RSV) ■ Influenza virus ■ Adenovirus ■ Enteroviruses.	■ Respiratory secretions	■ Cough (barky), sneeze, coryza, fever (usually 6 months to 3 year old).	■ Testing not generally required other than FLU/COVID-19/RSV.		■ Gene Xpert combo (FLU/RSV/ COVID-19) – if they have FEVER & COUGH ■ Or patients admitted to paediatrics ward or ICU ■ May have multiplex respiratory panel at clinicians discretion for other respiratory viruses.	■ Testing not usually required in the community.	**Droplet** ■ Medical mask ■ Eye protection (for face to face interaction).	■ 5 days after first symptom as long as no longer acutely unwell ■ Can be longer if severe disease or severely immunocompromised ■ Discuss with IPC.
Undifferentiated new cough/respiratory illness	■ Coughing and sneezing ■ Direct contact with infected person.	■ Cough, sneeze, coryza, muscle aches, sore throat.	■ May not be required depending on risk of patient.		■ If negative for COVID-19/FLU/ RSV, multiplex panel can be ordered on clinician's discretion based on patients history and symptoms.	■ Testing not usually required in the community.	**Droplet** If new acute cough within 10 days ■ Medical mask ■ Eye protection (for face to face interaction).	■ When acute symptoms have resolved.

STAY WELL THIS WINTER

While COVID-19 has kept us on our toes, we cannot forget about the other winter illnesses that are upon us.

Our long time culture of carrying on when we were sick, "she'll be right", sending the kids to day-care and school with runny noses, has really shifted during this pandemic, and to be honest I hope that the shift is a permanent change. We have learned so much about the way viruses are spread and how to prevent or slow transmission to each other. Although most respiratory viruses are spread in the same way (droplets from coughs and sneezes, and contaminated hands), some are more infectious, or can be more serious than others (and especially co-infections), so understanding how to slow the spread, or protect our most vulnerable is key.

With that in mind, how can we keep ourselves safe this winter?
Follow these steps to stay well this winter:

- Keep up to date with vaccinations – including COVID-19, flu, and MMR Vaccines, as well as any specific vaccinations for your role (ie pertussis / whooping cough). Vaccinations are important for preventing illnesses, preventing spread and preventing you from becoming seriously unwell
- Hand hygiene is still (and always will be) a major focus for preventing illnesses. Harmful germs can live on surfaces or each other, and one way to prevent getting sick is cleaning those hands often, and avoiding putting your hands on your face where possible
- Ventilation – for airborne illnesses, and coughs and colds in general, we tend to see less spread in well ventilated areas with less congestion of people. In poorly ventilated areas, it's a good idea to try and open up windows especially with multiple people in a room. When this isn't possible, air purifiers can also be another consideration
- Stay away from people who are sick, and isolate yourself from others if you yourself become unwell
- Practice good cough/sneeze etiquette and remind others of the same – if you cant cough or sneeze into a tissue, cough or sneeze into your elbow. Even if you're not sick!
- Access healthcare support early. Maintaining good health is also as important as managing illness
- Continue to wear medical masks in congested places, especially indoors – remember that the reason we do this is source control, not just preventing ourselves from getting sick – so wearing our masks tells our community that we also care about them
- Other things help with boosting immunity, such as good sleep, eating and drinking things that are good for our bodies, stress management, and exercise.

As we know, keeping well does not rely on one core component, rather a complex number of variables. Doing each of these things often and consistently will be our best defence this winter. Remember, don't let your guard down, and do the basics right. Keep well and keep caring for each other!

By Angie Foster, Infection Prevention and Control Nurse

LISTER HOME'S COVID-19 RESPONSE

Lister Home and Hospital in Waimate has done a fantastic job responding to COVID-19 cases in their facility. We talk to Diane Turner, facility manager of Lister Home on how they planned for the pandemic and managed residents with COVID-19.

Tell us about Lister Home, what is your capacity, how many people reside here, and what services do you provide?

