Abstracts and Speaker Bios

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Keynote: Matt's Story

Heather Gunter *is a New Zealand registered nurse whose career has been profoundly shaped by personal tragedy and a deep commitment to improving patient safety. Following the death of her son Matt after a simple appendectomy, Heather became a strong advocate for systemic change, working closely with the Accident Compensation Corporation (ACC) and the Health, Quality and Safety Commission (HQSC) to support improvements in healthcare quality, patient outcomes, and transparency.*

In addition to her clinical nursing experience, Heather contributes her expertise to the Perioperative Medicine Section of the Australian and New Zealand College of Anaesthetists (ANZCA). Through this work, she helps strengthen guidelines and practices that support safer surgical and recovery processes.

Heather brings to our workshop not only her professional insight but also a powerful personal story, underscoring the importance of compassion, collaboration, communication and accountability in healthcare – aspects that are key to solving the wicked problems in health.

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Care improvements by stealth – hidden digital solutions

Isabella G Smart
HNZ: Counties Manukau

The purpose of my submission is to showcase 3 examples of achievable digitally supported, low-cost transferrable operational health delivery improvements.
Our deceptively 'simple' digital solutions have removed risks from and enabled easier access to both maternity and diabetes care in pregnancy.
I will offer an alternative perspective on decision-making about the use of digital health devices like Continuous Glucose Monitors. I want to provoke consideration that use of digital devices is not all about clinical accuracy or clinician/patient preference. Sometimes it's about creatively engaging clients who don't want our services and obtaining health data to reduce risk and help save lives. As a public health service manager budget-holder, my bottom line is the best use of limited health resources. Digital solutions can also play a vital role in helping my staff reduce their frustrations and keep coming to work each day.
My presentation will share how our digital solutions-based thinking has evolved over time. 11 years into our BadgerNet digital maternity record system and its growing interoperability has changed how we tackle our care challenges.
I provide an operational example of how a seemingly complex clinical situation was addressed by analysing and identifying the core issue and addressed by applying a fairly simple digital solution.
Finally, we have used basic inter-operability between hospital facilities and community-based services to improve patient care options. We are creating a health care symbiosis which is easier for clients and staff to navigate and access. This innovative partnership with a GP Practice has been enabled through the Health New Zealand Kahu Taurima fund.
I hope to inspire clinicians to see that once you embrace digital options and become familiar with system and device capabilities, then simple solutions can contribute to making a big difference to clinical care delivery and the patient and staff experience.

A bit about Isabella
Originally from Scotland, Isabella trained as a Direct Entry Midwife at Nottingham University and brings over three decades of experience in health and community development. Since emigrating to Aotearoa New Zealand in 2008, she has served South Auckland as a Clinical Midwife Specialist in Diabetes and now manages a comprehensive suite of maternity services, including community midwifery, antenatal and obstetric referrals, assessment clinics, and nutrition programs. With a deep commitment to equity and innovation, Isabella is passionate about leveraging digital solutions to enhance maternity care delivery and outcomes, particularly for diverse and underserved populations.

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Digital Health and Purpose in Life: Enhancing Healthy Lifestyle Behaviour in Young Adults

Prapunchock Sanachoo and Karnsunaphat Balthip
Faculty of Nursing, Prince of Songkla University, Thailand

Young adults are increasingly engaging in health risk behaviours influenced by modern lifestyle trends, including excessive alcohol consumption, smoking, e-cigarette use, physical inactivity, and poor dietary habits. These behaviours significantly elevate the risk of non-communicable diseases (NCDs) such as obesity, Type 2 diabetes, cardiovascular disease, hypertension, and dyslipidaemia [1,2,3]. These trends present growing challenges for public health systems and emphasize the urgent need for early, targeted interventions to reduce the long-term burden of NCDs [4,5,6].

Purpose in Life (PIL) is a stable and universal intention to achieve something personally meaningful that benefits others [7]. In young adults, PIL emphasizes intrinsic motivation by aligning health behaviours with personal meaning, goals, and values that enhance self-regulation, resilience, sustain behavioural change and enhance wellness [8,9,10]. Therefore, PIL may play a significant role in reducing health risk behaviors and promoting long-term well-being

Digital health technologies play a crucial role in supporting healthy and active lifestyles among young adults [11]. Evidence highlights that the use of health and lifestyle technologies, including digital tools and social media, empowers young people by increasing their health awareness and motivation enabling users to engage in self-regulation by coordinating their strategies and monitoring progress toward health-related goals. Although Thailand's Digital Health Strategy (2021-2025) aims to address key public health challenges, it does not focus on the specific needs of young people concerning digital health services [12].

This presentation will report on a study which aims to develop innovative technology based on the purpose in life concept for young adults to enhance their self-regulation and healthy lifestyle behaviour, incorporating several components, including self-screening of health risk behaviour, processing and analysing risk levels, goal setting, and pursuing health modifications.

