

## Remote monitoring could give patients better care at home

The use of a smart new device to monitor patients' health could improve the care they receive at home and help them spend less time in hospital.

Two six-month trials of the BioSticker, an FDA-approved wearable data-gathering device, are underway in Counties Manukau, involving 50 patients and another 14 in South Canterbury. The separate trials will test the device's application and effectiveness with patients in both urban and rural settings.

The South Canterbury trial was officially launched at an event in Timaru in August, with the Minister of Health Andrew Little in attendance.

"Technology has the potential to really change the way we do things – to do things that are better for patients and at the same time ease pressure on the health system," said Minister Little.

BioStickers are 85mm long, made of soft flexible material and are worn on the upper left chest. They capture medical-grade data, such as skin temperature, heart rate and respiratory rates, body position, activity level and gait

analysis, which is transmitted to the medical professionals who are treating the patients.

"What we are already hearing from our people in the study is that they're feeling a lot more confident that they're not needing to go to ED, or they're accessing healthcare when they want to," said Ruth Kibble, Te Whatu Ora – Health New Zealand, South Canterbury project sponsor.

**"It's given me confidence and reassurance knowing what's happening with my health," said Janet Steven, one of the South Canterbury trial's participants.**

"Within a day Janet felt more relaxed and her anxiety reduced as she was being monitored by our Hub. She also likes that she can review her own clinical parameters on the mobile app and her support person also gets a report daily of the clinical parameters," said Ruth Kibble.

Sixty people are already using the device across Counties Manukau and Timaru. The trials are expected to run for six months and will involve up to 250 patients.



Julian Waller – Clinical Lead, Joy Sylvia – Remote Patient Monitoring (RPM) Implementation Team Consumer Representative, Janet Steven – Trial Participant, Ruth Kibble – Project Sponsor and Stef Green – Project Coordinator.



Minister Little and Jo Luxton MP talking with the trial participants and members of the RPM Implementation Team.

# SOUTH CANTERBURY SEASONAL PRESSURES

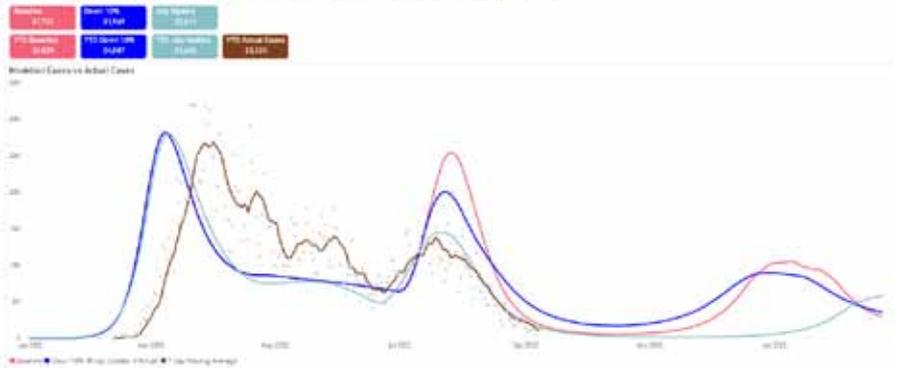
Back in March, there was recognition nationally that the 2022 winter could be one of the worst yet.

With opening borders, risk of a new COVID-19 variant, RSV and influenza, as well as a NZ population that had been internationally isolated, and therefore waning immunity the surge in winter respiratory conditions was expected.

Locally, we have certainly experienced the seasonal winter pressures across our services with increased respiratory illness presentations and a second wave of Omicron.

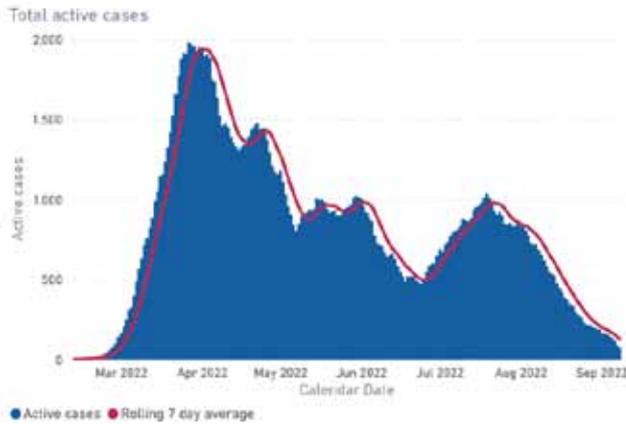
The COVID-19 modelling was adjusted in July this year, and since that time we have been following the modelling line closely as depicted in the graph below. It appears we are coming out of our second Omicron wave, with a modelled settling of presentations potentially extending into the new year (subject to no new variants).

COVID-19 Resilience: National Scaled Modelled Cases vs Actual Cases as at 8 September 2022

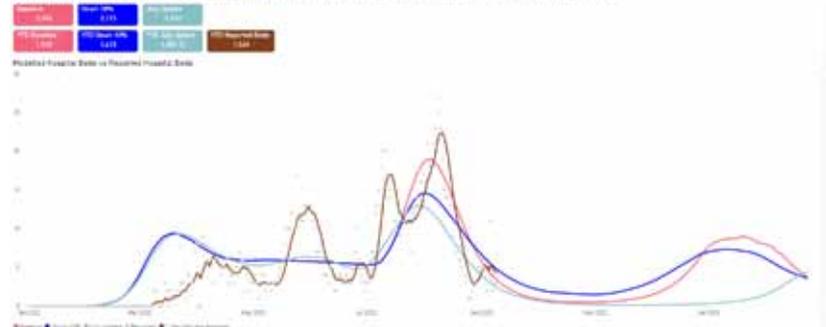


Nationally, our COVID-19 case numbers are at their lowest point since the end of February, 2022.

National hospital bed occupancy by COVID-19 positive patients has slowed. This is now following the modelled response line.