Lister Home is the only aged care provider in Waimate. We provide rest home and hospital care for people staying on a long-term basis. We also provide Eldercare for day clients. The facility has 63 beds. Half of the beds are for the hospital care, and half for the rest home. We also have respite and palliative rooms.

How have you been impacted by the pandemic?

There have been two lockdowns because of patients contracting COVID-19. The first one lasted 4 weeks during March and April this year. And we are in the second lockdown right now.

During the lockdown, Lister Home cancelled the Eldercare service, and we stopped visitors from coming in. We created a "Nightingale Wing", turning the Eldercare facility into a hospital wing. Residents who contracted COVID-19 were quarantined and treated at the "Nightingale Wing". We had several staff members staying overnight to take care of the patients, including our Clinical Manager, Mandy Workman. Mandy stayed for 19 days and nights in the Nightingale Wing. She and our care staff really went above and beyond their duty. We really appreciate their hard work.

During the 2nd and current lockdown, GPs have been prescribing anti-viral COVID-19 medications which really improved the outcome for our patients.

What are the most challenging aspects as a result of COVID-19?

The most challenging aspect from the residents' perspective was being "cooped up". We have been gradually opening up areas that don't have COVID-19, and allowing more freedom of movement. However, the lockdown has been hard for some of our residents' mental health.

For our staff, it has been exhausting. Staff need to wear PPE and N95 masks. They are constantly donning and doffing PPE, which is burdensome and wearing the N95 masks for a long time is very constrictive.

We have really appreciated the advice and support from the SCDHB – it meant we didn't feel alone in journeying through the whole COVID-19 experience.

STAY WELL THIS WINTER
NOHO ORA I TĒNEI TAKURUA

ICU WINTER ILLNESS SIMULATION

One element of the winter planning has been to discuss how we would organise bed management in the hospital facility when there are multiple infectious respiratory viruses (i.e. COVID-19, FLU & RSV) at one time, and in particular in areas where there are acute patients with limited isolation ability. This sparked a conversation with the ICU team with interest in doing a paper-based simulation.

The goal for the simulation was to practice a situation in which they would need to decide where patients would be placed in ICU or transferred based on acuity, staffing, and isolation requirements (Droplet vs Airborne precautions).

Angie Foster, IPC nurse, organised the paper-based simulation with potential patients already admitted, and a list of patients with varying illnesses to be admitted. The simulation team consisted of Russell Rarity (Anesthetist), Catherine Parker (ICU nurse), Richard Whitticase (CNM ICU), Hayley Holden (Learning Hub - also acting as ICU nurse for handover), and Megan Stark (acting as DNM via phone).

Having a testing strategy in place where all patients would be tested for COVID-19 on admission to ICU, and all patients with respiratory illnesses will also be tested for FLU and RSV, means they have the ability to pre-plan their bed spaces according to transmission of the infectious illness.

The team were given 5 potential ICU admissions with droplet and/or airborne illnesses. After discussion about different options, the team were able to confidently discuss the best placement for the patients, as well as give comment and feedback on different aspects of the exercise.

Overall, the group felt it was an important exercise to identify how they might manage different respiratory illnesses this winter, and sparked more conversation about what resources could be used to facilitate multiple admissions of this kind.

By Angie Foster, Infection Prevention and Control Nurse

FOCUS on PRIME nurses

The PRIME stands for Primary Response in Medical Emergencies. It is a jointly commissioned project funded by the MoH and ACC and administered by St John. Specially trained GPs or Doctors, Nurse Practitioners, and Registered Nurses are mobilised to assist the ambulance service. The PRIME service provides both the coordinated response and appropriate management of emergencies in rural locations.

Paula Trembath is a practice nurse and lead nurse at the Twizel Medical Centre, and Wendy Buchanan is a Practice Nurse and Nurse Manager at the Waimate Medical Centre.

A Practice Nurse is a Registered Nurse who works alongside a General Practitioner in a medical clinic. They are highly trained and comprise the largest group of healthcare professionals working in primary health care in the country.

