



Annual Report

1 July 2023 - 30 June 2024

*mobile
surgical*

*mobile
medical*

*mobile
imaging*

*health
hub*



Our Kōwhaiwhai

With inspiration drawn from pūhoro seen at the front of waka, and kōwhaiwhai/patterns, this contemporary interpretation flows through all of our Mobile Health Group brands.

Our kōwhaiwhai as a whole has a gentle flowing nurturing motion, that represents our mobile units travelling throughout Aotearoa, visiting communities and helping patients along the way. The curved shapes reflect and mimic the shapes that are used in our logos.



Pause in motion, this represents each location our mobile units visit along their journey.

Outer lines either side of the koru, represent the communities and people we visit and help through our services.

The Koru, (centre line) the regeneration and the flow from the past into the future.



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MOBILE HEALTH GROUP



Our Vision Te Paetawhiti

We envision a future where specialised healthcare and hauora services are accessible everywhere in Aotearoa New Zealand. No matter where they live, people will be able to access the medical care they need.



Our Values Ō Mātou Whananga Pono



Our Patients Ā Mātou Tūrora

We put our patients and their whānau first in everything we do. We care for each individual with dignity, kindness, and aroha, honoring their diverse cultures, beliefs, values, opinions and mana. We treat people as whānau.



Our Community Tō Mātou Hapori

We value the communities that embrace and support us, and to give back, we offer support, and encouragement to help them achieve their goals. We care about our environment, and this motivates us to take steps to minimise harm to our precious taiao (environment).



Ourselves Mātou

We act with honesty, authenticity and integrity. We strive for continuous improvement, innovation, and excellence, but we do so with openness and humility. We embrace tika (right, just, fair and appropriate) and pono (honest, genuine and sincere).



Our Team Tō Mātou Whānau

Our team is the foundation of our success. We believe in kotahitanga and that we are stronger together, so we work collaboratively to support, empower and recognise others. We foster a flexible, positive, and whānau-like spirit in our workplace, usually celebrating our successes with kai.



Our Mission | Tō Mātou Whāinga

We partner with health providers to deliver equitable access to high quality specialised healthcare services. Using our mobile units we seamlessly link between healthcare providers and their patients.

Welcome | Haere Mai

2024 has been an extraordinary year of transformation for us. We proudly united Mobile Surgical and Mobile Medical under the new consolidated group structure, Mobile Health Group. We are also thrilled to introduce Mobile Imaging, our state-of-the-art mobile PET-CT unit, developed in partnership with Mercy Radiology.



Every day, we confront the challenges facing our health system, particularly for those in regional and rural New Zealand. Issues such as access to services, staff shortages, and health disparities are persistent. These challenges are not new; they are the very reasons our organisation was founded 30 years ago.

Our services centre around specialised healthcare units, but the true essence of our success lies in our 'secret sauce' – the people. Individuals, their whānau, and their communities are at the heart of everything we do!

In July, we hosted our inaugural awards dinner to honour our long-serving staff. Remarkably, within our small team, six members have over 10 years of service, and another six have over 20 years. Their dedication and fresh ideas are a testament to our team's strength.

We also acknowledge the supportive relationships with our public and private funders, host sites and their staff. Thank you all for your hard work and dedication. Together, we have treated more than 50,000 people in rural and regional communities.

'He aha te mea nui?

Māku e kii atu, he tāngata, he tāngata, he tāngata.'

'What is the most important thing in the world?

Well, let me tell you, it is people, it is people, it is people.'

Mobile Surgical

It was wonderful to return to Te Puia Springs after an absence of five years. Te Puia was the very first host site when the service launched in 2002 and holds a special place in our hearts. Thank you to the team at Ngati Porou

Oranga for helping our service return. Congratulations also to our Oamaru, Balclutha and Hawera sites - each surpassing their 200th visit from the mobile surgical unit.

Mobile Medical

The lithotripsy service has had a strong year but with Health New Zealand recently purchasing their own lithotripter for Auckland region, the team is planning to expand our services in other regions and also introduce other clinical services to the unit.

Mobile Imaging

Witnessing this innovative unit arrive in New Zealand earlier this year was a true highlight, especially since the concept was first discussed more than a decade ago. The introduction of Mobile Imaging is a significant step forward, providing advanced PET-CT scanning to regional areas. The service is gaining traction with privately insured and self-funded patients, and we are poised for an expanded relationship with Health New Zealand over the next 12-months.

My Health Hub

Our education programme has rapidly progressed! An astounding 17,330 hours of education has been provided through webinars, Zoom meeting study sessions, and in-person courses supporting our rural health professionals. Our sessions bring people together and spread valuable clinical knowledge across the motu.

While the road ahead may sometimes be uncertain, we can be confident that our services will continue to grow, providing the essential care that our communities rely on.

I hope you enjoy this annual report.

Mark Eager

Chief Executive

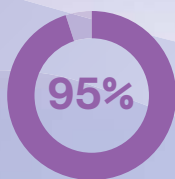
027 223 0066

mark@mobilehealth.co.nz

Equitable access for regional & rural NZ

Health NZ focus

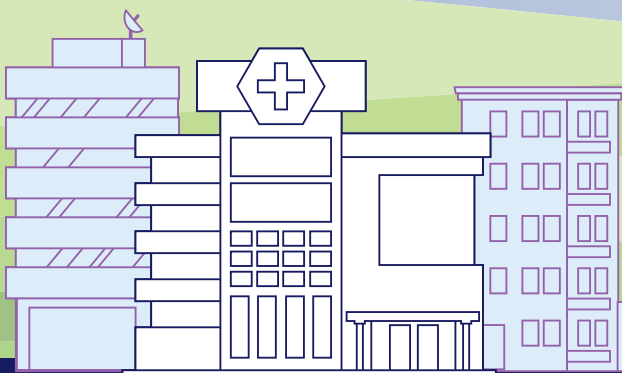
- Increase delivery of elective treatments
- Increase timely access to planned care
- Address variation in access to planned care
- More consistent services across the country



Ministry Target 95%
of people wait less than
4 months
for elective treatment

Rural and regional areas have limited access to healthcare, leading to poorer health outcomes.