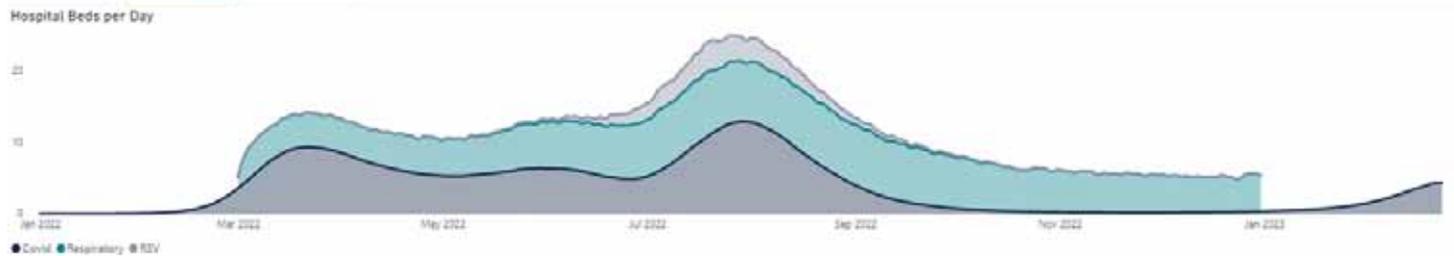
COVID-19 Resilience: National Scaled Modelled Hospital Beds vs Reported Hospital Beds as at 9 September 2022



The winter illness modelling included the overlay of the COVID-19 waves with increased presentation of respiratory illness. The peak was mid July to mid August with modelled pressures expected to reduce moving into Spring.

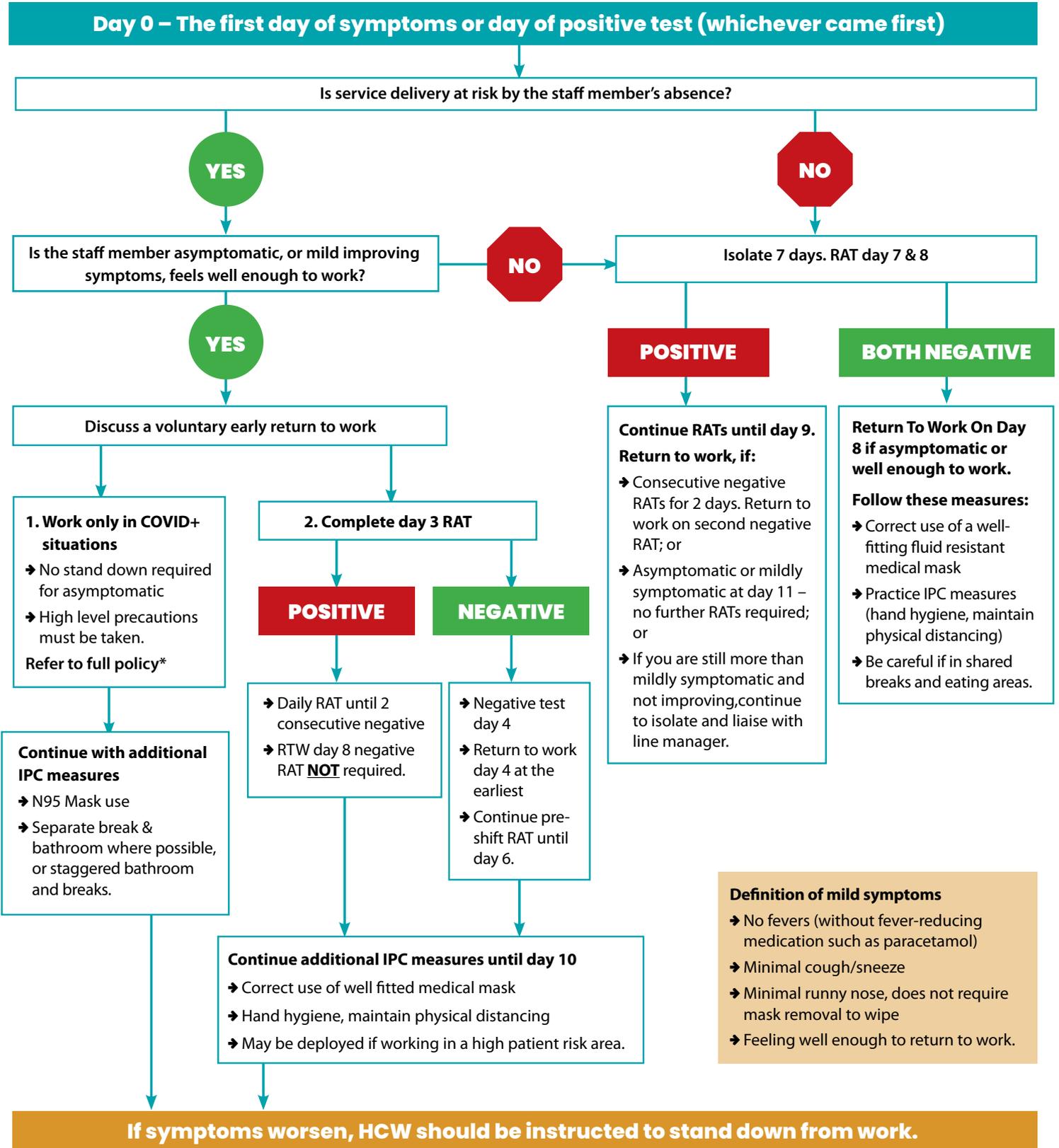
## Modelled Hospital Beds for COVID-19, Respiratory Illness and RSV