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A bit about Prapunchock and Karnsunaphat

Mr. Prapunchock Sanachoo, MNS, RN, *is a Senior Professional Level (Specialist) Registered Nurse and a Ph.D. candidate in Nursing Science (International Program) at the Faculty of Nursing, Prince of Songkla University, Thailand. He currently serves as Head of the Primary and Holistic Healthcare Division at Cha-uat Hospital, Nakhon Si Thammarat Province. He has experience in community nursing, nursing informatics, primary health care systems, and nursing administration. His research focuses on innovative digital health and community-based interventions aimed at preventing non-communicable diseases (NCDs). His current work integrates the Purpose in Life concept (PIL) with health information technology to promote healthy lifestyle behaviors among young adults in primary health care settings. He is strongly committed to addressing community health challenges through multisectoral collaboration, driving transformative change, and fostering long-term sustainability.*

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Karnsunaphat Balthip, PhD, RN *is an Associate Professor and Associate Dean for Research, Social Alliances, and International Affairs at the Faculty of Nursing, Prince of Songkla University, Hat Yai, Thailand. She is affiliated with the Child and Adolescent Development Research Center and the Research and Innovation Center for Wellbeing and Continuing Care (RCWellCare) at Prince of Songkla University. Her research focuses on adolescent development, emphasizing purpose in life, harmony, and spiritual well-being among both healthy and vulnerable adolescents, including those living with HIV. She pioneered the development of a substantive theory of purpose in life enhancement in the Thai context, entitled* ***"Living Life with Wisdom for Oneself and Others,"*** *which illustrates the process of nurturing and developing purpose in life among Thai adolescents. She has published extensively on topics related to purpose in life, dignity, harmony, and spirituality.*

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Telehealth Heart Failure Clinics for access, equity and accelerated up-titration

Daman Kaur and Margaret Coghlan-Talbot
HNZ: Hawke's Bay

Aim:

Heart Failure with reduced ejection fraction has guideline-directed medical therapy (GDMT) targets which have independent and additive clinical benefits. Despite these known benefits, the translation of evidence into clinical practice remains challenging. The 4 pillars of HF therapy needs timely input from specialist teams regardless of patient's place of residence, access or inequities to improve health outcomes. Each month delay in up-titration of HF medications increases the mortality risk by 5-10%. Nursing workforce has been working in HF space to improve the delivery of care for decades and now is very well placed to find ways to address the implementation of this accelerated GMDT into practice as well as addressing the equity and access challenges.

The prevalence of HF and associated mortality is higher in Māori. Therefore, the burden of HF is unevenly distributed across New Zealand by ethnicity and also geographically with higher percentage of Māori living rurally. In view of climate change and natural calamities, access can be further hindered. Telehealth should improve the ability to provide access.

The aim of this pilot is to investigate Telehealth as a way to increase the access and equity in care delivery plus accelerated up-titration for HF cohort.

Method:

Telehealth Services use remote monitoring for integrated care model which involves virtual consults, patient education, medication management and psychological support. A systematic approach is established for early identification of suitable patients. Weekly HF consults done remotely until on maximum tolerated doses. 8 Devices in total funded for the region which are exchanged between patients once care is completed. N=35, Median age -59.8 years, average LVEF -28%, Project started in December 2023 and is ongoing.

Results:

Telehealth clinics cohort size is 45 patients to date which has helped us to accelerate the medication up-titration in 4-6 weeks' timeframe, compared to 6-9 months on average in Nurse-led HF clinics. This model of care has proven to be resource and cost efficient to the public purse with very promising results of accelerated up-titration (GDMT uplift 75% in 4-6 weeks). Additionally improved patient experience, engagement and adherence to treatment.

Conclusion:

Telehealth has provided us another way to improve service delivery, increase access and equity of care to our HF patients.

A bit about Daman and Margaret

A nurse practitioner working in Cardiology Hawkes bay, ***Daman*** *is known in her field of integrated rural remote access clinics; and received the Inaugural Clinical Innovation award from the Cardiac Society of Australia and New Zealand (CSANZ) for her work.*

Daman has also worked on integrated MDT models of care and presented her work at multinational platforms. Daman is current co-chair of the National Heart Failure working group and an active member of CSANZ. Daman is passionate about improving access and equity and clinical outcomes for all.

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Maggie *is a Clinical Nurse Specialist/RN Prescriber Specialty Team and Primary Care and works at the Cardiology outpatient Department at Health New Zealand Hastings Hospital, Hawke's Bay.*

An RN with a background in intensive care and coronary care nursing for many years, Maggie has a BN, & MN (Massey University) and has a strong interest in cardiovascular nursing and in particular heart failure.

Maggie is passionate about equity and bringing clinical evidence and focus into daily practice for patients and their families to achieve best outcomes and advancing different models of care for patients. She is an affiliate member of the Cardiac Society of Australia and New Zealand.

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Mini-keynote: Beyond the breach

Elf Eggiman
I'm newly in the position of Security Relationship Manager; however I have worked in the health sector for 15 years, including roles in clinical care, operations, and informatics. A registered midwife and Executive MBA candidate, I bring a proven ability to translate frontline needs into scalable digital solutions that drive better patient outcomes and system performance.

My leadership spans maternity care, COVID-19 response, and cybersecurity readiness—always grounded in equity, cultural responsiveness, and systems thinking. I'm a trained CIMS Level 4 responder and member of the NZ Medical Assistance Team (NZMAT).

Passionate about digital health equity, I advocate for co-designed, secure, and sustainable healthcare solutions. I'm committed to fostering cyber-aware clinical workforces and advancing informatics maturity across Aotearoa.