They are the initial point of contact for individuals who are unwell, as well as serving as health educators who strive to prevent people from getting sick in the first place.

During the regular clinic hours, Paula was responsible for the clinical side of nursing at the clinic, screening and assessing patients, addressing wounds, and helping diagnose and treat illnesses and ailments. Paula and her colleagues are also responsible for District Nursing, visiting and treating local patients at their homes.

Originally from Kurow, Paula came to Twizel in 2015 from Dunedin after years of hospital experience.

"I worked in Mercy Hospital at Dunedin for five years, before that I worked for the Dunedin Hospital at the coronary care unit for eight years," she said.

As a rural clinic, Paula and her colleagues also provide the PRIME service to the region.

Following an emergency call, the Ambulance Clinical Control Centre mobilises the on-call PRIME Practitioner, who carries a pager, PRIME response pack, and other essential safety equipment.

The main goals are to help the ambulance service respond quickly to extremely ill or injured patients and to provide higher-level medical expertise than would otherwise be accessible from rural ambulance services. The level of care the PRIME Practitioner can deliver is above that of the EMT (Emergency Medical Technician) and similar to that of the Paramedic.

To become a PRIME Practitioner, Doctors and Nurses have to undertake a week-long initial training course followed by a refresher course for trauma and medical emergencies every two years.

In Twizel, St John provides the ambulance service staffed by EMTs and volunteer first responders. Once an emergency occurs, the Ambulance Communications Centre will first use a colour code response system to access and prioritise the urgency of an incident as purple – immediately life-threatening, red – potentially life-threatening or time-critical, orange – urgent or potentially serious, or green – non-urgent.

Ambulance officers from St John, if on duty, will usually deal with the green and orange cases in Twizel. Anything red and purple, the PRIME team will be called on to assist with the situation. Recently the EMT crew in Twizel have been trialling an availability rostering system, which means they are on stand-by from 7am-7pm, Mon-Sun. However, after 7pm, there is no ambulance available in this area, this means the PRIME Practitioner will be the first to arrive on the scene when an emergency occurs after-hours, while the ambulance (generally from Timaru 2.5hours away) or helicopter will be dispatched from other districts.

Paula Trembath, PRIME nurse at the Twizel Medical Centre

Paula is on-call for four days and two nights every week and one in six weekends for her PRIME duty.

The work is mentally and physically demanding as the PRIME Practitioner can never know what they will need to deal with and when they might get called.

"People's lives are in your hands."

"It's stressful and very, very scary to be completely honest."

"If we get called out in the middle of the night, we still have to come to work the next day and try to function safely with patients"

"It's really, really tough, it's a tough job."

Wendy Buchanan has been a PRIME Nurse in Waimate for the past 9 years. She finds this role to be very rewarding but also intense and demanding.

"I had a call about 3 years ago to a quad bike accident. St John arrived just before the helicopter. But they couldn't get to the site because they couldn't get through the creek. I was there on my own with two fire crew. The patient was actually choppered out."

"It was very isolating. Scary it's not the word to use. It's not scary because you are so focused on what you are doing. But it's intense and once you finish the call, sometimes you feel really shaky because so much has happened and it's quite draining in that aspect."

St John's Clinical Desk has been helpful for guiding personnel on site to correctly assess and treat symptoms and complications for any emergency scenarios outside the first responders' usual scope.

"You don't actually see certain presentations very often. You might get called to something you haven't actually seen in person before, but you've done the training on it. I must admit that the St John's Clinical Desk is really good at talking you through the things."

"They are fantastic on the phone for clinical guidance."

However, sometimes incidents occur in remote rural area where there's no mobile signal.


Wendy Buchanan, PRIME nurse at Waimate Medical Centre

"I actually had it once that the only communications I had is through the fire service's radio."

The firemen had to relay the message between St John and Wendy.

Despite the pressure, Paula and Wendy are motivated by the sense of responsibility and community service that comes with the job, and they find the work extremely fulfilling.