Our services provide equitable access to education and specialised services.



Population size thresholds



U1 - Urban 1
(≥100,000)



U2 - Urban 2
(30,000, 99,999)

**mobile
medical**

Non-invasive kidney stone service

Efficiently sharing specialised equipment between 12 urban locations.

528 treatments in the last 12 months

16,131 treatments since 1995

**mobile
imaging**

PET-CT service or cancer detection & staging

Bringing diagnostic PET-CT imaging to New Zealand communities

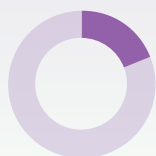
2024 Launched

2,000+ Scans per year capacity



888,000

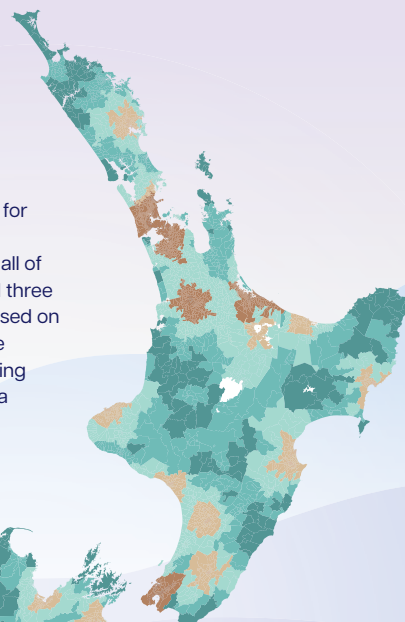
People live in rural NZ



19%
of the NZ population

Geographic Classification for Health (GCH)

The Geographic Classification for Health (GCH) is a rural:urban classification that categorises all of NZ into two urban (U1, U2) and three rural (R1, R2, R3) categories based on population size and travel time thresholds that reflect increasing rurality and remoteness from a health perspective.



MĀORI

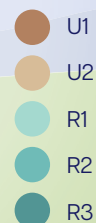
22%
rural

15%
urban

OVER 65

20%
rural

14%
urban



R1 - Rural 1
(10,000, 29,000)



R2 - Rural 2
(1,000, 9,999)



R3 - Rural 3
(≤999)



Day surgery for rural New Zealand

Equitable access to low-risk elective day surgery.

32,796 patients treated since 2002

1,565 patients in the last 12 months



Online education for health professionals

Best practice information accessible, especially for rural and remote areas.

17,331 hours in the last 12 months

200+ webinars and meetings per year

Mobile Surgical

Background

The mobile surgical unit was established in 2002 to provide equitable access day surgery for rural communities throughout New Zealand.

Some key benefits of the service include:

- equitable access for patients
- building a stronger rural health system
- freeing up resources in Tier 1 hospitals for more complex patients and procedures.

Since its inception, the unit has completed more than 33,000 operations - proving to be a safe and efficient way to maintain services in rural communities.

Patients grateful

Patients and their whānau greatly value our mobile health service. By bringing care to their communities, we minimise travel and time away from home, ensuring timely treatment and reducing stress.

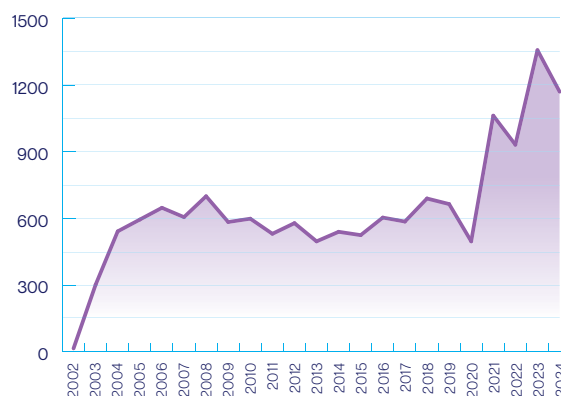
Over the last 12 months 70% of our patients were under nine years of age. If the surgical unit didn't visit their region, then sadly some of these patients would not have access to services at more traditional facilities.

Health NZ priorities:

Our mobile surgical unit is equipped to provide a wide range of low-risk elective day surgeries in specialties including paediatric dental, endoscopy, general surgery and gynaecology.

We offer flexible service delivery to meet Health New Zealand's evolving needs, aligning with their national priorities and promoting regional consistency. As a result of this, paediatric dental operations have significantly increased in volume over the last five years.

Dental operations per year



"This service to rural NZ is fantastic! Without the Mobile Surgery Service, I would have had a six-hour return trip to Dunedin, and possibly need overnight accommodation depending on time of appointment - Mobile Service meant I was away from home for less than one hour. Absolutely the BEST"