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From Duty of Care to Data Care: Nursing in the Age of Apps

Elena Gibaviciene
Mercy Dunedin

In today's healthcare environment, digital tools like Microsoft Teams are becoming part of everyday practice. They help teams communicate quickly and efficiently, especially in busy clinical settings. But with this convenience comes risk—particularly when staff start using these tools on their personal devices without fully understanding the implications. This presentation explores the challenges at the intersection of information technology, nursing duties, education, and data privacy. While apps like Microsoft Teams can be safe when properly managed, using them on personal phones or laptops—outside the hospital's secure systems—can lead to serious privacy breaches. Without mobile device management (MDM) or organisational oversight, messages containing sensitive clinical data can be stored, forwarded, or accessed by unauthorised individuals. Cloud backups, lack of encryption on personal devices, and mixing of personal and professional information all increase the risk of violating the Privacy Act 2020 and the Health Information Privacy Code. These tools may seem simple and helpful, but they carry responsibilities that aren't always clear to frontline staff.

This talk will look at why nurses may not feel prepared or supported when it comes to digital tools, especially around data protection. It will highlight the need for better education, clearer policies, and stronger communication from healthcare organisations. If we want to use technology safely, we need to make sure everyone understands what's expected and why it matters. By building awareness and offering the right support, we can protect patient information while still making the most of the tools that help us care for them.

A bit about Elena

Elena Gibaviciene *is a Clinical Application Specialist and ICU Registered Nurse at Mercy Hospital Dunedin. She holds a First-Class BSc (Hons) in Adult Nursing from the UK and is completing her Postgraduate Diploma in Digital Health at the University of Otago. With a strong background in cardiology, intensive care, and home-based patient care, Elena seamlessly bridges clinical expertise and digital innovation to enhance workflows and patient outcomes.*

She played a key role in Mercy Hospital's award-winning quality project Screen to be Seen, which introduced an online malnutrition screening tool for oncology patients. In 2024, Elena presented this initiative at Digital Health Week NZ, showcasing its impact on early nutrition support and improved outcomes for cancer care patients.

Driven by a passion for meaningful innovation, Elena ensures that technology empowers rather than burdens clinicians. She is a respected advocate for nursing teams, guiding them through the evolving digital landscape and championing safe, privacy-conscious, and evidence-based technological solutions that strengthen clinical decision-making and patient care.

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Keeping the Bugs at Bay - Using Data to Inform Surgical Site Prevention Activities

Renee Smith and Ann Browett
Southern Cross Healthcare, NZ

Aim:
Southern Cross Healthcare Limited (SCHL) designed a digital tool to report reliable data on usage of a pre-operative skin treatment bundle. This bundle is used to reduce adverse patients' outcomes related to *Staphylococcus aureus* wound infections. The aim of this tool is to assess whether this preventative approach is being consistently applied across our network facilities and if not, enable the Infection Preventionists to address any gaps.

Problems:
Surgical site infection in New Zealand accounts for largest number of all healthcare associated infections (Grae et al, 2022). Of these, *Staphylococcus aureus* is the most common cause both in New Zealand and globally (Grae et al, 2022; Troeman, et al 2023) and can lead to severe complications. It accounts for about 30% of orthopaedic surgical site infections identified in patients in New Zealand hospitals.

Why is it important to the organisation?
Anti-staph bundle (ASB) reporting is a key component of a proactive infection prevention strategy by:

- Improved Patient Outcomes: Accurate reporting enables an improved assessment of how elements of the bundle are being applied, and the impact on patient outcomes of this intervention.
- Reliable Data for Quality Improvement: Accurate data allows teams to identify patterns, gaps, or non-compliance in real time. This helps target specific areas for improvement.
- Compliance with Standards: Supports hospitals to achieve national infection prevention standards by providing accurate surveillance data (Ngā Paerewa, 2021).
- Cost Savings: Effective implementation of the ASB is aimed at preventing infections, resulting in fewer readmissions and treatments and reduced costs.
- Benchmarking and Transparency: Enables comparison of patient outcomes across our hospital network and promotes this intervention with our internal stakeholders. This is not currently benchmarked among health providers nationally, as this specific intervention is not collected.
- Informed Decision-Making: Reliable data supports evidence-based decisions around policy, training needs, and process redesign.

Implementation:
We started collecting the ASB data in early 2021 when it was added to the patients Electronic Health Record. At the end of 2024, we were able to extract and validate the data. Then working in 'collabor-action' with our Data & Analytics and Infection Prevention Control teams in early 2025, we designed and created a tool that identifies if the patient required an ASB and had the bundle been used. This tool is now implemented.

What did we learn:
The Infection Prevention team is able to quickly and easily identify any gaps related to procedure type at individual hospital, as well as at organisational level. There is visibility of compliance with implementation of the bundle. Accurate ASB reporting is not just about compliance, it drives better care, safer environments, and more effective use of resources.

A bit about Renee and Ann

Renee

Renee is an accomplished Business Analyst with over a decade of experience in the healthcare industry, following an earlier career in finance. Having worked across business intelligence and clinical analysis roles with Health New Zealand and now with Southern Cross Healthcare, Renee is skilled at translating business needs into system, process, and organisational improvements that create real value in transforming data with meaningful insight with actionable strategies that enhance business performance.