NEW GRADUATE EXPERIENCE AT TIMARU HOSPITAL

We met some New Graduate Nurses on 12 May and asked them how they feel about being a Nurse at the Timaru Hospital.

Suzie Davey, Enrolled Nurse said, I'm happy to be in the surgical ward. The hospital has been very a supportive environment. It's a smaller hospital, in the surgical ward you have a variety of patients to work with, and the Learning Hub provides a lot of opportunities to learn.

Georgia Dobbs, Registered Nurse in the children's ward, said it has been really welcoming. We have many opportunities you wouldn't get at large hospitals. You also have a bit more respect from colleagues because it's a small team.

FOCUS on social work

Social Workers are important members of the allied health profession who provide care, advice, advocacy and support to people with personal, health or social problems. They work with healthcare staff and agencies in the community to support people in the hospital and community to improve their wellbeing and connect them to outside support. They are qualified registered professionals.

Some of the services they support include: grief and loss counselling, diagnosis support, discharge planning, elder abuse and family violence support, miscarriage support, cancer support, palliative care, housing and legal support, crisis and trauma counselling and advance care planning.

We plan for a birth in the family. We should be planning for our end of life as well, said Paula Hogg, Clinical Lead of Social Work at the SCDHB.

Social Workers have made no smaller sacrifice in the fight against COVID-19. During COVID-19, Social Workers have been finding shelter for homeless COVID-19 patients, helping families solve family issues occurred during isolation, and comforting bereaved family members who have lost loved ones.

They accomplish their tasks by working with Doctors, Nurses, and other healthcare professionals in the ward. They play a key role in providing insight and preparing other members of the multidisciplinary team of health care professionals. They're also guides for advanced care planning. Besides working with other hospital staff, Social Workers also work with local NGOs and other agencies such as the police to assist and protect people in the hospital and in their community.

We always work as a part of a multidisciplined team. We don't really work on our own. We liaise with other people, said Paula.

"We also don't just work with the patient; we work with their whole whānau. We aim to provide support that restores wellbeing and assists with resilience. This is not just for individuals but for whānau and communities."

"We apply in depth relational skills to work with a range of complex factors in people's lives that impact on the safety, wairuatanga (holistic wellbeing) and wellbeing of individuals, whānau and communities.

We also assess risk factors such as violence, addiction, mental health and promote inclusion, self-efficacy, belonging and social connectedness."

"We undertake psychosocial assessments, analysis and interventions that holistically consider the ecological context of a person's situation and their environments."

"During a social work assessment, we look at who they live with, do they live alone, what kind of house do they live in, do they drive, are they isolated, can they get out, how can they get their groceries, what family they've got. What health issues have they got and how is this impacting on their lives."

We then enhance and strengthen people's ability and capacity to address and manage the challenge or difficulty themselves, said Paula.

Social workers must be flexible because every situation is unique; they must quickly adjust to each new environment.

"I would say, social workers are very adaptable and resilient. We get called everywhere to fix the most bizarre situations sometimes. We prioritise who needs to be seen first and share our workloads."

Belinda Boyce, Registered Social Worker at the SCDHB, said, the important question I asked when I worked in the wards was how they get home from the hospital, as well as all the support they need to be able to manage at home. A lot of them don't think about that.

COVID-19 has brought additional challenges to both clients' lives and how social workers perform their tasks because of COVID-19 restrictions.

Belinda Boyce and Paula Hogg

Paula said, it's changed a bit now that they are allowed visitors. There has been huge impact around having people dying and not being able to have funerals and not being able to see their family members while in the hospital. And there's the impact of family not being able to come to NZ.

"The hardest part about COVID-19 for me was seeing people so scared and people not being able to connect, especially when there was death. Dying is profoundly social and people's relationships are the most important thing. Not being able to connect at the time of death will impact on people's grief and loss forever."

"It has also been harder to assess people when you cannot see them face to face, you have to do it over the phone. The connectedness has been harder."