Total Covid	Total Respiratory	Total RSV
1,550	1,968	239



# Te Whatu Ora South Canterbury Return to Work (RTW) COVID-19 Positive Staff

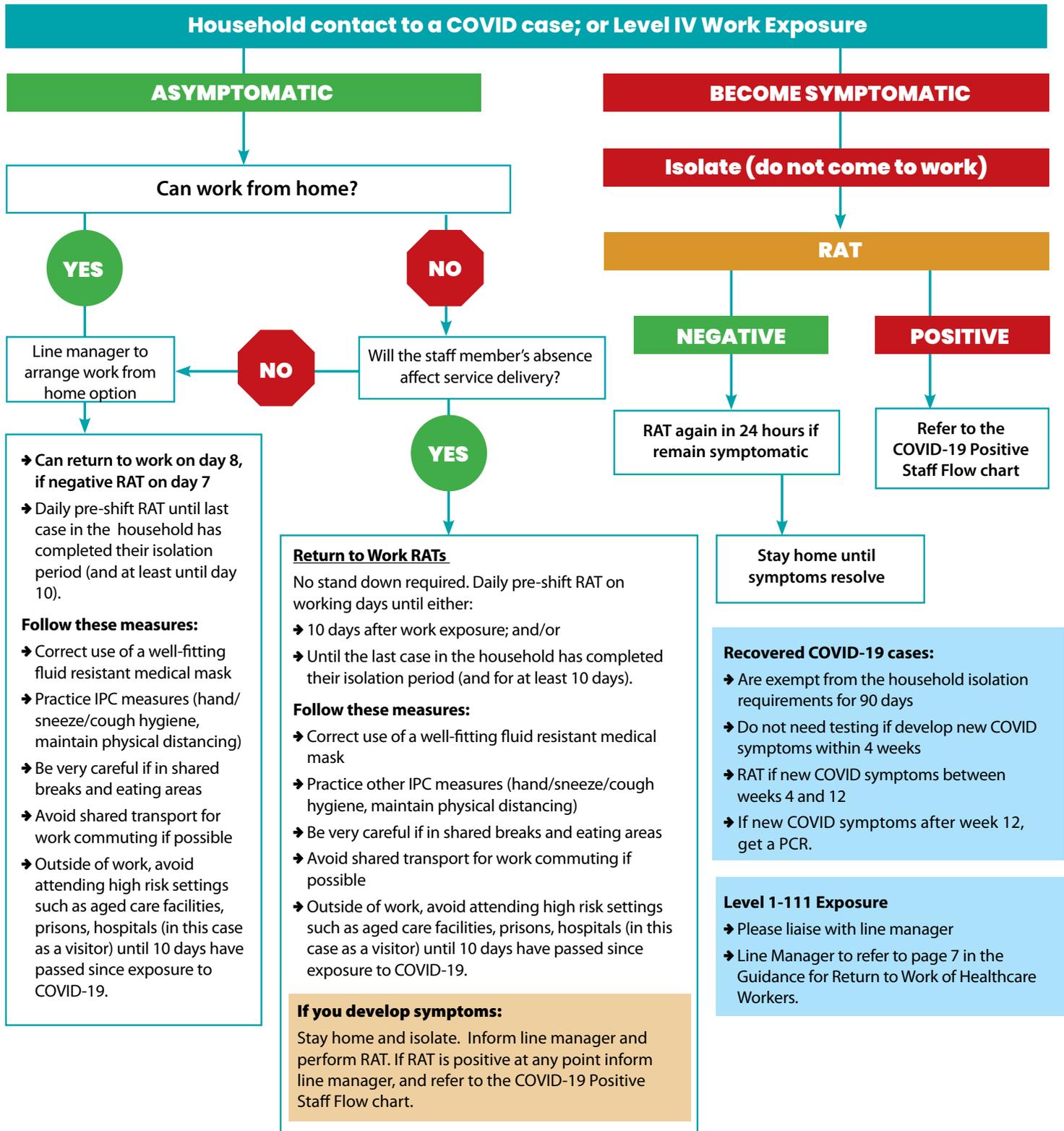
Early RTW is voluntary



\*National Te Whatu Ora (28 July 2022 version 2.0) COVID-19 Guidance for return to work of healthcare workers.

## Te Whatu Ora South Canterbury test to return process for staff who are Household Contacts or Level IV Work Exposures

(if outside of 28 days of being a case)



## Breastfeeding Works! Peer Supports wins national volunteer award

A programme run by Plunket Timaru to support new mothers in their breastfeeding journey has been recognised for its work in the community.

Breastfeeding Works won the “Outstanding Achievement Award” at the 2022 Minister of Health Volunteer Awards in the Healthcare Provider Service Team category.

The peer support programme offers mothers education, practical breastfeeding support and advice, helping them to overcome common hurdles and to build confidence.

The support is offered by 14 South Canterbury mothers who have trained in breastfeeding assistance through the La Leche League Peer Counsellor Programme. Mothers who seek support receive an initial phone call from the volunteer with follow-up phone calls, video calls, or face-to-face meetings.

In the past 12 months, the volunteers’ work has benefited more than 200 women.

“The Peer Supporters are all mothers themselves; they have been there. They’ve understood the ride that navigating breastfeeding is. They understand the challenges and triumphs associated with the feeding journey,” said Megan McNeill, programme coordinator.

Describing why she became a volunteer, Susie Martin said, “When I first had my child, after the initial few weeks of the honeymoon stage, it started to become difficult. I had questions that my immediate family couldn’t answer. I just sought out support. Now I want to give back to other mums what others have helped me to have – a successful breastfeeding journey.”

The World Health Organisation (WHO) and New Zealand Ministry of Health recommend exclusive breastfeeding for the first six months of a baby’s life for optimal growth, development and health. WHO says infants should then receive complementary foods while mothers continue to breastfeed until the child is aged two or older.

Breastmilk contains antibodies which mature the gut and help babies fight off infection. Research shows that babies who are breastfed have a lower risk of respiratory infections, allergies such as asthma, eczema and lactose intolerance, Type 1 & 2 Diabetes, atopic disease, gastroenteritis, Coeliac disease, hypertension, otitis media, obesity, high blood pressure and cholesterol, and sudden infant death syndrome (SIDS).