Passionate about discovery and analytics, Renee thrives on uncovering the unknown, challenging assumptions, and turning complexity into clarity. She combines analytical precision with strong communication and influencing skills—bridging the gap between data and people to deliver solutions that are not only effective but embraced by stakeholders. She holds a Master's in Applied Finance and Investment and brings both strategic and operational perspectives to everything she does.

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***Ann** is a registered nurse who completed the first-ever BSc Nursing degree at AUT in 1993. She has been with Southern Cross Healthcare for 20 years, initially working with the clinical team as a project manager before joining the IT department in 2006. Ann's clinical skills and knowledge were invaluable to the Digital Services team and continue to be so today. Over the last 8 years Ann has been part of a cross functional team that rolled out Clinical Workstation, the electronic patient health record.*

Her passion for health informatics began in 1993 while working at Mercy Hospital, where she was tasked with introducing a clinical rostering and a patient acuity system. This experience led her to Nursing Informatics New Zealand, where she joined the committee and began presenting at conferences. Ann held several executive committee positions including Chairperson before becoming Chairperson of the transition committee that brought together two digital health organizations to form what is now Health Informatics New Zealand. She was the inaugural Chairperson for HiNZ, a winner of the Robyn Carr Cup, and is a lifetime member of HiNZ

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Empowering Nursing Leadership Through Digital Insight: Operational Decision-Making and Safety Using the VIS Tool

Becky Hickmott, Carol-Ann Todd and Al Cree
HNZ: Canterbury

In today's complex healthcare environments, nurses are increasingly expected to lead decision-making that balances patient safety, care quality, and operational efficiency, often with limited visibility across systems. At Canterbury & West Coast, we have taken a strategic approach to address this gap by leveraging data visualisation and analytics to support nursing operational decision-making, particularly in the high-stakes environment of after-hours care and acute hospital flow.

This presentation explores how the implementation of the Variance Indicator System (VIS) as well as a Nursing Operational Excellence Power BI tool has reshaped nursing leadership's ability to drive safe, timely, and fiscally sustainable care. The VIS tool was co-designed with clinical teams to consolidate real-time data on bed capacity, patient acuity, staffing levels, and acute admissions. For nurse leaders, this tool is transforming how decisions are made—moving from reactive to proactive planning, especially during periods of high demand or after-hours when escalation pathways are most critical.

Our approach integrates data analytics for quality improvement, linking real-time flow data with nursing resource deployment. The VIS platform enables nurse leaders to assess not only current state but also predict likely system pressures. This insight empowers timely decision-making about workload allocation, patient movement, and safe staffing—minimising risk and improving staff wellbeing.

Importantly, our work is underpinned by a strong partnership with Allied Health professionals, recognising their critical role in safe discharges, early mobilisation, and effective transition of care. Allied Health insights are embedded into the VIS tool, enabling more coordinated planning for patient flow and rehabilitation needs. This interdisciplinary collaboration enhances clinical efficiency, reduces duplication, and ensures smoother transitions—especially during after-hours and weekend care.

The Nursing Operational Excellence Power BI tool assists us in reviewing key daily, weekly metrics around monitoring overall leave, overtime, 1:1 hours and cohorting of patients, overtime, shifts below target and hours per patient day by patient type.
Crucially, this work contributes directly to achieving national health system targets, including:

- Shorter stays in emergency departments and acute flow metrics, by providing visibility of flow pressures and workforce resourcing, enabling timely admission or discharge within six hours (target: 95%);
- Shorter wait times for elective treatment and first specialist assessments, through optimised inpatient capacity and proactive planning (target: 95% within four months);
- Faster cancer treatment, by reducing delays in planned care through better visibility and staff coordination (target: 90% within 31 days).

We also demonstrate how nursing and Allied Health metrics support financial sustainability, reducing care delays, overtime, and agency staffing. Data from post-implementation shows outcomes such as improved bed turnaround times, more consistent nurse-to-patient ratios, and enhanced after-hours clinical governance.
This initiative reflects a broader shift in training healthcare professionals for a digital future, strengthening digital health literacy among nursing and Allied Health teams and enabling greater ownership in operational governance. Our experience also offers insights into navigating change management across professions and generations, through co-design and iterative feedback loops.

The VIS initiative is not just about data—it's about making data meaningful for care teams. It offers a pathway to smarter, safer, and more sustainable healthcare, where nursing and Allied Health leadership is informed, enabled, and confident in their decisions. As we look to the future, tools like VIS will be essential in connecting the health system, supporting emerging leadership, and ensuring digital transformation improves, rather than fragments, care delivery.

A bit about Becky, Carol-Ann and Al

Becky Hickmott *is Chief Nurse for Canterbury & West Coast, providing strategic clinical leadership and working with local and regional leaders to strengthen nursing practice and system performance. Her key portfolios include Acute Flow, Safe Staffing, Infection Prevention & Control, Workforce, and Quality & Patient Safety. Becky is Executive Clinical Lead for Te Papa Hauora (Christchurch's Health Precinct) Advisory Council and a trustee of the Māia Health Foundation.*
She holds a Master of Health Science and is a member of Nurse Executives of Aotearoa and the College of Nurses Aotearoa. Becky is committed to innovation, collaboration, and excellence in clinical care.

