

December 2024



COASTN
Providing Excellence in Transport Nursing
NZNO

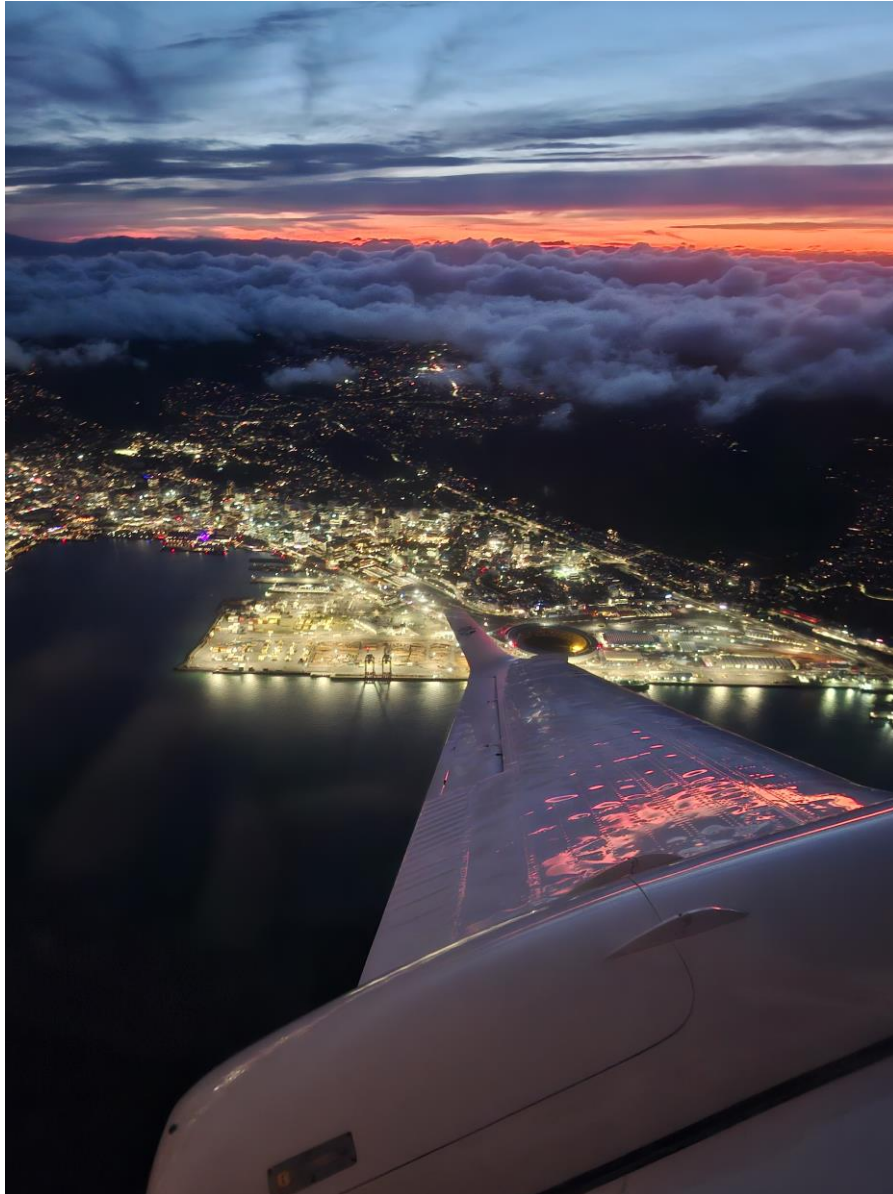
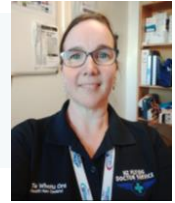


Photo Credit Mel Schroder, Nelson Flight RN

College of Air and Surface Transport Nurses
College of the New Zealand Nurses Organisation

www.nzno.org.nz/groups/sections/flightnurses

From the Editor – Tania Parr



Kia ora koutou katoa,

It seems like just a couple of months ago I was doing the 2023 December edition of the magazine, but here we are racing to the end of 2024 already! I hope its been a successful year with lots of positive steps in the right direction, and that you're shaping up to a great 2025!

I feel this emag has been put together in a bit of a last minute rush, as time got away on me – and covid reared its ugly head again! Apologies if there are mistakes, but hopefully you enjoy a good read from around the country.