Breastfeeding also has benefits for mothers, lowering the risk of breast, uterine, and ovarian cancers, and helps to prevent hypertension, rheumatoid arthritis, cardiovascular (CV) disease, maternal Type 2 Diabetes, hip fractures and reduced bone density in later life.

Megan McNeill suggested mums who wanted to be better prepared for the challenges of breastfeeding could reach out for support antenatally.

“We have awesome breastfeeding support here in South Canterbury. Lactation consultants are amazing, all of our midwives are really great and supportive. The paediatricians are great as well,” she said.

Mothers are referred to Breastfeeding Works from Timaru Hospital Maternity Ward as well as community healthcare professionals. Women can also self-refer.



From left volunteer Rachel Harvey, Peer Support Coordinator Megan McNeill, and volunteer Susie Martin



From left volunteer Susie Martin, Peer Support Coordinator Megan McNeil, Minister of Health Andrew Little, and volunteer Rachel Harvey

Mothers can also come along to the Breastfeeding Works Peer Support Group every second Thursday 10.30am-12pm at the Timaru Plunket Hub on Woollcombe street.

If you are passionate about supporting, guiding and offering advice to other mothers through their breastfeeding journey and would like to train as a volunteer breastfeeding peer supporter, please contact Megan McNeill on [megan.mcneill@plunket.org.nz](mailto:megan.mcneill@plunket.org.nz)

## Meet our new Charge Midwife Manager

Kelly Allan has joined us as the new Charge Midwife Manager at Te Whatu Ora South Canterbury. Previously, she worked as a lead maternity carer (LMC) in the community for 9 years and as the clinical coach at Te Whatu Ora South Canterbury for the past 9 months.

She is excited about the new role but says it’s already busy and there’s a lot to learn in the constantly changing maternity department. The maternity ward is under renovation and will soon have a Transition Care Unit for premature babies. Coordinating and managing the change is a lot of work, but Kelly is looking forward to the new facility. After the addition of the new unit, the hospital will be able to care for babies born from 32 weeks onwards.



## Jean Todd Maternity Unit retains Baby Friendly Hospital Initiative accreditation

Timaru Hospital’s Jean Todd Maternity Unit has been awarded Baby Friendly Hospital Initiative accreditation for the sixth time after its latest audit.

The New Zealand Breastfeeding Alliance administers the BFHI nationally. The initiative is an international programme launched in 1991 by the World Health Organisation (WHO) and the United Nations Children’s Fund (UNICEF) to ensure all maternity services become centres of breastfeeding support worldwide.

The Jean Todd Maternity Unit has been BFHI accredited since 2004. Accreditation assessment is based on a set of criteria developed globally which has then been adapted for New Zealand’s health system. The accreditation aligns with Te Tiriti O Waitangi principles of protection, participation and partnership.

The BFHI aims to improve exclusive breastfeeding rates and ensure evidenced-based best practice standards of care are offered by maternity services. In New Zealand, 99.85 percent of infants born in maternity services are delivered in BFHI-accredited services. This has had positive results, with nearly 80% of babies exclusively breastfed on discharge from Baby Friendly hospitals.



## AT&R Medical Ward’s on the move!

Over the second week of August the medical ward moved from level 3 to level 1, and AT&R opened on level 3.

The rationale for this move was to

- ➔ Extend the bed occupancy availability of medical ward to cope with the continued COVID-19 and the seasonal surge requirements we continue to experience
- ➔ Re-establish ATR services in a home ward following the establishment of the COVID ward on Level 1
- ➔ Optimise use of negative air flow spaces for infectious conditions (inclusive of influenza).

.....

AT&R on level 3, has bed capacity of 17 to accommodate overflow of patients from medical, as required. The move for the AT&R team is for a few months until the new purpose built AT&R opens early 2023, exciting times ahead.

The AT&R staff and CNM have deployed across the hospital for almost 5 months, since the establishment of the COVID ward on level 1. AT&R services have been provided within the patient settings, predominately within medical and surgical ward settings. The flexibility of the team during this time has been outstanding, as there was change to their daily ward settings, and the teams they worked with. Thank you to all.

“It is great to be back in that team environment, providing rehabilitation to the patients” Lorraine Bryan, CNM AT&R

Moving the Medical Ward to level 1 has enabled negative air flow solutions to contribute to the infection control measures for those requiring isolation, especially for those who need airborne isolation. Negative airflow is not just for COVID-19, but other infectious conditions such as TB, influenza measles and chickenpox.

The Medical Ward, has a bed capacity of 30 beds, with a surge capacity up to 35 beds allowing for seasonal overflow if required. The COVID ward is now integrated into the general medical ward which enables more flexibility for use of bedspaces, whilst continuing to support safe infection prevention and control practices.



ATR Administrator Sandra Chapman and Orderly Chris Patara box up offices for the move.



Charge Nurse Managers Lorraine Bryan (AT&R) and Terry Armer (Medical) move essential ward equipment

“Moving to level 1 has been a positive experience, it provides optimum care to the patients of South Canterbury within the resource we have”

Terry Armer, CNM Medical



# Building on their skills

Two Registered Nurses have qualified to specialise in anaesthetics in a first for the South Canterbury region.

Nicole Hawkey and Jairo Mantilla completed their training to become Registered Nurse Assistants to the Anaesthetist under the Southern Cross Healthcare RNAA program. The program is designed to build on registered nurses' capabilities and professional scope of practice. Completion of the program provides the nurse with the knowledge and practical skills to assist the anaesthetist in day-to-day lists and the acute on-call situations.

"The training provides skills and knowledge in emergency care that would be of benefit in many work settings as they cover all acute and emergency work as well as elective," said Susan Gilchrist, one of three preceptors, who led the nurses through their clinical training.

"The theatre service has benefited as the RNAAs participate fully in the roster and cover all shifts and on call duties."

Before starting RNAA training, the nurses were allocated to Recovery to grow their confidence in the care of unconscious patients and management of patient airways. Once competent they were placed in the operating rooms to familiarise themselves with the care of patients undergoing surgical procedures. They then began their anaesthetic nurse training.