- Dunstan patient



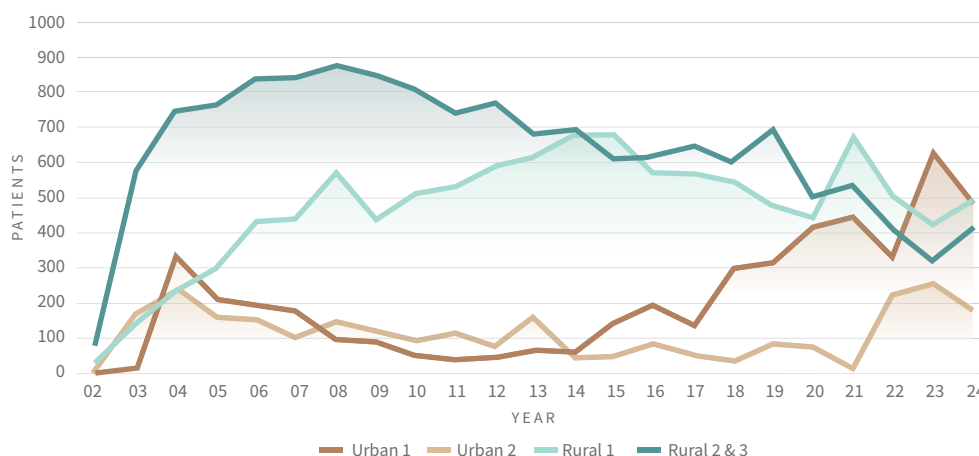
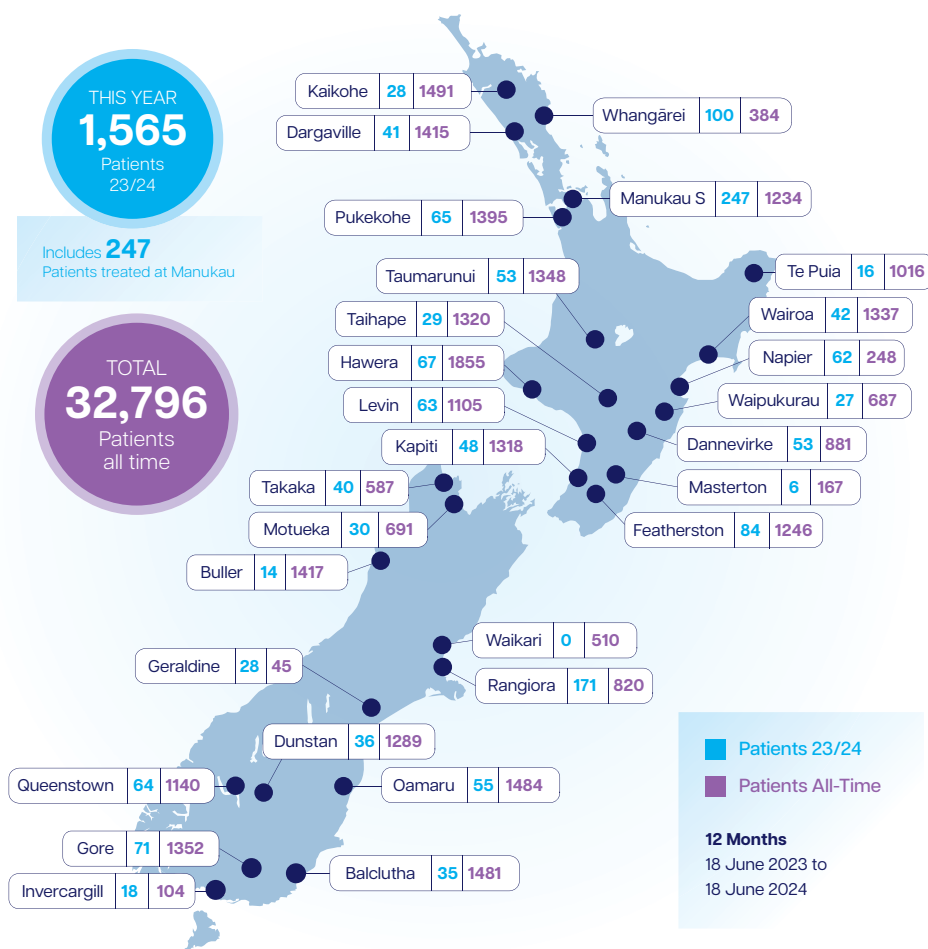
Volume

The surgical unit operated at full capacity throughout the year, achieving the fifth-highest patient volume in its 22 years of service. Despite challenges such as patient cancellations from sickness, an average of 7.85 patients were treated daily, thanks to efficient booking practices including booking standby patients.

Regions

Regional support continues to be overwhelming. The surgical unit has been visiting many rural towns for more than 20 years, so it now forms a vital part of their baseline health delivery to their local communities.

Te Puia Springs is the most rural location where the unit visits returned to the circuit this year – now having completed more than 1,000 operations in the East Coast town.



Refocussing on rural

The service has been operating for 22 years and as would be expected over this extended period, the focus has shifted several times.

For the first five years, as the service was being established, there was a mix of urban and rural locations, but as the regular rural circuit was established, rural patients represented 85-90% of operations.

For the last 10 years, there has been a growing shift to include more urban locations in the schedule. This is due to many factors such as workforce and increasing patient BMI, but the main underlying

issue has been limited funding increases for rural surgery. An emerging source of funding for paediatric dental surgery in urban centres led to urban patients representing more than 50% of the patients treated on the unit last year.

This year, with the support of Health NZ, we have worked hard to reverse this trend, and once again, the primary focus has shifted to rural. Regular visits to each of our rural locations are essential to maintaining a safe and reliable rural service, so this has been a critical focus for the current year.

Teamwork key to success

Surgeon + anaesthetist

The surgical team includes a surgeon and anaesthetist who have overall responsibility for patient care.

Anaesthetic tech + clinical nurse

An anaesthetic technician and a clinical nurse leader support the medical staff, coordinate the day and oversee the local nursing team. The team is supported by a steerologist (driver) who sets up and oversees the surgical unit. The average experience of team members is more than 10 years, which is very high considering the demands of the role, and includes travelling long distances between host locations. This experience is key to operating our service safely and efficiently.

Four local nurses

Four nurses from each rural town work as scrub, circulating, recovery and discharge nurses. These nurses, who are trained and supported in their roles, provide a critical interface between the unit and the local community. In the last ten years, the availability and experience of rural nursing teams have changed. Our service has adapted and now provides an additional nurse to cover for sickness, alongside further training and support for these nursing teams.

Building a new surgical unit

With the current mobile surgical unit more than two decades old, we are in the process of designing a new unit to meet the demanding rural circuit. Our aim is to commence manufacturing in mid 2025, and for the new unit to be on the road in early 2026.

After some refurbishment to our existing unit, we expect to be able to operate two units in parallel for several years. This provides a unique opportunity to double the output of our existing service, and be able to treat more than 3,000 patients in total per year in priority areas.