To those who were able to attend the Aeromed conference in Christchurch in September, I think you will agree it was a fantastic event, with many inspiring, and though provoking speakers from a huge range of backgrounds. This edition contains a few photos from the conference, including the presentation of the COASTN award to Di Fuller.

I hope you all manage to spend some time with family and friends over the Christmas/New Year period, and for those of you keeping the country running and saving lives throughout, thank you for the hard work you do for your patients and their whanau every day.

To those of you lucky enough to attend the Aeromedical Retrieval Course in Feb 2025, enjoy and I'd love to hear from you about your experience of the course for the April Edition.

As always, I need your stories, case studies, photos – please forward these to me at any time – The emag is published 3 times per year, the next due out in April 2025, so be sure to get snapping when you are out flying/on the road. tania.parr@nmdhb.govt.nz

Ngā Mihi

Tania

Did you know that COASTN is on social media?

Find us on Facebook <https://www.facebook.com/groups/250823442046051/?ref=share>
and on Instagram <https://instagram.com/nznocoastn?igshid=YmMyMTA2M2Y=>



Yikes it is December again!

Our AGM was held as part of the amazing ASA conference in Christchurch, we had two vacancies and both Sam and Jodie were formally elected following their secondment earlier in the year. We had no other nominations. We will have vacancies again next year as people are coming near to the end of their terms so please consider putting your hand up to join the committee. We have a lot of fun doing the mahi that represents our members.

The conference in Christchurch was an incredible experience for all who managed to attend, with many wonderful presenters. We were thrilled to see that our very own Andy and ?? were awarded the FNA award for their outstanding presentation on transporting patients' home for end-of-life care.

The conference in 2025 will be held in Dunedin and we are already working on some great speakers so make sure you block off the time October 16th and 17th 2025. More details will be out soon.

The aeromedical course will take place in February and the candidates have been notified of their acceptance in the course, as usual we had more applications than places, so it is great to see that the course continues to be held in high regard. Helen has been working hard to ensure that the course will be the high-quality course it has always been. We are looking at some options for ongoing courses so any suggestions would be appreciated and can be sent to the COASTN mailbox

coastnflight2023@gmail.com

The COASTN outstanding nurse achievement in transport nursing Aotearoa award was awarded to Di Fuller who was such a worthy winner. She plans to use her scholarship to attend the next ASA conference. We congratulate Di and acknowledge all the work she has done over the years particularly in making the COASTN aeromedical course the success it is today.

Finally, a huge thank you to the committee for the commitment to COASTN and the extra work you have taken on in your roles on the committee. Also, a very grateful thank you to Annie our PNA who tirelessly keeps us on track and keeps us up to date on NZNO matters.

Wishing you all a Merry Christmas and a prosperous 2025. For those of you who are getting a break, have a wonderful and well-deserved holiday, for those who are working through, thank you, your work is valued and lifechanging.

Yours in Transport

Lynette Will COASTN Chair

Regional Updates



*Many Thanks for the warm
receptions we get when we
arrive to retrieve a child.*



Flight Nurse of the Year

We are excited to share that our esteemed PICU Transport Clinical Nurse Specialist, Di Fuller, has been awarded the COASTN Flight Nurse of the Year award, which we all agree is well deserved! Di has been a Flight Nurse for more years than she cares to remember! She was a long-term member of the COASTN committee and facilitated and ran the COASTN aeromedical retrieval course for approximately eight years. Di is an active member of the ASA committee.

Team members

There have been several changes within our team particularly with the retirement of 'Mother Maria' who has been a member of the team for as long as I can remember and whose calm demeanour will be sorely missed. Several members have gone on maternity leave or moved to other roles so our numbers were quite depleted for a while. We have welcomed Rhea, Emily, Claire, Nicolette, Sam, Hilary and Aiofe. Due to the busyness of the service, it hasn't taken long for them to get their wings and become seasoned flyers! Jess Hart has also been appointed as Transport Clinical Nurse Specialist and will be working alongside Di.

RITA

This year, the Starship PICU retrieval team have had access to the Rapid Information Telehealth Assessment (RITA) system. This is an acute care telehealth network linking Whangarei and all of Northland's rural Hospitals; Kaitaia, Bay of Islands, Dargaville, and Rawene to Starship PICU.