The programme requires completion of 1800 hours for RNs with no prior anaesthetic experience. This is achievable within 12 months for full time staff, however this was extended for Nicole and Jairo to support their transition from ward nursing to theatre.

The course requires RNs to complete a comprehensive suite of clinical assessments and online learning activities to support practice. Nurses are supervised and supported by experienced anaesthetic nurses and technicians for the duration of the

programme, with increasing independence as competence builds. They must then sit a final exam.

"We are so proud of Nicole and Jairo's achievement and thrilled to have them as part of our permanent team," said preceptor Jill Pope.

"Our blended anaesthetic assistant team of RNs and ATs ensures that our patients receive an excellent standard of care when they come to our department."



Jairo Mantilla (left) and Nicole Hawkey (right) have just qualified as RNAAs (Registered Nurse Assistants to the Anaesthetist)

## South Canterbury welcomes aspiring Maori health leader

It took a serious illness to force paramedic Carlton Irving to decide it was now or never. So off he went to medical school to become a doctor, while juggling part time work to help support his family.

"It's been a bucket list item for me to do since I was very young," he said.

"With the time I have left I want to help people and it just made sense that I become a doctor."

The Otago University medical student and father of six, who also chairs the NZ Paramedic Council when he isn't studying, is one of three students on a four-week placement at Te Whatu Ora South Canterbury during August.

He said he had enjoyed a diverse range of experiences during his time at Timaru Hospital.

"Learning wise, you're in a smaller team. You get to see and talk with a consultant every day," he said.

"You don't realise the level of care people get here and the calibre of the consultants and clinicians is so high. And I'm not just saying that to get a better grade!"

The recipient of the 2021 Māori Health Leadership scholarship, Carlton wants to use his own experience growing up in deprived neighbourhoods to make a difference in Maori health.

"If you look at all the determinants of health – overcrowding, low income, poor health literacy, all those things that create vulnerable communities – all of those apply to Maori," he said.

**"If you can lift Maori then you'll lift Pasifika, you'll lift refugees, you'll lift the vulnerable with them."**

Carlton saw himself in future working in a rural hospital or pursuing emergency medicine as a speciality, which he said made sense given his experience as a paramedic.



Lucy Phibbs and Carlton Irving, 4th year medical students.

During their placement they attended a powhiri at Arowhenua Marae, visited Arowhenua Whanau Services, Te Aitarakihi and met with Jason Power Te Whatu Ora South Canterbury Interim District Director.

# Vital & valuable says it all!

Our National Bowel Screening team is delighted with what it has achieved in the 20 months since the programme started in South Canterbury. The team continues to encourage and educate people on why it's so important to do the test when the kit is sent to their home.

For many, the test result puts their mind at ease, but for others it serves as an early alert that further investigation is needed to stop bowel cancer in its tracks. National TV advertising and other awareness campaigns are underway with all districts now delivering bowel screening.

We are thrilled also to have Cushla Roughan who started recently in our NBSP Nurse role. This is a secondment from her ICU Nurse role and covers Carla Spence who has just become a new mum with the birth of a son.



From left: Cushla Roughan - Bowel Screening Nurse, Ruth Lockley - Bowel Screening Programme Manager, Helena Russell - Bowel Screening & Endoscopy Booking Co-ordinator

## National Bowel Screening Programme (NBSP) SNAPSHOT as at 25 August 2022

**11,650** Test kits sent

**7,235** normal results

**383** abnormal (positive) results

**Approx 5%** of results are abnormal

**5.5%** Withdrawal rate

(Mainly due to medically unsuitable or have had colonoscopies in past five years)

### Colonoscopy and CTC update

**322** colonoscopies completed

**31** CTC scans

**In approx 75%** colonoscopies, polyps have been found and removed

**Participation rates**

**62%** Māori

**50%** Pacific peoples

**61%** high deprivation

**68%** overall invited

**6.6%** Opt out rate

(Decline participating this invite cycle but happy to be re-invited in two years time)

Time to screen

National Bowel Screening Programme

## Hospital road in for a safety makeover

Pedestrians will soon have a safer path in and out of Timaru Hospital with the installation of a dedicated road crossing.

This measure is one of several Timaru District Council engineers have considered for Queen Street, with the support of Te Whatu Ora South Canterbury Consumer Council.

The Consumer Council has been pushing for the work to go ahead in its role as a

patient representative body and according to member Julie Patterson, it was well overdue.

"It's not going to be the total panacea, but we may prevent injuries."

The raised crossing would be installed across Queen Street, between Kensington Centre and the hospital entry. Another option being considered was a median strip located further down the road to provide a refuge for pedestrians when they are too far away to use the crossing.

"Our patients and visitors often have mobility issues, they can't run like gazelles across the road as much as they'd like to." said Ms Patterson.

The road changes, which are expected to be completed within the next couple of months, were an example of the kinds of projects the Consumer Council likes to support as a voice for patients.



## A big THANK YOU from Barkers for the surgical ward!

The team @ Barkers, Geraldine want to show their gratitude and support for all your hard work.

They have kindly gifted the surgical ward with some goodies.





## Health service uses latest technology to help vulnerable patients

South Canterbury’s remote patient monitoring trial (see cover story) is playing a major role in helping the region’s Rapid Response Service keep a close eye on patients in its care.

The service is for the elderly, those with chronic health conditions made worse by COVID-19 and those on ACC who need to rehabilitate at home. It targets those who have health concerns which cannot be managed out in the community by Primary Care alone, but who are not yet in need of admission to hospital. Equity of access is a key focus for the project.

Te Whatu Ora South Canterbury’s portfolio manager for community health services, Lee Cordell-Smith said it was early days for the service, but it was meeting its objectives.

“It is working with primary care to offer the person and their family a choice, an alternative to admission to hospital,” she said.