Our vision for our organisation is to have one mobile surgical unit for our full rural circuit, and the other unit for short-term capacity to address regional waiting list backlogs in priority surgery and specialised services.



Rural Health Education

Mobile Surgical actively contributes to building a stronger rural health workforce by providing local clinical staff with training onboard the surgical unit when it is in their area. By bringing the state-of-the-art mobile theatre directly to these communities, local health professionals can enhance their clinical skills and build their confidence. This exposure to working in a mobile theatre broadens their expertise and empowers them to deliver higher quality care within their communities – ultimately creating a sustainable impact at a local healthcare level.

Surgical skills - rural nurses

Hands-on training for rural nurses includes the roles of scrub, circulating and recovery nurses – overseen by the clinical nurse leader and nurse educator. Each nurse is checked against a list of key skills and competencies required for the perioperative environment.

5,264
Hours of
training

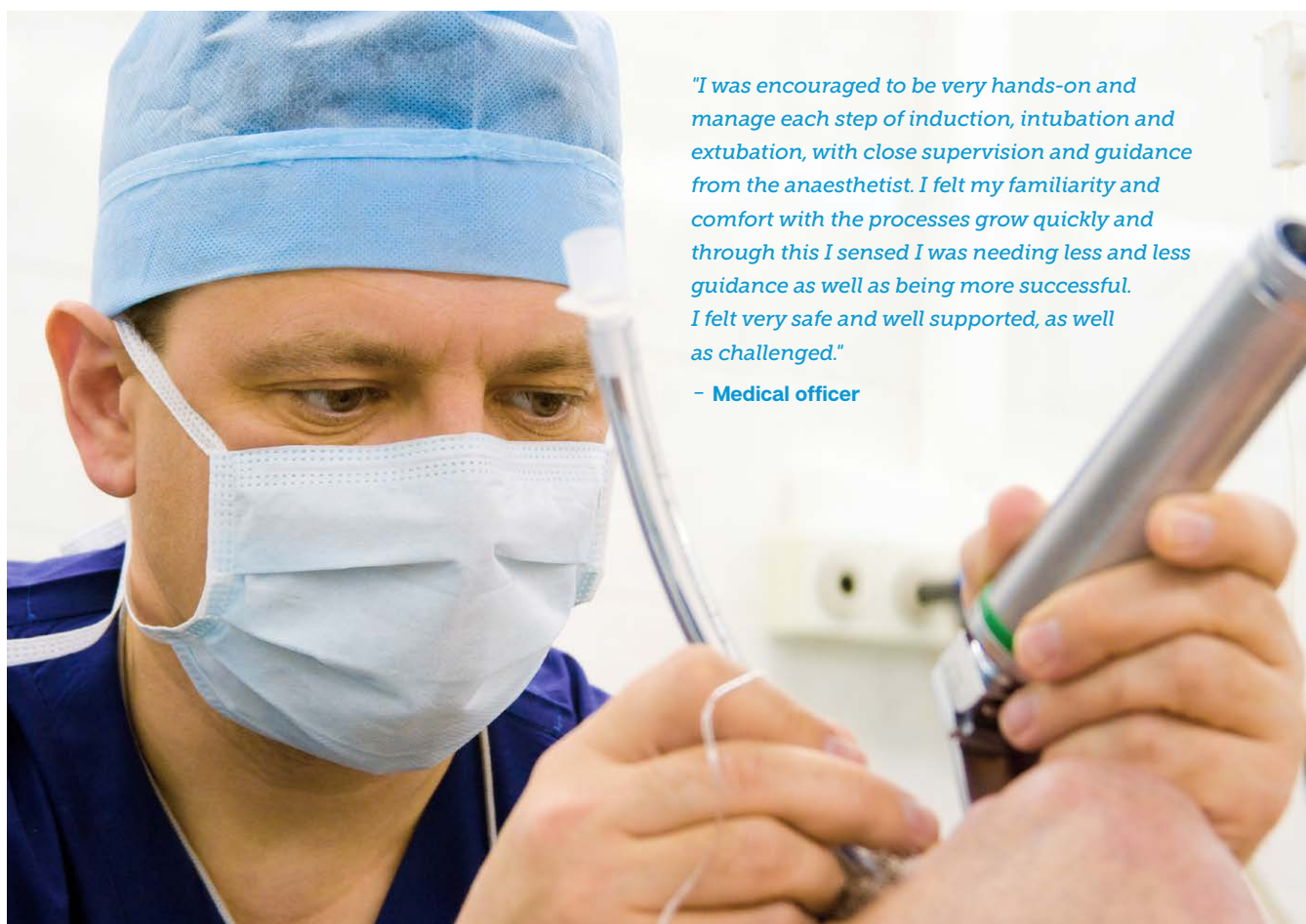
219%
Ahead
of target

Surgical skills - rural doctors

Rural GPs are encouraged to collaborate with seasoned consultants and anaesthetists onboard the surgical unit when it is visiting their area. The training may encompass topics such as airway anatomy, airway management, LMA insertion, nasal intubation and the care of unconscious patients. These subjects are particularly pertinent as many rural GPs often operate independently in rural and remote areas.

84
Hours of
training

5%
Ahead
of target



"I was encouraged to be very hands-on and manage each step of induction, intubation and extubation, with close supervision and guidance from the anaesthetist. I felt my familiarity and comfort with the processes grow quickly and through this I sensed I was needing less and less guidance as well as being more successful. I felt very safe and well supported, as well as challenged."

– Medical officer

My Health Hub

Continuing Professional Development (CPD)

The Rural Health Development programme, initiated more than 18 years ago, sought to reduce the inequity of access to quality continuing professional development (CPD) between rural and urban health professionals. My Health Hub collaborates with more than 60 presenters and 20 partner organisations dedicated to supporting rural health professionals with their CPD needs. This initiative ensures that rural health workers receive the necessary training and resources to maintain high standards of care, ultimately improving health outcomes in rural communities. The education programme receives excellent feedback from health professionals and is constantly growing, reflecting its success and the ongoing demand for quality CPD in rural areas.