RITA uses Zoom video conferencing from a computer workstation, tablet or cell phone to enable a much broader and more integrated communication network than previously available. The remote access capability allows for multiple clinicians in different locations to assess patients together in a multidisciplinary approach. RITA assists with decision-making in determining the safest way to transport the patient to Starship and helps with managing their care while in a regional hospital.

Bereavements

We have recently had a run of situations where, due to how critically ill the children are or how acutely they have deteriorated, we have arrived in the referring unit to find the child undergoing a full resuscitation. Despite everyone's best efforts, sadly some of these children have subsequently died. My other role in PICU is Bereavement Service Coordinator, and our transport coordinator, Di Fuller, and I are working together to ensure that these whanau receive some support if there is no formal bereavement follow up process at the referring centre. We will always contact the referring unit prior to any follow up to make sure we aren't doubling up. We send out support information to the whanau and

give our contact details and ensure they know they can contact us if they have any questions or concerns around the attempted retrieval or their child's death. We are aware that a sudden paediatric death can be very distressing for all concerned and that it is something that many units would not often experience.

International Retrievals

We have had a number of international retrievals in the past year or so. I have been fortunate enough to fly to American Samoa three times in the last 12 months. Other team members have been to American Samoa, Fiji and Rarotonga. These retrievals present their own challenges. In particular, American Samoa has a completely different connection system for gases, so as soon as we have the child on our rig and ventilator, we are using our oxygen supply. This means that we are taking several D sized O2 cylinders with us to ensure we don't run out. We also need to take an adapter plug for power. American Samoa is also the other side of the International Date Line, so today is yesterday! This can cause a bit of confusion with documentation...These transports are also very long with the need to refuel in Tonga on



the way home adding to that time. Due to concerns about flying hours for the pilots, we have limited time on the ground which adds to the challenges. NZAAS always look after us well and I can recommend the catering from Kawau Kitchen!

We are enjoying this opportunity to remind ourselves of the fantastic health care system we are lucky enough to have here in New Zealand.



Feedback survey for referring hospitals

The PICU retrieval team and service is continuously striving to improve the service we deliver to the TamaAriki we retrieve, and the kaimahi we work with around NZ.

Feedback surveys are one way we can obtain information that helps us do this. Starting in November, PICU retrieval nurses will hand out flyers to the referral nursing and medical staff they work with. The flyer has a QR code linking to the survey. The transport leads (Di & Jess) will be sending texts with the link to the survey to those clinicians who call PICU for advice or to make a referral for retrieval. We encourage those who receive this survey, which is quick to do, to complete it and submit it to us.



It's always good to be home!

Written by Ann Doran

Kia Ora from the team at NZAAS,

It is hard to believe that the end of another year is fast approaching, for me personally the beginning of 2025 signals ten years working with NZAAS in Auckland and an opportunity to reflect on growth, changes, and the future landscape in not only our own service but the aeromedical industry as a whole.

We have had a busy quarter with training and conferences. In September, we held an interdisciplinary scenario training day with our Auckland teams, serious lessons and a fun team exercise for all. In October, with the support of TAAT Josh, Yohay (NZAAS pilots) and I had the opportunity to facilitate some training with the Taranaki flight team, it's always fun getting to work with other flight teams and we also take learning away with us. The focus was on mandatory CRM and EPC training, and this year we added some brief scenarios, including emergency egress to finish the session.

In November I had the privilege of attending and presenting at the ANZICS regional scientific meeting in Auckland. NZAAS were meeting sponsors. The theme, "The future is so bright" seemed fitting, capturing optimism and a forward-thinking approach evident throughout the discussions. Presentations explored innovations in critical care, staff wellbeing, and future proofing healthcare delivery with a peek at career diversity for critical care nurses. As always, the meeting was a great opportunity to network and discuss developments in intensive care. There were far too many outstanding presentations to mention in this round up, but it was great to see aeromedicine featured in an ICU meeting in a session titled "It's time to move it move it". Dr Ben Johnson (Air NZ) presented "Is there a Dr on Board" detailing the process behind clinical decisions made on board commercial airlines and equipment that is available on board. Lauren Turner and Michelle Hatton from Starship NICU presented a discussion around NICU transports, in particular Nurse Specialist led transfers, Dr Shay McGuinness on aviation physiology, and me with long haul medevacs.