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Carol-Ann *is the Nursing Director for CCDM. Her role focuses on improving patient outcomes through safe staffing. Carol-Ann leads strategic initiatives to align nursing workforce capacity with patient demand across the Trans-Alpine Districts; working with key stakeholders to effectively coordinate the programme components ensuring quality data to support operational nursing resource management. Carol-Ann is a champion of data-informed decision-making in advancing safe staffing processes that support staff wellbeing and safe high-quality care delivery whilst raising potential and actual risk to senior leadership. Carol-Ann's leadership is grounded in clinical insight, operational collaboration, and a commitment to excellence.*

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Alistair Cree *is a Senior Business Systems Analyst at Te Whatu Ora – Health New Zealand, with 20+ years of experience in healthcare, data analytics, and digital transformation. With a clinical background in nursing and expertise in Power BI, SQL, and health informatics, he delivers actionable insights that support equity and operational excellence. Alistair leads national and district-level reporting, grounded in Te Tiriti , using agile methods and stakeholder engagement to empower clinical and executive leadership.*

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Holy “CRAB”: the wicked problem of antimicrobial resistance and infectious Disease

Jill Rodrick and Sophy Butcher (acknowledging Sarah Berger)
HNZ: Canterbury and West Coast

WHAT?

Infectious diseases and antimicrobial resistance cause substantial morbidity and mortality and present a serious global public health threat. Contact tracing is a powerful, well-established tool to contain spread of transmissible pathogens, which depends on timely identification and management of cases. However, the traditional manual approach is not only resource intensive and time-consuming (delaying case finding and increasing chances of transmission) but also problematic due to incomplete or incorrect recall by individuals about potential contacts.

This case study provides insights into three separate investigations of exposure events [Pertussis, Tuberculosis and Vancomycin Resistant Enterobacteriaceae (VRE)] in the past year, undertaken by the Infection Prevention and Control (IPC) Service, leveraging real world data from electronic health records and other digital applications, which revolutionised speed and accuracy in hospital contact tracing workflows.

SO WHAT?

A digital-manual hybrid approach to contact tracing optimised use of finite human resources, working under time constraints, in an efficient end-to-end process. Firstly, potential contacts were captured in approximately 5 minutes using IC-CONTRACE-001 (a SQL Server Reporting Service (SSRS) developed inhouse for contact tracing).

Results were: a) Pertussis (patients n=461; staff n=123); b) Tuberculosis (patients n=709; staff n=84); and c) VRE (patients n=2708). Secondly, exposure risk was evaluated manually by IPC experts using a traffic light risk-threshold assessment tool (based on public health definitions). Cases meeting definition were: a) Pertussis (patients n=52; staff n=0); b) Tuberculosis (patients n=0; staff n=2); and c) VRE (patients n=6). Finally, collated data was presented to key stakeholders at incident management meetings. This hybrid approach enhanced efficiency and accuracy contributing actively to rapid management plans for exposed staff and patients.

NOW WHAT?

Embracing digital transformation, enabling proactive data-driven interventions and efficient resource allocation, is essential in healthcare and key to holding the lines of defence against infectious diseases and antimicrobial resistance into the future.

A bit about Jill, Sophy and Sarah

Jill Rodricks *is the Surveillance Lead for the transalpine Infection Prevention and Control Service – Waitaha and Te Tai o Poutini, Health New Zealand. She holds a Bachelor of Nursing and Postgraduate Certificates in both Nursing Leadership and Management and Health Information Management. She is working towards a master's degree. Jill leads improvements in surveillance efficiency, data-informed infection prevention, and cross-service collaboration to support patient safety and advance digital innovation in healthcare.*

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Sophy Butcher *was raised in the United Kingdom. She holds Masters degrees in Global Health and Health Sciences (Nursing). Her career has included laboratory science and healthcare management roles in England and internationally. Following a move to New Zealand with family, her clinical nursing focus has been older persons' health and primary care/community nursing. Sophy joined the transalpine Infection Prevention and Control Service – Waitaha and Te Tai o Poutini, Health New Zealand in 2022. Her broad-based professional background drives Sophy's passion for surveillance and informs her pro-active data driven approach to infection prevention to optimise patient safety and healthcare outcomes.*

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Dr Sarah Berger *is Nursing Director for the transalpine Infection Prevention and Control Service – Waitaha and Te Tai o Poutini, Health New Zealand. She guides and inspires her team to effectively engage with datasets from multiple digital systems to enhance performance, drive innovation, and contribute value with a focus on improving patient safety and minimising risk of healthcare associated infection. Under Sarah's leadership, the IPC team is advancing digital transformation in the practice of infection prevention nationally.*

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Mini-keynote: Innovate, improve, inspire

Victoria Brevoort *is a registered nurse with a Master of Nursing from Massey University and a Postgraduate Diploma in Digital Health from the University of Auckland. As Performance and Analytics Manager at Ryman Healthcare, she oversees all Clinical Systems including myRyman Care, a custom-built digital care planning platform. Victoria collaborates with village teams and developers to co-design features that support care for over 4,800 residents across 49 operational villages in New Zealand and Australia. She is passionate about using data from myRyman Care to drive clinical improvement and ensuring digital systems enhance care delivery while reducing risk and village team workload.*

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Empowering future nurses: Innovation as a catalyst for confidence, collaboration, and career identity

Kat Vakavosaki and Samantha Heath
The University of Waikato

Aim/Objective:
To explore how embedding innovation-focused learning in final-year nursing education can motivate students to engage confidently in clinical problem-solving and see themselves as active contributors to healthcare transformation.