Webinars

We produce between two and four webinars each week covering a wide range of health content. Webinars are free to attend and are open to anyone in the health workforce in New Zealand. Watch live, or watch later.

98
Webinars



CPD study sessions

These sessions are tailored to each organisation or region and enable a whole clinical team to participate in the same education session. This builds teamwork and enhances collaboration. Any topic, any time, any length.

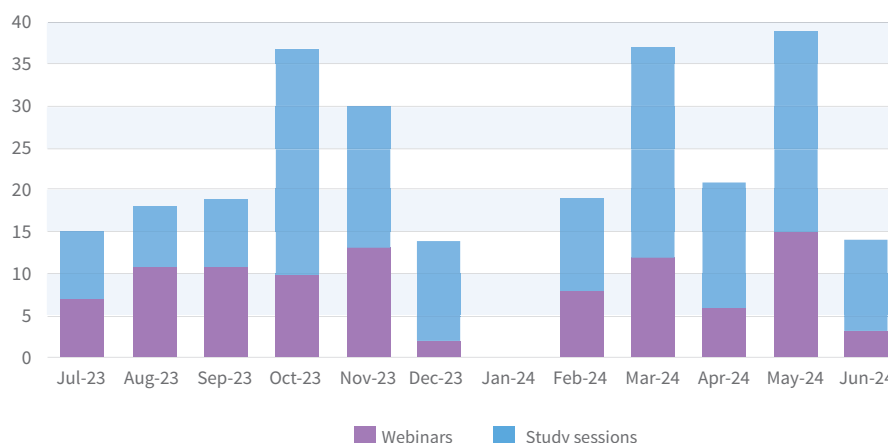
165
Study sessions



In-person workshops

In-person workshops are 1-2 day advanced courses where specialist trainers travel and teach sessions in rural communities. Examples include acute nursing assessment and management, rural emergency skills course.

6
Workshops



Webinars

Our clinical education programme centres around our highly successful webinars, which have become a leading source of accessible and timely information for New Zealand health professionals, particularly those in rural nursing. These webinars reach a diverse audience of nurses, GPs, and healthcare providers, including primary care, hospitals, residential care facilities and community health.

Topics - Our webinars are carefully designed with our rural audience in mind, covering a wide range of healthcare topics relevant to their needs. From acute and chronic conditions to mental health, women's health and emergency care, we offer something for everyone. To illustrate the breadth of our programme, the following pages showcase the diverse range of webinars we've delivered during the last year.

Accessible - To ensure our education is accessible to everyone, especially those in rural areas or who require flexibility, we record all our live webinars. This allows participants to access the information at their convenience, fitting their learning around their busy schedules.



75%
Viewed
live

25%
Watched
recorded

Webinar partnerships

We have developed excellent systems and processes to support webinars. We are leveraging this to host webinars with an increasing number of groups which include:

HealthPathways
Ngāti Porou Oranga
School Counsellors
Fire & Emergency NZ
Hospice New Zealand

The Rural Support Trust
Perioperative Nurses College
College of Emergency Nurses NZ
The NZ General Practice Podcast
NZ College of Critical Care Nurses

NZ Anaesthetic Technicians Society
Heart Failure Special Interest Group
Paediatric Palliative Care Clinical Network
PRIME (Primary response in medical emergencies)

Heart Failure Special Interest Group - A growing partnership

"We have been trying to grow the group and we have been able to do this partly through the connections of the Mobile Health rural education service – increasing the membership over the last year from 44 to 129 – a nearly 300% increase! It is great to be able to share the knowledge and experience of the whole group with members across the motu. It can be challenging for those serving rural populations to access quality CPD and support, and working with Mobile Health is reducing that inequity."

Sadie Ross, CNS Heart Failure Service
Cardio-respiratory Integrated Specialist Services
Ratonga Manawa Hā