“It allows time for the person to be monitored in the comfort of their own home, for the service to deliver treatment, check on progress and identify and overcome challenges to further support the person to remain where possible in their home for as long as possible.”

It is hoped the service will help to reduce unnecessary presentations to the Emergency Department, while still ensuring vulnerable patients receive the best possible care in the community. Patients in the service wear remote monitoring stickers on their chest so clinicians can check their progress.

“Benefits include individualised care. Patients and carers report high satisfaction with the service, reduced risk of adverse events such as falls or infections and better communication between the teams,” said Lee Cordell-Smith.

Medical responsibility lies with general practitioners (GPs) and nurse practitioners, with specialist teams on hand if needed.

This service is available in Timaru, Temuka, Waimate and Pleasant Point, patients can be cared for by the service for a period of up to 12 weeks in their home or up to 10 days within an aged care facility, before they are discharged to the appropriate service from there.

Rapid Response can care for between 15-18 patients at a time. On weekends, care is transferred to the District Nursing Service.

Referrals can come from GPs, Timaru Hospital Emergency Department, other health professionals as well as community services Monday to Friday from 8.00am to 7.00pm.

## HCA/Kaiāwhina Skill Development

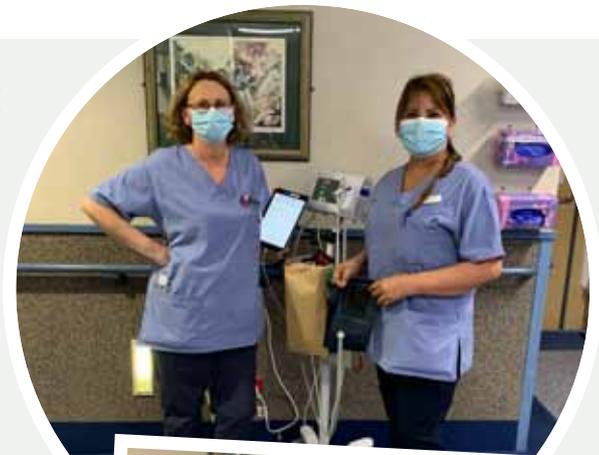
This year we implemented a skill development programme for our HCA/Kaiāwhina staff.

This initiative was in response to the COVID-19 pandemic and has been commenced through weekly one hour training/practice skills sessions. So far, we have seen amazing participation from our HCA/Kaiāwhina staff who have not only shown interest in learning new skills, they have also been very proactive in practising and having these skills signed off in their work environment.

Some of the skills that have been covered in these sessions include Vital Signs, Blood Glucose Monitoring and taking ECGs. These teaching sessions have also provided great opportunities for some of our HCA/Kaiāwhina staff to facilitate a session and share their knowledge. We have had Lizette from ICU cover setting up and cleaning of our Airvo machines as well as Debbie-Michelle from ED covering how to take an ECG.

This initiative has not only seen great participation from our HCA/Kaiāwhina staff but also great support from our Nursing staff within the wards. They have been supportive providing direction and signing off of skills that have been taught and practiced in the sessions. We have also incorporated into the session’s themes such as Proning and more recently ‘When to Stop’ which is a clinical task initiative from Calderdale which educates about a safe process of direction and delegation.

This skill development will assist in our future model of care ensuring we have appropriate trained staff to manage our clinical environments and continue to deliver safe and effective patient care.



## STUDENT SECTOR PROGRAMME AT ARA

32 staff and students from Timaru Hospital and Talbot Park attended the Student Sector Programme on Thursday 30 June to represent health careers to Year 11 students.

This was a great opportunity to showcase Te Whatu Ora South Canterbury and we have had really positive feedback from Ara.

"Ara would like to sincerely thank Te Whatu Ora South Canterbury for the wonderful contribution made at this secondary school health event.

For students to have an opportunity to meet health professionals such as yours, and from a variable of departments is invaluable. You are local, an employer and passionate. For those who have determine their pathway it was an opportunity to connect. For others, it opens them up to the opportunities that are available." said Stephanie Collins, Ara.



## Caring for your hands

As you may be experiencing, winter is a time where our skin, and particularly the skin on our hands, becomes drier than normal. Occasionally this is because in the cold winter months we are taking in less fluids than at summer time. Our skin can also get dry if we don't rinse the soap off our hands properly, or not drying our skin properly.

When our hands get dry and cracked and sore, we tend to perform hand hygiene a little less, because its irritating to us – remember the feeling of alcohol based hand gel on a cut? Ouch! This puts us more at risk for contracting harmful bugs. Not only that, our skin is our first defence against bugs entering our blood stream, so when that defence is lowered, we are even more at risk for getting sick.

Many of us assume it's the hand hygiene products that are irritating our skin, when in fact 9 out of 10 times, it's just the dehydration on our skin.

World Health Organization (WHO) and Hand Hygiene NZ recommend moisturising at least 3 times a day. For most people, when we remember to do this, it's enough to restore the moisture back into our skin. For others, with a more prominent irritation (skin rashes, peeling and redness) a more intense hand cream is needed.

If your skin is suffering, and the usual hand cream isn't cutting it, speak to your line manager about products that we can offer you to repair your skin. You can also call Laurel Brough, our Occupational Health Nurse, to discuss issues with your skin.