Methods:
An innovation module was introduced within the final semester of the Bachelor of Nursing programme, grounded in constructivist teaching principles. Students drew on their clinical experiences to identify challenges in practice and design innovative, holistic solutions to address them. The learning culminated in a conference-style poster expo attended by academic staff and university stakeholders across disciplines. Students were encouraged to explore bold ideas, with an emphasis on critical thinking, collaboration, and practical impact rather than feasibility alone.

Results:
Standout student projects have sparked ongoing interdisciplinary collaborations, including integration into computer science work-integrated learning (WIL) projects and post-graduate master's within the School of Computing and Mathematical Science. Nursing students took the role of product owners, guiding development with clinical insight while computer science students contributed technical expertise. This partnership highlighted the strengths of both cohorts and fostered mutual respect, teamwork, and creativity. Students reported increased confidence in their nursing knowledge, enhanced communication skills, and a sense of agency in addressing real-world healthcare issues.

A bit about Kat and Sam

Kat Vakavosaki *is a Lecturer in Nursing at the University of Waikato, with a clinical background spanning surgical nursing and district nursing. Her international experience includes roles in Vanuatu, Saudi Arabia, and Aotearoa New Zealand, where she developed a strong focus on community-based care. Her research is centred on developing innovative models of care in District Nursing to enhance community health outcomes. Kat is currently undertaking her PhD, which explores a novel approach to District Nursing service delivery. Having transitioned from clinical practice to academia, Kat draws on her diverse nursing journey to inform her teaching, preparing the next generation of nurses with both practical skills and a global perspective on healthcare.*

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Dr Samantha Heath *is a Senior Lecturer in Nursing at the University of Waikato, with a clinical background in children's nursing. Her research is focussed on education for healthcare professionals. Originally from the UK, Samantha was a Florence Nightingale Scholar and first came to Aotearoa New Zealand in the late 1990s as part of a study tour exploring the role of cultural safety in healthcare education and delivery. Her commitment to improving nursing education has continued through various academic and clinical roles. Most recently, she was awarded a prestigious Whitinga Fellowship by the Ministry of Business, Innovation and Employment (MBIE) and Royal Society Te Apārangi. Her fellowship research investigated nursing students' perceptions of working with older people, aiming to inform strategies that inform the undergraduate nursing curriculum and strengthen aged care workforce development.*

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Beyond the Buzzwords: Exploring the Lived Experience of Nurses Using AI Scribing Tools to Enhance Efficiency and Care Quality

Jess Hows/ Laura Doorish
Kensington Health, Whangarei

What?

Administrative burden is a well-recognised challenge in primary care, often leading to clinician fatigue, documentation pressure, and reduced time for relational care. In our multi-disciplinary general practice, we introduced AI-assisted scribing tools to support note writing, referrals, and patient communication. The aim was not just to speed up documentation, but to explore the real-world, felt impact of AI on workflow, clinical thinking, and nursing presence.

So What?

Nurses and nurse practitioners reported that AI tools helped reduce the cognitive load of documentation, allowing them to stay more focused and present in patient interactions. Many noted faster, more structured note writing, improved referral quality, and increased energy at the end of the workday. Importantly, the technology was seen not as a replacement for clinical judgement, but as a quiet support—an assistant that helped articulate thinking clearly and streamline the written aspects of care.

Patients also benefited from more timely, clear communication, which supported better continuity and trust. These early experiences suggest that even small improvements in efficiency can create ripple effects across the clinician–patient relationship, team dynamics, and overall care experience.

Now What?

AI scribing tools are quietly reshaping the rhythm of nursing practice. Qualitative reflections show that these tools may help restore time, clarity, and connection in clinician workflows. With thoughtful implementation and co-design, AI has the potential to support a nursing model of care that is both digitally enabled and deeply human.

A bit about Jess and Laura

Jessica (Jess) Hows *(she/her) is the Clinical Lead at Kensington Health, a progressive general practice in Whangārei, Te Tai Tokerau. A Registered Nurse with an extensive background in secondary, specialty, and primary health care, Jess brings a depth of experience from across the health sector to enhance service delivery in primary care.*

She leads interdisciplinary teams with a focus on culturally responsive, whānau-centred care, and champions digital innovation as a lever for improving equity, access, and outcomes.

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Laura Doorish *(Henderson) (she/her) is a Nurse Practitioner and Director at Kensington Health General Practice in Whangārei, New Zealand. With extensive clinical and leadership experience, Laura is passionate about leveraging digital innovation to enhance nursing workflows, promote equity in healthcare, and improve patient outcomes. She advocates for culturally responsive, person-centred care supported by technology and has led initiatives integrating AI tools to support clinician wellbeing and efficiency.*

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Smart, safe, seamless: The nurse-driven case for unified clinical devices

Vickie Knight
Rauland, Australia

Healthcare clinicians today navigate complex digital ecosystems using a patchwork of devices — pagers, personal phones, workstations, and shared handhelds. This fragmentation increases risk, impedes care delivery and erodes clinician trust in digital systems. The accelerated adoption of smartphones since 2007 has transformed handheld computing devices (HCDs) into secure, internet-enabled tools for communication, documentation, learning, research and clinical decision-making. Compared to fixed bedside systems, handheld clinical devices offer greater portability, rapid deployment and seamless integration across diverse care environments.