Sessions completed this year

Asthma	Telephone triage for nurses	Menopause getting it right for your patients
Sepsis	Vaccine preventable diseases	Respiratory failure and arterial blood gases
Long COVID	Wound debridement techniques	Mauri mate: a Māori palliative care framework
Resilience	Acute behavioural disturbance	Steroids in palliative care a concise overview
Skin cancer	Atrial fibrillation & flutter	The crossroads of chronic pain and addictions
Hypertension	Common childhood eye concerns	Assessment of breathlessness in the ED setting
Rural health	COPD following the guidelines	Heart failure with preserved ejection fraction
Bronchiolitis	Learn and develop your pepeha	Practical management of common skin conditions
De-escalation	Managing T1DM in primary care	Sleep health, insomnia and practical solutions
Endometriosis	Mental health in primary care	Driving down UTI rates in aged residential care
Heart failure	Heart failure, asthma and COPD	Gender diversity – building inclusive practices
Vaccine safety	Lower leg ulcers and treatment	Nurturing positive food environments in schools
Coeliac disease	Acceptance & commitment therapy	Pre-hospital emergency care in rural and remote
Cultural safety	Cardiovascular disease in women	Airways disease, asthma, bronchiectasis and COPD
Gastroenteritis	Hypoglycaemia to hyperglycaemia	Diabetes - long term complications & comorbidity
Supervision 101	Management of fever in children	Trauma assessment and care of the trauma patient
Active listening	Managing the breathless patient	Common presentations in paediatric emergency care
Wound assessment	Trauma informed learning spaces	Tackling insomnia to support health and wellbeing
Infection control	Drug interactions in the elderly	The practical application of Te Tiriti o Waitangi
The NZ GP podcast	Early adversity and later health	GI symptoms & bowel obstruction in palliative care
Acute kidney injury	Emergency treatment for drowning	Out of hospital approaches to analgesia & sedation
Catheter management	Heart failure medical management	Does living rurally impact on access to healthcare?
Delirium prevention	Pragmatic paediatric prescribing	PCARN bringing palliative care researchers together
Parkinson's disease	Breathlessness and oxygen therapy	Ethical dilemma, moral distress & compassion fatigue
Strokes in the wild	Falls, fractures and osteoporosis	Integrating clinical aromatherapy in palliative care
Falls in the elderly	Mythbusting advance care planning	Keeping whānau Māori front and centre at end of life
Overview of diabetes	Workplace violence and aggression	Use of dexamethasone in oncology and palliative care
Post sepsis syndrome	Diabetes - update for primary care	Gender stereotypes and mens health seeking behaviours
Te Tiriti o Waitangi	Managing pre-school wheeze & asthma	Haemorrhage control: more than just stopping the bleed
Tender conversations	Falls prevention in the older adult	Nurse practitioners in primary care - a 'how-to' guide
Cold chain management	Managing bowel conditions in adults	Resilient grieving: coping with tragedy, loss, & grief
Common eye complaints	Pathophysiology, lifestyle and DARS	Spotting the sick child versus the "really" sick child
Managing chronic pain	Statistics and the burden of sepsis	Analgesia for acute pain in the out-of-hospital setting
Motor neurone disease	Suicide prevention for primary care	Navigating the complexities of post-traumatic headaches
Te Tiriti in practice	Acute pain assessment and management	Safe medication administration in residential aged care
Advanced de-escalation	Mental health research into practice	Soul recovery: addressing trauma (PTSD) in primary care
Cardiac rehabilitation	Preparing patients for air retrieval	The code of rights, privacy, confidentiality and choice
Chronic kidney disease	Sepsis and paediatric considerations	Cyber security: a '101' session for health professionals
Lower limb amputations	Sleep health and impact for wellness	Dementia – role of nutrition in prevention and management
Operation restore hope	The treaty or Te Tiriti? An analysis	Dementia - the challenges of timely diagnosis and management
Sepsis pathophysiology	A voyage around older person's health	Radiological imaging for primary care and rural hospitals
Therapeutic recreation	Antimicrobial stewardship in Aotearoa	Pharmacologic treatment of cancer related neuropathic pain
Acute coronary syndrome	Good nutrition for good mental health	Orthopaedics: demystifying common lower limb presentations
Acute stroke management	Kidney health update for primary care	Practical management of acne vulgaris: from an acne expert
Chronic pain management	Management of pain in the older adult	Practical management of atopic dermatitis (eczema) & hives
Complexities of obesity	Managing urinary conditions in adults	Telephone triage for nurses – adults and the older person
COPD and bronchiectasis	Diagnosing long COVID in the community	Navigating burnout, compassion fatigue and vicarious trauma
Managing breathlessness	Get off your butt! Bowel cancer update	Operating room nurses' perspective of patient centered care
Standing orders 7 and 8	Restraint elimination and safe practice	Improving the environment for Māori accessing emergency care
Critical thinking skills	Supporting LGBTQIA+ diverse populations	Acquired brain injury, mild (concussion), moderate and severe
NZ immunisation schedule	Advance care planning - equity for Māori	Management of cardiac implantable electronic devices in the ED
Treatment of burn wounds	Big chats for rural health professionals	The value of death care as an integral part of palliative care
Antimicrobial stewardship	Good sleep health for good mental health	AF and its management and myocardial infarctions (NSTEMI/STEMI)
Sepsis the phantom menace	Model of care for people with severe COPD	Heart failure with reduced ejection fraction (HFrEF) management
Update on gout management	Preventative and interventional self-care	New Zealand ambulance sector clinical procedures and guidelines
12 lead ECG / advanced ECG	Trauma informed care and trauma screening	Simplifying HIV prevention: practical prescribing of PrEP & PEP
General practice ownership	Understanding the complexities of obesity	The latest on the asthma scene: kids, teens and keeping it green
Inequities in Māori health	Heart failure from the primary perspective	The complex wound: wound bed preparation and a holistic assessment
Management of acute stroke	Innovations in out-of-hospital stroke care	Diabetes updates including Liraglutide/Dulaglutide and Empagliflozin
Paediatric gastroenteritis	The future of MND treatment in New Zealand	Depression screening and diabetes for people living with heart failure
Paediatric pain management	Managing delirium & pain in the older adult	Patient journey through the colorectal cancer pathway and ERAS pathway
Pressure injury prevention	Safeguarding children for active clinicians	Heart disease medications shown to benefit and guidelines for titration
De-escalation for reception	Supporting tamariki with diabetes at school	Working with patients who express scepticism about evidence-based nutrition
Delirium in the older adult	Supporting tamariki with epilepsy at school	The game-changing impact of integrating pharmacists into general practice teams
In t.i.m.e wounds will heal	The 3Ds – depression, delirium and dementia	Determining the relevance of hospice services for patients with non-cancer diagnoses
Managing urinary conditions	Turning over stones to find coeliac disease	Supporting the spiritual care of a child and young person with a life-limiting illness
Abuse and neglect prevention	Type 1 diabetes in children and adolescents	Social workers stories: journeys into palliative care, mobilising and sustaining practice
Mild brain injury concussion	When a patient asks about diabetes reversal	Dying well in old age: integration of gerontology & palliative care in residential aged care
NPO standing orders training	Dementia, depression and delirium – the 3D's	

CASE STUDY: CPD study session

Caring without carrying

One example of our educational sessions is "Caring without Carrying," developed in collaboration with Elle Cradwick. Elle holds an MSc in Psychology and has expertise in suicide prevention and postvention, along with experience in mental health innovation at Big Chats. As a mental health professional, she teaches on a variety of topics, including suicide prevention, resilience, de-escalation techniques, managing burnout and compassion fatigue, and vicarious trauma.

Her programme, 'Caring without Carrying', is a series of four one-hour workshops designed to help staff understand that they don't have to personally shoulder the burdens they encounter in their work.



I have learned to be more accepting of my feelings / emotions! I have become more aware of my reactions to situations and now know that I am in control of my own feelings. So grateful!