Auckland Team training day

Wishing you all a safe and happy festive season and looking towards a bright future in 2025!

Angela and the team at NZAAS.

Whangarei Flight Team

Kia Ora from the Whangarei ICU Flight Team,

As we approach the festive season, our retrieval service continues to conduct frequent transfers to ensure our Te Tai Tokerau Tangata Whenua experience timely access to health services. The sounds of summer are starting to grace our ears up here in the North, including the familiar chirp of cicadas and the melodic tones of tūi song.

Our flight nursing team is expanding to allow nurse-only fixed-wing and Cat-1 rotor-wing transfers to occur simultaneously if required. We have recently welcomed Miko on board for fixed-wing flights, and he and several more of our ICU team are planning to receive training for rotor-wing retrievals in the coming months. Our fixed-wing nurse-only service frequently journeys to Kaitia to transport cardiac patients to the Whangarei Cath Lab, ensuring timely specialist care for our Far North communities.

One noteworthy helicopter transfer over recent months occurred on a cool August morning, our team was called to transfer a multi-trauma patient from Whangarei Hospital to DCCM at Auckland Hospital. The clinical transfer occurred seamlessly but the day took an unexpected turn when our pilots informed us that low cloud base conditions and lack of visibility of the Sky Tower made take-off a no-go. The low cloud continued to obstruct a safe departure, but meanwhile, another Northland helicopter crewed by two critical care paramedics had landed at a reserve in Shore Road, Remuera, and transferred their patient by ambulance to the hospital.



Pictured: NRHL Sikorsky S-76 stranded on Auckland Hospital Helipad due to low cloud base – the Sky Tower is usually visible from this perspective.



Pictured: Two NRHL helicopters landed at Shore Road Reserve in Auckland due to low cloud base conditions at the hospital.

The search for an optimal logistical solution began. It was decided that the flight registrar and I would travel by taxi with the paramedics to the awaiting helicopter at the reserve. After a short, cramped taxi ride (four adult males in a Toyota Camry) with all windows fogged due to the wet weather, we arrived to find two helicopters attracting quite a crowd of onlookers at the reserve. With two machines on display in a public place, it was quite the scene for the Auckland folk! We eventually loaded into our Sikorsky S-76 and departed from the reserve five hours after originally landing at Auckland Hospital. We were reminded of how important it is to be adaptable and creative when faced with logistical challenges that day.

Finally, a recent learning point for myself – always have

a spare catheter bag on hand when administering mannitol to your patient pre-flight! My registrar and I had to get creative mid-flight, emptying the catheter bag into a specimen bag and double bagging this into a vomit receptacle – which I then sheepishly presented to the DCCM nursing team on patient handover.

We hope you all stay safe and enjoy some quality time with loved ones over the summer season.

Ngā Mihi,

Jason Wordsworth



Pictured: NZAAS Beechcraft King Air fixed-wing based at Onerahi Airport.

Waikato ICU Transport Team

What happens to an aircraft when it no longer carries patients? Well, this is not a trick question. The MU2 aircraft used as an air ambulance for many years from Hamilton was retired as an air ambulance. I have previously written about the MU2. This aircraft has served us well, it was a comfortable and stable aircraft but alas it was ageing and getting parts was difficult. The aircraft was eventually sold and had to be delivered to..... Anchorage in Alaska.



Massey Lynch, who was a pilot for the aircraft for many years was the one who undertook the journey. I am including a summary of his journey and hope that he will share some of his experiences of the trip for our next edition.

Massey Lynch in Alaska

ZK-PSR Ferry New Zealand to Alaska

9th Sep 24

Leg 1 Hamilton to Auckland

Flight time 0:24 Distance 56nm

10th Sep 24

Leg 2 Auckland to Samoa NZAA-NSFA (Feleolo Intl)

Planned flight time 6:08 - Actual flight time 5:50 Distance 1557nm

Dep 0918 Arr 1508 (1608 loc)

11th Sep 24

Leg 3 Samoa to Hawaii

Planned flight time 9:03 - Actual flight time 8:54 Distance 2272nm

Dep 0602 (0702 loc) Arr 1456 (1656 loc)