Social workers do their best to assist people experiencing a crisis to endure and adapt to uncertainty, loss and grief and other impacts including fear, feelings of isolation and anxiety. COVID-19 has certainly caused all of those things for many people.

During the lockdown, social workers became the liaison between patients in the hospital and their family members.

With the first one [lockdown], it was a lot busier. We were busier than what we would normally be, we were the go-betweens between the patient and the family because the family couldn't come and see their relative in the hospital. We were making multiple phone calls a day to family members, we kept them up-to-date with what's happening, said Belinda.

For the past two months, Belinda has been redeployed to the Care Coordination Centre (CCC) to help with the welfare needs of people with COVID-19. One of her tasks is to help COVID-19 positive people to get accommodation assistance for self-isolation upon request.

I contact the person and ask what the need is and why do they need to isolate from everybody else at the household, said Belinda.

Once they have been admitted to SCDHB's isolation flats, Belinda will contact them once a day.

"I check on them and see how they are doing and always ask them where they are going to go once their seven days is finished in the isolation flat."

I've come across a lot people who don't have their own GP. The Nurses are able to register them with a GP practice, added Paula.

Belinda has also been helping families and individuals isolating at home with COVID-19 deal with social issues like behavioural issues in children and family violence. Family violence has increased as a result of COVID-19 induced isolation, financial stress and feeling ill with no one to turn to. This is not a good mix if you are prone to being violent.

Belinda connects with families and individuals who need help with either government agencies or NGOs for support.

Although COVID-19 has brought additional responsibilities and challenges, Belinda and Paula have found being social workers very fulfilling.

"As a social worker, I really enjoy doing this work, assisting people to understand their health needs and giving out the relevant information patients require."

Working during the pandemic has been much busier than usual as patients' needs changed alot, especially when they are not able to see their loved ones due to being in isolation, said Belinda.

I have worked here 22 years and still love my job, most of the time, said Paula.

"At the end of the day, it is about what the patients want and I tell them I am just here to advise them what is available but it's up to them if they use it, or not."

"It is a privilege to be a part of patients' lives and work with them to enhance their life."

Find their strengths, find their voice and remind them that just because they have a diagnosis of something like cancer or a mental health diagnosis, that is only part of them. They have lots of other parts to them and they may not be able to walk anymore, they still have their voice and their wisdom, said Paula.

WORLD SMOKEFREE DAY CELEBRATION

The SCDHB Smokefree team held a 'Move Those Butts' event at Caroline Bay on Tuesday 31 May to celebrate World Smokefree Day.

The community joined together in the sunshine to enjoy a BBQ lunch before proceeding to the beach clean-up. The event was open to the whole community and it was great that a group from Victoria House (Timaru Mental Health Trust) popped along and helped make the event a great success.

'Move Those Butts' was held to promote World Smokefree Day by joining people together outside and cleaning up the beach to look after our beautiful environment. The event was blessed with gorgeous weather as the community connected outside by sharing food, exercise and keeping our gorgeous beach clean. The group picked up lots of butts and were so pleased there was minimal other rubbish.

It was wonderful to have the support of our community to celebrate this day at our beautiful beach. We hope to make this an annual event each World Smokefree Day, said Katherine Miller, Stop Smoking Practitioner at the SCDHB.

Smoking is not only bad for health but also harmful to the environment. Cigarette butts are the main source of ocean pollution. They represent 40% of the waste collected in cities and on beaches during cleaning and waste collection actions. One cigarette butt can pollute up to 500 litres of water on its own. The filter emits cadmium, lead, arsenic, zinc and the bits of tobacco left in the filter emit tar, nicotine, pesticides and other chemicals, which are highly toxic. One litre of water soaked with butts will kill 50% of all small ocean creatures in it.

Early that day, the Smokefree team helped pick up cigarette butts at the Timaru Hospital entrance to promote a smokefree lifestyle and increase awareness of the pollution caused by smoking.

The Smokefree team provides advice, behavioural support and subsidised and unsubsidised medications to help quitting. Support can be face-to-face, by text, by phone or by email. Group-based support is also available.