**Angie Foster**

Infection Prevention and Control Nurse (IPCN)





## Welcome to our new Te Whatu Ora South Canterbury staff who started in May, June and July



**Mohammed Adebite**  
Physician



**Rebecca Bolton**  
Staff Physiotherapist



**Emma Brown**  
Case Manager  
(Occupational Therapist)



**Nicole Hight**  
Midwife



**Neethu Joseph**  
Registered Nurse



**Ma Elrin Lumampao**  
Registered Nurse



**Helen Smith**  
Anaesthetist



**Ian Stewart**  
Orthopaedic Medical  
Officer (Moss)



**Justina Sunday  
Edeifo**  
Enrolled Nurse Part  
Time



**Chippy Rani Thomas**  
Registered Nurse



**Linda Merrilees**  
Registered Nurse



**Tracy O'Sullivan**  
Medical Imaging  
Technologist



**Nivya Sunny**  
Registered Nurse



**Corinna O'Connell**  
Orderly Casual



**Katharine Thomas**  
Registered Nurse



**Ebony Mccarthy**  
Digitisation Project  
Assistant



**Cynthia Rose Morato**  
Registered Nurse



**Lynette Collinson**  
Midwife Casual



**Gabrielle Tu'itufu**  
Midwife Casual



**Janish Peediyakkal  
Kareem**  
ICAMHS Social Worker



**Ruth Joines**  
Registered Nurse



**David Morunga**  
Implementation Lead –  
Mental Health



**Lisa Yamaguchi  
Dowd**  
Payroll Administrator



**Steven Johnston**  
Implementation Lead –  
Mental Health



**Nurmeen Akhtar**  
House Surgeon



**Richard Olson**  
Medical Imaging  
Technologist (MIT)



**John Henderson**  
All Trades Assistant



**Sonja Heasman**  
Resident Medical  
Officer (RMO)



**Rebecca Kenner**  
Senior Medical  
Officer (SMO)



**Manish Mittal**  
Senior Medical Officer  
(SMO)



**Michelle McCarthy**  
Health Improvement  
Practitioner



**Fleur O'Leary**  
Registered Nurse



**Lisa Ormsby**  
Kaiāwhina  
(Health Care Assistant)



**Ma Teresa Custodia**  
Registered Nurse



**Hingawaka Patara**  
Orderly Casual



**Laura Dingle**  
Physician



**Paula Atwill**  
OCC Occupational  
Therapist



**Julie Blair**  
Health Improvement  
Practitioner



**Madeleine Williams**  
Registered Nurse



**Iain Baines**  
Resident Medical  
Officer (RMO)



**Jugi Rajan**  
Registered Nurse



**Beverley Anderson**  
Kaiawhina (HCA)

## COVID-19 vaccinators' skills put to the test

Two nurses on South Canterbury's COVID-19 frontline have qualified as top level vaccinators.

Jean Tutton and Leanne Allnut, who work at the vaccination clinic at Talbot Park, formerly an aged care facility and now a community health services hub, completed up to 17 hours of online training, and a rigorous assessment process to become eligible to deliver a wider range of vaccines.

The designation of "authorised vaccinator" allows the nurses to vaccinate anyone without the need for a prescription or standing orders from a doctor. Their new status means the clinic can expand the range of services it offers the community.

"Not only can they help with the COVID-19 programme and the flu programme and the MMR (Measles, Mumps and Rubella) they can also assist with any immunisations on the National Immunisation Schedule, in turn helping with the outreach programme," said Niamh Williamson, Te Whatu Ora South Canterbury immunisation lead.

The outreach programme was aimed at addressing the difficulty or lack of interest some members of the community have in accessing vaccination services.

Below, left to right: Leanne Allnut and Jean Tutton.



Thank you from



South Canterbury  
District Health Board

Welcome

Te Whatu Ora - Health New Zealand

We held a staff lunch to mark the end of the South Canterbury DHB and celebrate the beginning of Te Whatu Ora - Health New Zealand



# FOCUS

## on primary care nurses

In this issue of Pulse, we continue our focus on primary care nurses by talking to Caroline Gander and Tabitha Kahwema at Medi Clinic and Lynette Chappell and Ange Kemp at Timaru Medical Centre. They have all come to primary care via different pathways and each has unique experience.

**Caroline Gander** is a Nurse Prescriber and Nurse Practitioner Intern. **Tabitha Kahwema** is a Practice Nurse and also working to become a Nurse Practitioner.

**What are nurse prescribers and what do you do? How do you work with GP doctors?**

**Caroline:** We are registered nurses with extended study at the postgraduate diploma level. We have authorisation from the Nursing Council to prescribe medication. With our degree, we will have an exam. After we pass, we apply to the Nursing Council for authorisation.

We supplement the role of GPs. We manage less complex patients than doctors see, and also chronic illnesses. We work in collaboration with doctors and other nurses as well. We aren't autonomous but we do have the extended skill to prescribe.

**What is the difference between what you can prescribe vs a GP or nurse practitioner?**

**Caroline:** Nurse practitioners and GPs are autonomous. Their prescribing list is less restrictive. I have a list of medications provided for me by the Nursing Council that I can prescribe. The list is called "Guideline for Registered Nurses Prescribing in Primary Health and Speciality Team."

As nurse prescribers, we are trained to do assessment and diagnosis. We have to consult with GPs and nurse practitioners to support what we think we are doing with the patients.

If a patient sees me, it will be just like any consultation. They come and they tell me their issues, I will proceed with the

assessment, history of the patient, and presenting complaint. I will do the physical examination as well, and then I will come up with a differential diagnosis accordingly. If it's outside of my prescribing list, I have to consult my nurse practitioner and GP.

**Can you tell readers about your professional journey? Why did you choose to go to primary care?**

**Caroline:** I did my Bachelor of Nursing in Malaysia, and then I came to New Zealand to practice here. My first job was at a rest home in Auckland before moving to Timaru for a job at AT&R. I did 2 years at AT&R and 7 years at ED at Timaru Hospital.

At ED, I decided I wanted to go on the nurse practitioner pathway. I started to do my master's, and toward my final year, I needed to secure a nurse practitioner role. The emergency department at that time didn't offer the option, so I started looking for other avenues. I decided primary care would be a good transition for me, also providing me with a good variety of patient populations. It's a different spectrum compared to ED. It's been interesting. That's how I ended up here at Medi Clinic.

**What are the most common diagnoses you are dealing with?**

**Caroline:** UTI [Urinary Tract Infection] is quite common, so are common cold symptoms, respiratory symptoms, and a lot of children with abdominal pains, headache, and back sprain.