15th Sep 24

Leg 4 Hawaii to San Francisco (California)

Planned flight time 8:39 - Actual flight time 7:50 Distance 2111nm

Dep 0824 (1024 loc) Arr 1612 (2012 loc)

17th Sep 24

Leg 5 San Francisco to Anchorage (Alaska) (3 hops)

Oakland Intl (San Francisco) – Wenatchee (Washington State)

Planned flight time 2:26 - Actual flight time 2:36 Distance 589nm

Dep 0238 (0638 loc) Arr 0511 (0911 loc)

Wenatchee (Washington State) – Homer (Alaska)

Planned flight time 5:45 - Actual flight time 6:18 Distance 1366nm

Dep 0646 (1046 loc) Arr 1300 (1600 loc)

Homer – Merrill Field (Anchorage)

Planned flight time 0:40 - Actual flight time 0:42 Distance 106nm

Dep 1458 (1758 loc) Arr 1540 (1840 loc)

Total flight time from Hamilton 32.35, Distance 8100nm (average speed 250kts)

Approved ferry fuel system allowed for an overweight take-off of +18.8% enabling an additional 2178 lbs to take the final take-off weight from 11575 to 13751lbs.

The ferry tanks consisted of two Turtle Pac bladder tanks with each one containing 1500lbs of fuel. This represented a little over 5 hours of flight time. All included a maximum flight time of 10 hours was available. The primary method of fuel transfer is the aircraft pressurisation system, with a backup electric fuel pump.

Fuel transfer was achieved by manipulating manual fuel valves to regularly transfer fuel into the aircraft main tank. In total the aircraft had 8 fuel tanks requiring monitoring and regular transfer of fuel to minimise the risk of a ferry system failure resulting in a ditching.

The aircraft is fitted with a fuel dump system capable of dumping 1200lbs of fuel in approximately 60 seconds.

The overweight mod also included a maximum 2G load factor which mean turbulent flight conditions had to be avoided for the first 3 hours of flight.

Oceanic communication was enabled via fitted HF radio and Sat phone.

Safety equipment carried:

- 8 person life raft
- Survival kit
- PLB
- Marine radio
- Emersion suit
- Heed3 (Helicopter Emergency Egress Device) 3-5 minute air supply
- Tools applicable to the ferry tank installation.
- Life jacket
- Helmet (single pilot protection)
- Note: 1971 MU-2 ditched on a ferry flight north of Pago Pago (ferry flying Honolulu – Samoa). Pilot died. Engines failed due to ferry fuel transfer problem.
- Amenities:
- Food water, travel Johns.

Picture below is of the stripped interior of the plane with the fuel bladder installed. Photo kindly supplied by an engineer who installed it.



Wishing everyone a safe and happy festive season with family and friends and hope that flying into the future will be good experiences

Best wishes from the Waikato ICU transport team

John Jenje (Flight nurse)

Whanganui Flight Team

Here we are at the end of another year..... they seem to roll around so quickly, but how good is it to have some warm sunny weather! A very welcome sight!

As we all continue to be cranking through the patients, I just want to say thanks to all the teams out there, we are certainly working in an interesting time with all the changes in health, and this can be very unsettling to people, so I am thankful that we can work together to improve outcomes for our patients.

From a co-ordination perspective, I just want to acknowledge our neighbouring teams, Wellington, Nelson and Taranaki, for making our life here in Whanganui much easier, our daily interactions and collaboration certainly makes our job here much easier, and a lot more efficient. So a big thanks from us.

To everyone out there, I hope you have a great summer break, if you are off, and to those who are working, here's to some beautiful clear sky day flights around the place.

From here in Whanganui, Merry Christmas!

See you all around the place next year

Whanganui Flight Team



Life Flight Wellington - Te Whanga-nui-a-Tara

Kia Ora from the Wellington Flight Team,

I piece this together in my mind, being high up tramping in the Ruahine ranges with one of my Wellington ICU CNS. Having crossed twice the border of Manawatu-Whanganui and Hawkes Bay over the mountains dividing the two areas. Beautiful simultaneous views of both regions.