Share and seeing the good in your day. This course has helped me navigate my day so that the good stands out. Everyone including myself has knowledge and experiences to share to benefit others thank you for guiding me to see that for myself.

I really enjoyed learning about the different models of approaches for care. The exercise where you gave the list of adjectives to someone to describe you was a little bit confronting, as some of the adjectives circled were not things I would have ever considered for myself. This wasn't something I would have considered going to before, but I'm glad I did.

It's been beneficial for me to have this space to reflect and grow without judgement. I thought this was an excellent workshop.



CASE STUDY: In-person advanced workshop

Kānohi ki te kānohi mātauranga on the East Cape

Sixteen nurses from Ngāti Porou Oranga completed a two-day Acute Nursing Assessment and Management course at Te Puia Springs Hospital in April. These nurses serve communities along the East Cape, often in isolated locations. My Health Hub has partnered with their Medical Director, Dr Kiri Bird, to deliver a programme of mātauranga (knowledge and understanding) for their clinical staff. Here's what Dr Bird had to say about the initiative:



"Ngāti Porou Oranga have been focussed on committing to the upskill of our kaimahi, with an overall view of great outcomes for whānau. Over the last year we have been working in collaboration with My Health Hub in providing our Mātauranga Series, consisting of weekly, one-hour, protected learning time on a particular clinical topic. As an extension to this we were fortunate enough to have the My Health Hub team come to our own rohe at Te Puia Springs Hospital, in Te Tairāwhiti. We shared a whole weekend with teaching expert Heather Josland and the nursing team learning and sharing knowledge from cardiac conditions to paediatrics and everything in between. Our nurses found it invaluable learning more in-depth about topics and reviewing and solidifying what they already knew. New learnings included how to interpret and ECG among others. We plan to keep building upon this over the year and look forward to ongoing collaboration with My Health Hub."



Mobile Medical

Highly effective, lithotripsy machines require a significant capital investment, and most regions in New Zealand lack the patient volume to justify purchasing their own. The mobile lithotripsy unit was first introduced in June 1995, and travels regularly throughout New Zealand, linking providers to deliver cost-effective treatment close to home. This shared mobile service enables patients to receive care in their own region from their own urologist, fostering continuity and convenience in treatment.

About lithotripsy

Lithotripsy is a non-invasive treatment that uses shock waves to break down kidney stones.

The shock wave is focused through a convex lens as it leaves the therapy head, allowing the energy to be precisely targeted on the kidney stone. These repeated shock waves gradually break the stone into small fragments, which can then be easily passed through the urinary tract during urination.

Depending on the composition and position of the stone, either X-ray or ultrasound is used to ensure the shock waves are accurately directed.

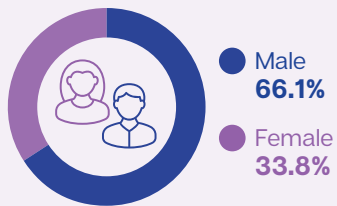
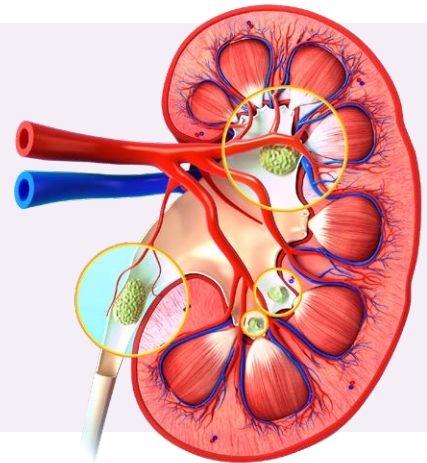
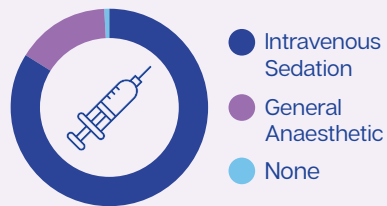
Patients are sedated during the procedure, which is often considered the most effective option for certain types and sizes of stones.



"I am pain-free and back to my day-to-day life. I am confidently able to go to work knowing I won't be interrupted by the pain"

- Recent patient who had a 11mm kidney stone



Male / Female**Anaesthetic Type****Auckland and Northland region**

For over 20 years, Health New Zealand has utilised lithotripsy as a key treatment for kidney stones. Due to the volumes of stones in the Auckland and Northland regions they have recently made the decision to install their own lithotripsy machine at Greenlane Clinical Centre. This unfortunately means Northland patients must now travel to Auckland for this treatment.

Despite this change, Health New Zealand remains a key partner, and we continue to provide lithotripsy services to their other tertiary hospitals around the country.



Mobile Imaging



Mobile Imaging is a joint venture between Mobile Health Group and Mercy Radiology. This year, we launched the Southern Hemisphere's first mobile PET-CT unit, aiming to deliver state-of-the-art cancer diagnostics to those outside major metropolitan cities.

Better imaging leads to better outcomes

PET-CT scans are primarily used for cancer diagnosis and staging, determining the extent and location of cancer in the body. PET (Positron Emission Tomography) uses a small amount of radioactive tracer to assess disease. When travel demands become overwhelming, particularly for vulnerable or sick patients, they may opt out of accessing healthcare services. This often leads to poorer health outcomes.

Supporting regional and rural New Zealand

This innovative service brings specialised care closer to home, making advanced imaging diagnostics accessible to people in regional and rural areas of New Zealand.

While PET-CT imaging is increasingly available in urban centres, permanent installations in rural areas are often not feasible. This mobile service bridges this gap.