In January 2022, Maitland Hospital in NSW Australia rolled out a unified, clinical-grade HCD integrated with staff mobile duress, nurse call and workflow, critical alerting systems with plans to integrate to the single patient digital record when it is launched.

The initiative aimed to streamline clinician workflows, improve safety and staff responsiveness, and reduce the cognitive load of managing multiple tools. Reported clinical outcomes included a reduction in alarm noise of 80.8 full days of alarm noise or a reduction of 1940.3 hours of alarm noise during a 12-month period. During this study period the median response time to nurse call alarms was 37 seconds across the facility, which is considerably lower than the nationally recognised performance indicator of 3-minute response time.

The use of clinical HCD is anticipated to rise further, particularly as care increasingly shifts to environments like hospital-in-the home, where traditional computers are not readily accessible. As health services advance their digital transformation, the case for “one device per clinician” extends beyond convenience — it’s fundamental to safety, effectiveness, and enabling clinicians to realise the full potential of digital care delivery.

This presentation will explore the strategic rationale, implementation science, and clinician feedback that shaped the rollout of HCDs, in the context of digital maturity and national digital interoperability.

A bit about Vickie

Vickie Knight *is a senior healthcare executive with deep expertise in digital transformation, clinical governance and implementation science. As General Manager of Clinical Services at Rauland Australia, she leads clinical strategy and engagement, ensuring business and healthcare teams deliver measurable improvements in patient outcomes, operational efficiency and staff safety across healthcare networks.*

With over 25 years of experience in the sector, Vickie brings a unique combination of frontline clinical insight and academic excellence. She began her career as a Registered Nurse and has since held senior roles in clinical redesign, multi-centre research and health system innovation. Her qualifications include a Bachelor of Nursing, a Master of Health Science Education and a PhD from The Kirby Institute, Faculty of Medicine at UNSW.

Vickie has contributed extensively to statewide accreditation and research initiatives with NSW Health and Local Health Districts, across both metropolitan and regional settings. Her leadership continues to shape the integration of evidence-based digital health solutions that strengthen safety, quality, and sustainability in modern healthcare delivery.

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Real nurses, real change: Nurses leading the digital charge

Megan Tomkins and Carey Campbell
Franklin Hospital/ Amalga by McCrae Tech

What:
Our hospital had a fully paper-based clinical record relying on pen and paper to document critical care assessments, clinical notes and pathways. We wanted to not only move to a digital care record but, in the process, redesign nursing workflows and documentation where this was beneficial – not just for the sake of change!

Our goal was to move beyond replicating paper forms in electronic systems and to reimagine documentation that better supports clinical care, reduces burden, and enables data-driven practice.

Through collaborative design involving nurses, anaesthetic technicians, and clinical leaders, we streamlined workflows, eliminated redundancy, and focussed documentation on what truly matters for patient care - all in 7 months!

So What:
This is a meaningful digital transformation—not only replacing paper, but reshaping care delivery and preparing ourselves for data-driven practice.

Our work supports:

- Enhanced safety and quality: reducing the risk of transcription errors, illegible handwriting, and lost paperwork, directly improving patient and staff safety.
- Workflow efficiency: smoother documentation processes, freeing up time for direct patient care and data interpretation.
- Stakeholder engagement: Early and continual input from nurses ensures the system is fit for purpose and fosters ownership.
- Cultural readiness: Our flexible, adaptive implementation model builds trust, minimises resistance, and increases adoption by addressing real-world workflow issues.

Now What:
We will keep going on our digital journey, maintaining our focus on:

1. Leadership and change management
    - Encourage nursing leaders to champion digital adoption, sharing our journey for others' learning
2. Workflow-first deployment
    - Continue iterative design that balances standardisation with flexibility, so local nursing workflows (that are informed from national and international best practice) remain central
3. Sustained partnership and support
    - Formalise governance structures with strong nursing leadership to guide future digital health initiatives and enhancements

A bit about Megan and Carey

Megan Tomkins *has been nursing since the last century - literally - which makes her feel both experienced and slightly ancient. She's spent time caring for patients in New Zealand, the UK and Saudi Arabia, and for the past four years has called the surgical ward at Franklin Hospital in Pukekohe home. Megan enjoys the practical, hands-on side of nursing and finds genuine joy in connecting with patients and their families, (though she's still waiting for someone to appreciate her jokes). When not at work, she's wrangling her garden, her kid, or a much-needed cup of coffee! A self-declared night shift struggler, Megan powers through with caffeine, good humour and steady determination. She doesn't claim to have all the answers, but searches for them. She shows up, cares deeply, and tries to make someone's day a little better - one shift (and one coffee) at a time.*

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With extensive experience in both the public and private surgical healthcare sectors, ***Carey*** *is proud to be a registered nurse with both the Nursing Council of NZ and the Nursing & Midwifery Board of Australia.*

She is passionate about amplifying the nursing voice in digital health and her current role with McCrae Tech enables her to do this every day.

Maintaining her strong nursing focus was a 'must-have' when moving into the digital health sector and McCrae Tech fully support her with her lead roles in Nurse Executives Aotearoa (NZ) and as the newly appointed Chair of the Nursing and Midwifery Special Interest Group of Health Informatics NZ (HiNZ). She is honoured to be a Fellow of the College of Nurses Aotearoa (NZ), Health Informatics NZ (HiNZ) and Australasian Institute of Digital Health (AIDH), and a Certified Health Informatician Australasia (CHIA).