We were grateful to be able to attend and catch up with many of you at the Ōtautahi Christchurch Aeromedical Conference in September. We are also immensely proud of Sarah and Andy's presentation. It has been an honour (along with transporting long term ventilated patients to Oriental Bay for a day out) that Wellington ICU have long been supportive and passionate about. Where possible, meeting whanau and the patient's wishes regarding their last hours together. Making the decision to leave a patient with their whanau, when aggressive treatment is no longer the focus of care, to return empty, is also something which is done from time to time.



Andy and Sarah

The Wellington ICU is getting bigger, extending to 28 beds with an additional 12 bed HDU/ICU opening hopefully in February. The ICU now also has short term ECMO capabilities and we had our first patient on to ECMO in November. A much-needed service, having supported at least one regional hospital earlier in the year, waiting for the Auckland CVICU ECMO team to arrive. Unfortunately, as we are all aware, patients are getting sicker and we are grateful to provide an additional ECMO service to our health system (not doing ECMO transport though, we'll leave that to Auckland colleagues!).

A bigger unit means of course a bigger flight team. We now have 22 odd permanent flight nurses, of which a few are on our flight rotation. Several nurses on the rotations become permanent as others leave to pursue other interests. We also have 6 coordinators 7 days a week. We do our best to utilise the technology available to us with zoom meetings (old school now?) and One Note to keep each other in the loop with never ending complex repatriations. Even a zoom meeting now between central coordinators to keep up with it all and trying to improve efficiencies in our coordination.

Please remember on that note the coordinator office hours are 0800 - 1630. The 027 297 2549 number is unstaffed after 1630 - please call the hot line 0508 935 535 for any acute referrals 24/7.

We have struggled some of this year with having only one plane due to scheduled maintenance. We thank Air Whanganui for being so collegial in the use of their King Airs over this time and their team for helping manage the workload. We are very much looking forward to our third plane being online in March and a trial of some additional staffing which will help us manage our acute and non-



Alex & P skylighting as an ICU TI...

acute referrals more effectively. Runway closures too have been an issue (as I am sure they have been for many). We feel like we have a permanent matrix in our toolbar to keep track of them all! There are

substantial closures coming next year in Wellington where we and other services will have to make use of the runway in Paraparaumu on nights where there are full closures.

We in Wellington wish everyone a very merry Christmas and prosperous New Year, as we head into numerous Christmas parties and Whanau time. Also safe travels for everyone as you head away on holiday for some well earned R&R. Thank you to those that stay behind to hold the fort!

Nikki Joseph
ACNM Flight Retrieval Wellington



New Zealand Flying Doctors Service – Nelson/Whakatū

Kia Ora from Sunny Nelson!

We were lucky enough to be able to send a couple of our nurses to the Aeromed conference in Christchurch in September thanks to the NZFDS Trust funding the costs for 2 nurses to attend. Such a great opportunity to connect and meet the people we talk to every day, and what a fantastic array of speakers and topics covered.

We've held our annual flight training days in October with our flight nurses, midwives and road nurse team from Wairau joining us for a jam-packed day covering some scenarios, case studies and familiarisation of aircraft/safety for the midwives who don't fly often and the road nurses who are often asked to tarmac patients to or from the Airport for us.

At the beginning of December our 6 month trial of having 2 flight nurses on in the weekends came to an end. We had one nurse holding the coordinator phone, to assist the nurse flying with ambulance bookings, and fielding transport requests. Also helping with tarmacs in Nelson when able. It meant we could get out flying quicker, complete more jobs in the weekends, and there was considerably less overtime done. We are now trying to plead our case to have this reinstated, but currently our weekends we are back to just 1 flight nurse on, with the coordinator phone being held by the DNM's, so please bear with us!

Nelson Hospital has had incredibly high occupancy lately which has made transport difficult for bringing people home quickly, and we haven't even reached the silly season yet with our usual high numbers of visitors arriving it is a worry. We have tried asking Santa for a bigger hospital, hoping that he can make our wish come true in the New Year!!

Stay safe out there, hope you have some special time with loved ones, and have a very Happy Christmas! Bring on 2025!



New Zealand Flying Doctors Service – Christchurch/Otautahi

Kia ora from Otautahi,

It was great to catch up with so many of you at the Aeromed conference in Christchurch in September. In particular, it was fantastic to listen to so many strong and interesting presentations from flight nurses.