From left Caroline Gander and Tabitha Kahwema

**What do you enjoy about being a nurse?**

**Caroline:** I love the way nurses connect with patients. As a nurse prescriber, I feel I can look after my patients better in terms of giving them access. Sometimes, appointments with GPs and nurse practitioners are limited. Patients may need to wait longer to see them. With my role, I think I opened up a bit more access to them, so they can come to me for less complex issues that I can manage instead of waiting for 2 weeks or 3 weeks.

As nurses, we are concerned about patients as a whole. Because of my nursing background, I feel like I see them holistically. I look at the psychosocial aspect as well instead of the problem in front of me. A lot of the problems they present are affected by something else, like poor diet, mental health, stress, other injuries etc.

I enjoy being able to extend my practice. I always want to practice at the top of my scope, this gives me satisfaction. Working toward a nurse practitioner qualification will further add to that. When the pathway to becoming a nurse practitioner comes up, I was like I can practice and still be a nurse and do what I love!



### Can you talk about your journey? How did you become a practice nurse at Medi Clinic?

**Tabitha:** I did my training in Dunedin. I always wanted to be a doctor. That was my thing when I was growing up, and then I did my first year of health science at Otago University. It didn't work out very well. I got into everything except medicine. Then my mom said, why don't you try nursing. That's what got me into nursing.

I did my nursing at Polytech in Otago. When I finished there, I did my first year placement in a rest home. Then I joined a community-based service aimed to reduce hospital readmission to make sure they're well supported in their homes and facilitate early discharge.

From there, I decided that I wanted to do a little bit more. I've been doing my master's degree to become a nurse practitioner. Fortunately, I met Anton (van den Bergh –

Medi Clinic GP) through one of my supervisors at Massey University. And he said, 'come on to Timaru, I'm able to support you through your journey and guarantee you a position thereafter'. That's how I came to Timaru from Dunedin. I've submitted my portfolio and waiting to do my final oral exam.

*Lyn Chappell and Ange Kemp* are practice nurses at Timaru Medical Centre.

### How did you come to nursing?

**Lyn:** I was working in a job where I felt I could go no further, my husband passed away and my son was looking to leave school to start his career, so I decided that I needed to do something for me. I sought some help with Career Services and nursing seemed to fit what I was looking for, shortly after starting my training I knew it was the right decision, I graduated in 2013.

I knew early on that I wanted to work in the community, I did my new grad year at Strathallan, which was a fabulous place to consolidate my learning and find my feet as a nurse. I was lucky to be able to find a position in general practice (where I really wanted to work) following this, while still doing shifts some weekends at Strathallan. Once I joined the SAATs (Sexual Assault and Treatment) team, I gave up the work in aged care to focus on general practice and forensic work although I do miss the hands-on palliative care work.

Practice nursing gives us a huge variety of work, no day is ever the same, and I really enjoy forging therapeutic relationships with our patients. We get to see them though all the stages of life and health issues, its particularly rewarding when you get feedback from the patients that you've managed to make a difference for them.

However, with COVID-19 and the flu season, our workload has become very hectic, our busy days are even more demanding. Staff shortages due to COVID-19 and winter illness increase that load again. We still manage to find time for humour and

supporting each other through these times though.

Training continues, we try to focus on areas that interest each of us, and we have support and encouragement from Southlink Health to do this. I feel very lucky to have such a great team to work with every day.

**Ange:** I graduated in 1993. I was the first new grad to work in ICU at Timaru Hospital. I then worked in surgical until I left in 1997 for USA where I did Camp America as a nurse. I then headed to the UK where I gained a lot of experience in different roles. I worked for a private drug research company running drug trials, on site occupational health/practice nurse for an investment bank, then my last 5 years in the UK as a prison nurse.

I have been practicing nursing for some time now and enjoy the varied role of the job.

Our day-to-day role involves wound care, ADR, CVRA, ECG, childhood immunisations, B12 injections, BP, smears, assist with minor surgery and insertion of IUDs, and any emergency that may come through the door. We generate patient script requests, deal with test results as directed by the GP's and spend a lot of time retuning calls to patients.

Then along came COVID-19. When COVID-19 first hit we went to split teams in the hope that there would always be a team of staff



From left Lyn Chappell and Ange Kemp

available for our patient population of around 15,000 patients.

We now have a team of 3-4 nurses that do COVID-19 wellness calls to our positive patients that need monitoring.

### What do you like about being a nurse?

**Ange:** I enjoy the rapport you build with people and the satisfaction of helping people to reach good outcomes (most of the time). A favourite part of the job is watching our young people grow from when you see them for their 6 week immunisations then before you know it they are coming in for 4 year old or 11 year old immunisations. Pre-COVID I was lucky enough to have some training in ultrasound scanning and really hope to get back into that in the near future.

# Renovation update

The milestones are gradually being ticked off in our hospital's major makeover with the children's ward next in line to be refurbished.

Children's ward staff are operating out of the Transition Care Unit, with the doors of the ward on Level 2 now closed, in preparation for the space to be stripped out and renovated. It's expected to take 16 weeks to complete.

Meanwhile, over at AT&R (Assessment, Treatment and Rehabilitation) the space is now watertight, and it's time for electrical and plumbing services to be added.

In Endoscopy, the interior wall linings are up, and equipment is being finalised for the unit to be completed in February 2023, according to project manager Stacey Scott.

"The unit will be beneficial for our community and it's really exciting for the staff in this department to have two new procedure rooms," she said.

The maternity ward is almost complete, with only the installation of vinyl along the corridor and care station to go.

Stacey Scott acknowledged the renovation work had, at times, made things difficult for staff.

"We appreciate it is inconvenient, but the outcomes of the renovations will be rewarding for everyone. Staff and patient experience," she said.

Once the children's ward is complete, the focus will turn to the women's clinic and the new Paediatric Outpatient clinic, also on Level 2.

"We are always very grateful for the staff's continued patience and understanding as we refit their areas under a 24/7 service."



Architect's impression of the new AT&R ward