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The cost of kindne$$

Liz Keen and Therese Juda
Infosys Consulting

Overview:
This presentation posits that a culture of kindness within organisations that deliver, assist or enable healthcare saves valuable resources when it comes to digital transformation – meaning being friendly, generous, considerate and caring drives financial return in healthcare settings and improves patient safety and quality.

Aim:
The purpose is to:

1. Create recognition of the value of kindness amongst healthcare providers
2. Encourage leaders to identify current levels of kindness in their organisation
3. Initiate further analysis in healthcare settings; Do our healthcare teams act with kindness consistently and what financial value might this have?

Approach:
The approach for this paper melds real world observations with well-established theory, specifically:

- Core position has been defined using a combination of experienced observations (in this case, nurses and midwives, with a control group in banking to validate transferability of behavioural observations in a different context),
- financial value realisation ratios (drawn from DuPoint analysis)
- behavioural and cultural theory (Vroom's Expectancy Theory and Schein's levels of organisation culture, and
- highlighting recent research conducted on this topic by others ie. What's the role of kindness in the healthcare context? A scoping review (Feb, 2025 – using the Arksey and O'Mally framework)

Outcome:
We found compelling evidence that there is a measurable financial cost associated with the presence or absence of kindness shown by healthcare providers.

Conclusion:
Healthcare leaders and individual providers should understand the cost of kindne$$ - both in terms of risks created and opportunities found, through frontline healthcare providers acting with kindne$$ internally (provider to provider) and with those they serve (ie. Patients/ consumers/ clients)

A bit about Liz and Therese

*Originally from Christchurch, **Liz Keen** is an experienced leader in health and care governance, passionate about how technology can make care safer, smarter, and more connected. With a career spanning primary healthcare, digital health, and global governance, she focuses on building systems that put safety, quality, and trust at the heart of innovation.*

Liz has worked across national health programs and emerging ventures, helping organisations design and implement technologies that meet real-world needs while staying clinically and ethically sound.

*Right now, she's leading the development of a **Healthcare Governance Framework** — a fresh, forward-thinking approach that brings together clinical, care, technology, and enterprise governance into one agile model. Liz's vision is simple: governance shouldn't slow progress — it should **enable it**, helping organisations use technology to deliver better care and better outcomes for everyone.*

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***Therese** is a reformed banker and passionate public sector transformation leader and strategist. Her focus is driving value realisation and performance in the public sector through people, process and tooling transformations. She has led successful delivery and internal enablement programs for State and Commonwealth entities for 10+ years with qualifications leadership (USYD MBA), business (UNE BBUS) and financial planning (Swinburne Dip).*

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eAdmissions – Good to great and now downright rocking it!

Ginna Bradbury and Wendy Matthews
Southern Cross Healthcare

Challenge:
After a seemingly successful pilot, the product was rolled out to additional hospitals. However, it became clear that the solution did not accommodate all workflows and end-user needs. A critical stakeholder group—medical specialists—had been overlooked during the initial design phase.
Decision Point:
Faced with the risk of damaging reputation and user confidence, the team made the difficult but necessary decision to halt the rollout and return to the design phase.

Solution:
The team re-engaged with all user groups, including:

- **Surgeons**: Incentivized by the introduction of eSignatures.
- **Anaesthetists**: Motivated by mobile access to forms.
- **Nursing teams**: Won over by integration and early access to patient information.

This co-design approach—involving users directly in the redesign—proved essential to building trust and delivering a solution that met real-world needs.

Outcome:
The redesigned product has now been successfully rolled out to all ten wholly owned hospitals. While the journey highlighted ongoing redevelopment needs, it reinforced that collaboration and iteration are key to sustainable innovation.

Looking Ahead:
The idea of self-registration is emerging as a potential next step—offering users more autonomy which could further enhance engagement while reducing administrative overhead.

A bit about Ginna and Wendy

Ginna Bradbury *is a Clinical Implementation Specialist at Southern Cross Healthcare in New Zealand, where she empowers teams to build skills, confidence, and a strong connection to delivering exceptional patient care. With over nine years of experience in the Clinical Applications team and a background in learning and development, Ginna brings a strategic lens to every initiative, driving transformation and operational excellence across the organization.*

Known for her ability to align people, processes, and technology, Ginna excels at turning vision into actionable plans that deliver measurable results. Her collaborative, forward-thinking approach ensures that complex change initiatives feel achievable and engaging.

Passionate about education and people, Ginna transforms training sessions into practical, memorable learning experiences. Whether leading workshops, mentoring new team members, or tackling new challenges, she brings energy, empathy, and her signature good humour to everything she does.

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My name is ***Wendy Matthews*** *and I am the National Informatics Nurse Lead at Southern Cross Healthcare where I have worked for over 20 years.*

I have combined my hands-on nursing background with a growing interest in tech to help improve how we deliver care. That mix of clinical know-how and informatics insight helps me connect the dots between what healthcare teams need and how technology can support them—especially when it comes to making patient care smoother and more effective.

By blending my clinical background with informatics expertise, I aim to transform our electronic health record into a tool that truly supports better patient outcomes and smoother workflows.

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