Over the last couple of months we have been enjoying some warmer spring weather here in Christchurch, with the mountains now looking much more green than white! As many services around the country are experiencing, our numbers of referrals and jobs completed continue to increase, and again it is looking likely that numbers for 2024 will be higher than last year.

This month CARS has said farewell to Sue Lloyd, a long serving and valued member of our flight nurse team. Sue has worked for CARS for seven years and her wealth of knowledge will be greatly missed. We wish her all the best and hope she enjoys a well deserved summer off with no shiftwork!

Wishing everyone a safe festive season

Meri kirihimete

The CARS team



Dunedin NICU Flight Team

The Dunedin Neonatal Intensive Care Unit (NICU) is a 16-bed facility located within Dunedin Public Hospital. As the sole Level 3 neonatal unit south of Christchurch, we serve a vast geographical region, extending from south of Timaru to the West Coast and down to Stewart Island.

Our dedicated transport team, which includes both medical personnel and specially trained transport nursing staff, operates 24/7. The transport nurses of the unit provide staffing for transport services, and when transport nurses are unavailable, an on-call system is in place. In urgent cases involving critically ill or unstable neonates, the transport team consists of a nurse along with a registrar or consultant. For the transfer of stable infants to other hospitals, two transport nurses are deployed.

On average, we conduct between 5 and 10 transports each month. These include the retrieval of acutely unwell neonates requiring Level 3 care, as well as transfers to other neonatal intensive care units

(NICUs) across the country or back to their home base for ongoing care. The Otago Rescue Helicopter Service is the primary means of transport for retrievals, given the large area covered by our team. For inter-hospital transfers, the Air Ambulance service, operated by Skyline, utilizes a Beechcraft B200 aircraft.

Retrievals may involve transport from primary hospitals, birthing units, rural hospitals, or home births, often requiring our team to operate with limited equipment and support. Our transport incubator is equipped with a ventilator, humidified ventilator circuit, monitoring devices, nitric oxide, IV pumps, and emergency resuscitation equipment. Additionally, the team carries a comprehensive medical bag containing equipment for intubation, central line insertion, chest drains, continuous monitoring, and various medications.

We provide neonatal retrievals for a wide range of conditions, including prematurity, respiratory distress, sepsis, hypoxic-ischemic encephalopathy, hypoglycemia, surgical conditions, and cardiovascular compromise. In the absence of a Paediatric Intensive Care Unit (PICU) south of Christchurch, our team also retrieves paediatric patients weighing up to 5 kg when required.

The Dunedin NICU team takes great pride in offering this vital, life-saving service to pēpē and whānau across the lower South Island.



Aeromed Conference 2024

For those that were lucky to attend the conference, I think you will agree it was a fantastic event and look at the outstanding representation of COASTN members from around the motu who were able to attend below.



COASTN Award

Congratulations to Di Fuller who is the 2024 recipient of the Transport Nurse of the Year award. This was announced and presented at the Aeromed conference in Christchurch in September. Di was nominated by Kelvin Still, and his nomination was backed up by Taz Irvine-Flynn. Read Di's nomination from Taz and Kelvin below:

Where should I start with Di Fuller and her history within the flight nursing world.

Di Fuller has been a Flight Nurse advocate for many years, serving on the NZFNA (New Zealand Flight Nurse Association), then COASTN committees for many years. I am unsure how long Di served on these committees in total but would have been 5+ years

Back before COASTN there was the New Zealand Flight Nurse Association (NZFNA). They had their inaugural Meeting in May 1996. There were 20 participants, and the special interest section was born within the NZNO.

The course was started in 1998 under the NZFNA name. This ran well but was all lecture based.

In 2011 Di took on the role as the flight course co-ordination, this was before COASTN existed and it was still under the NZFNA era. Di was instrumental in setting up the Flight course as we know it today. Including creating alliances with AUT. She revolutionised the course to become a much more practical based course but still cover relevant content. Di ran the course for 8 years before handing the reins over.

She was a committee member for COASTN for many years and also worked on some of the subcommittees including working on and designing the passport that we know today.

Currently she is the chairwoman of ASA and is currently organising, with the team, the Nov symposium.

She is currently the flight co-ordinator for PICU starship transport team and is heavily involved with all thing's aviation and road. She organises logistics for getting equipment certified to education of the team, organising regular teaching sessions and even working with Teams or zoom! All while still being on the roster as a transport nurse and still heads out to all over NZ at times. She shares her knowledge and expertise with her team.