SMOKEFREE 2025
Haere whakamua hoki whakamuri

SCDHB SMOKEFREE CONTACT INFORMATION

P: 0800 542 527
TXT: 027 433 5067
E: smokefree@scdhb.health.nz

facebook.com/kickashsouthcanterbury

SCDHB Maori Staff Hui

Nau mai, haere mai, tauti mai

Hauora Māori Team, would like to invite our Māori workforce to come together for a time of whānaungatanga and korero. Our kaupapa is to strengthen our relationships as Māori, support each other and build our Māori staff capability.

Wednesday 22nd June

12pm-2pm

Whānau Room, Kensington Centre

- Mihimihi
- Celebrate Matariki together
- Promoting whānaungatanga and social time together as Māori staff
- Waiata and wairuatanga
- Update on iMHA and Health Reforms
- Kai will be provided at 12.30pm

'Ka mahuta a Matariki I te pae, ka mahuta o tatou Tumanako ki te tau'

When Matariki rises above the horizon, our aspirations rise to the year ahead

Māori Staff Group

To be added as Māori Staff to the distribution list please send a message to jtyro@scdhb.health.nz or to kbaker@scdhb.health.nz

Welcome to our new SCDHB staff who started in April

Rebecca Jackson
Covid Vaccination Admin

Dena Bracken-Tipene
Registered Nurse

Mavis Gunn
Registered Nurse Part Time

Hannah Dunstan
NASC Care Co-Ordinator (Nurse)

Jinto Paul
Clinical Coder

Cherry Sicat
Registered Nurse

Lucille Hyland
Kaiāwhina (Health Care Assistant)

Jasmy Jose
Registered Nurse

Lilly Evans
Midwife Part Time

Chloe Stringer
Registered Nurse Acute Demand

Sandra Low
Executive Assistant

Jeff Grimmer
Orderly Casual

Ramanpreet Kaur
House Surgeon

Casey Mcgowan
Casualty Officer

Su Kanta
Kaiāwhina (Health Care Assistant)

Simona Raineri
Anaesthetist

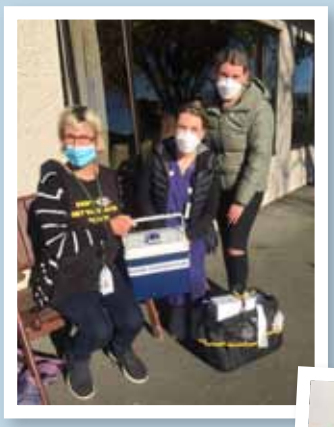
Madonna Dominic
Registered Nurse

Vicky Edwards
Midwife Part Time

Gill Gibson
CSU Technician

Sheen Tuhakaraina
Kaiāwhina (Health Care Assistant)

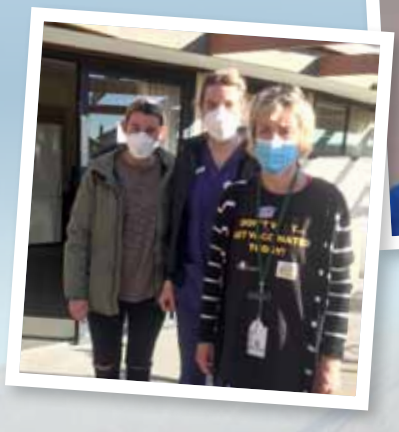
pulse



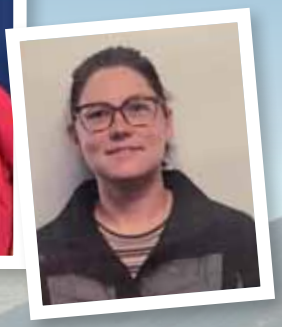



Thank you to each and every one of you.

We all have been impacted by our COVID-19 response in some way!







pulse

is a snapshot of activity within the health board and wider health community. It is sent to South Canterbury DHB staff and providers including GPs, dentists, pharmacies and the health sector.

All written contributions are welcome.

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