What Di does not know about the nursing aviation/ transport world really does not need to be known about.





Kia ora colleagues,

9th December sees the launch of Module 11 – Interhospital transport (IHT) within the eLearning Induction Programme for Critical Care in New Zealand (EPICCNZ) suite.

EPICCNZ is the first interactive eLearning resource accessible to staff new to critical care working within Health New Zealand Te Whatu Ora. EPICCNZ has a range of modules including core knowledge needed to work in the speciality, body system modules to help manage and care for those with critical illness and speciality modules where needs of specific populations are covered.

The IHT module has been developed with the expert input from many IHT teams across the motu, thank you for either sending your orientation documents, giving permission to use your images or providing expertise in reviewing the module, we couldn't have done it without you! This module is intended to be undertaken alongside practical education and competency development so that every person new to IHT, can access the same high-level induction.

The IHT module is accessible across all three LMS platforms, located within the EPICCNZ homepage. It will take approximately 1-2 hours to complete.

Connect Me - [EPICCNZ Programme](#)

Ko Awatea - [EPICCNZ Programme](#)

HealthLearn - [EPICCNZ Programme NAEC100](#)

For more information please contact:

Tracy Klap tracy.klap@ccdhb.org.nz or Maureen Coombs Maureen.coombs@ccdhb.org.nz

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dunedin
For #COASTN2025

-Synergy in Motion-
Working together for patient
excellence

Save the date
16 - 17 October 2025

COASTN



Providing Excellence
in Transport Nursing
NZNO



NEW ZEALAND
NURSES
ORGANISATION

TŌPŪTANGA
TAPUHI
KATIAKI O AOTEAROA

COASTN Committee 2024



Back Row: Sam, Andy, Patrice, Lynette, Tania and Jackie. Front Row: Avryl and Jodie (absent: Annie)

Lynette Will	Chairperson	Lynette.will@southerndhb.govt.nz
Avryl Way	Vice Chair/Social media	Avryl.way@waikatodhb.health.govt.nz
Patrice Rosengrave	Secretary	patricerosengrave@gmail.com
Sam Collis	Treasurer	samantha.collis@southerndhb.govt.nz
Jodie Purches	Committee Member	JodieP@adhb.govt.nz
Andrea Gibbs	Committee Member	Andrea.gibbs@ccdhb.org.nz
Tania Parr	Magazine Editor	Tania.parr@nmdhb.govt.nz
Jackie Hardy	Committee Member	Jackie.hardy@hbdhb.govt.nz
Annette Bradley-Ingle	Professional Nursing Advisor	Annette.bradley-ingle@nzno.org.nz

New Zealand Flight Services Contact

Northland	rebecca.burley@northlanddhb.org.nz	
Auckland NICU	laurenTu@adhb.govt.nz	Ph: 021 571 569 (Mon-Fri)
Auckland NZAAS	coordination@nzaas.co.nz	Ph: 0800 111 400
Starship	dianef@adhb.govt.nz	Ph: 021 1951 720
Waikato ICU	Melissa.evelyn@waikatodhb.health.nz	
Waikato NICU	kerryn.schaab@waikatodhb.health.nz	
Tauranga	dianna.keys@bopdhb.govt.nz	
Gisborne (Tairāwhiti)	jacqueline.johnson@tdh.org.nz	
Hawkes Bay	jackie.hardy@hbdhb.govt.nz	
Whanganui	joanna.knight@wdhb.org.nz	
Wellington ICU	sarah.rodgers@ccdhb.org.nz	Ph: (04) 385 5999 ext 7216
Wellington NICU	sarah.cody@ccdhb.org.nz	Ph: (04) 385 5999 ext 80822
Nelson	Tania Parr and Lara Millar Inter.Hospital.Transport.Coordination@nm dhb.govt.nz	Ph:022 658 4308
Christchurch	jessica.doney@cdhb.health.nz	Ph: (03) 364 1813
Christchurch NICU	kaylene.ellerm@cdhb.health.nz	
Dunedin	Esther.radford@southerndhb.govt.nz Esther Radford and Amie Eden	027 210 5973 A/H 027 601 4249
Dunedin NICU	jo.dobson@southerndhb.govt.nz	