Bringing diagnostic PET-CT imaging to New Zealand communities

Kia rangiwhāwha te mātai whakaahua hauora

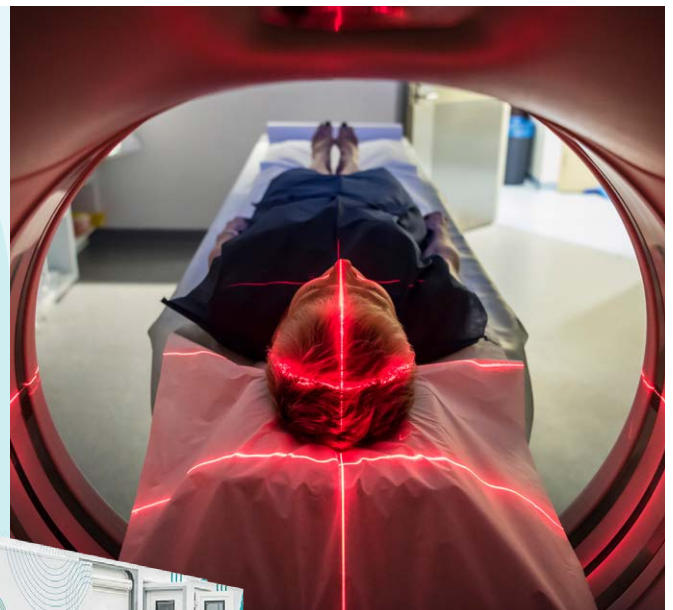
LAUNCHED 18TH MARCH 2024



"There is a geographical barrier to accessing a PET-CT facility. Regional New Zealanders are often expected to travel significant distances between their homes and the closest PET-CT facility. What region you reside in should not matter when accessing your PET-CT scan."

Dr Remy Lim -

Medical Director, Mercy Radiology



Arrival in New Zealand

The unit was built in the Netherlands and arrived in New Zealand in January 2024 where it underwent several months of final fit-out and commissioning.

Launched in Rotorua

Mobile Imaging welcomed its first patient on May 14th in Rotorua. Our service has now expanded to include Palmerston North, Lower Hutt and Dunedin starting December 9th.

Ga68 PSMA for prostate cancer

On July 10th 2024, Mobile Imaging performed its first Ga68 PSMA PET-CT scan. PSMA (Prostate-Specific Membrane Antigen) is a tracer used to identify the proliferation of prostate cancer. This tracer binds to proteins on prostate cancer cells, precisely detecting cancerous areas and revealing their location during the PET-CT scan, aiding in prostate cancer identification.

The service is running smoothly and the team is working on our schedule for 2025.

Health New Zealand

We have actively been engaging with Health NZ since the unit was still in its design phase. We have started scanning public patients and this should significantly expand in 2025 as we enter into a formal agreement with Health NZ.

The magic of PET-CT: combining forces

PET scans alone show metabolism but not precise anatomy, so that's why our scanner has both a CT scanner and a PET scanner combined.

The CT scan takes detailed X-ray images of your body's structure, while the PET scan captures information on metabolic function, accurately pinpointing where cancer cells are present.

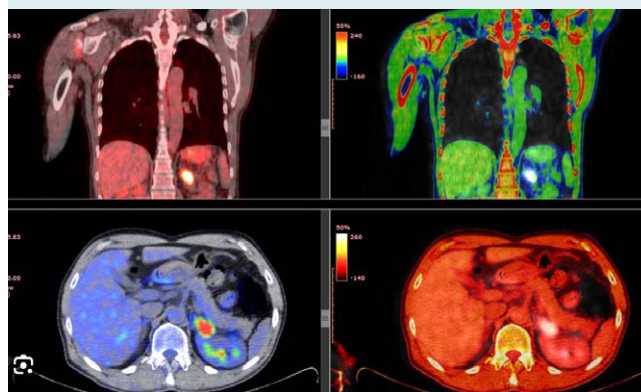
Different radiopharmaceuticals can be used for different purposes:

FDG: Whole-body scan

¹⁸F-NaF: Bone diseases

Ga68 Gallium: Prostate cancer

FET: Brain tumours



Our people

Our people are our greatest asset, and we are proud to have many long-serving employees whose dedication and experience are invaluable to our continued success. We are pleased to acknowledge that within such a small team, we have six staff members with more than 10 years of service, and seven with more than 20 years of service. Their dedication and motivation to provide fresh ideas are a testament to the strength of our team.

Awards dinner

In early July, we held our first awards dinner, an event to recognise and celebrate the contributions of both long-serving staff members and those who demonstrated outstanding performance across five categories.

Our people are key to our success, and even after many years of service, they remain highly motivated and continue to bring fresh ideas.



"Innovative and niche provider, with staff willing to work well together for a common purpose/goal."

"Great support from managers and colleagues no matter where you are working. They always make sure you are OK and day is going well. Such a great team."

"Listening to everyone's concerns. Genuinely caring about people."

Our longest serving employees

Sue Nilson , anaesthetic technician	15 years
Anne Shirtliff , clinical nurse leader	16 years
Andrew Panckhurst , commercial manager	16 years
Mark Eager , chief executive	17 years
Sue Wallace , scheduling manager	19 years
Jimmy Wilson , steerologist (driver)	21 years
Karenza Heath , clinical nurse leader	21 years
Chris Heath , anaesthetic technician	21 years
Gavin Hurring , steerologist (driver)	22 years
James Hayes , medical imaging technologist	22 years
Dave Withell , operations manager	22 years
Simon Felton , medical imaging technologist	24 years

Award winners

Outstanding contribution award – Sue Wallace
Outstanding contribution award – Vicky Copland
Outstanding leadership award – Anne Shirtliff
Excellence & leadership award – Andrew Panckhurst
What a difference a Dave makes award – Dave Withell
Good bugger award – Chris Heath

What our staff have to say

Each year the staff complete an employee satisfaction survey. This year's survey revealed a high number of positive results. Some of the highlights are:

Understanding role and contribution to the company	Recommending Mobile Health Group as a great place to work
100%	100%

Our environment

Our work necessitates emissions from vehicles, travel and other smaller items such as anaesthetic gases. While we anticipate future advancements in electric and hydrogen-powered vehicles, we are currently focused on reducing usage (ie minimising travel) and offsetting our carbon.

With approximately 120 tonnes of CO₂ produced annually, we aim to significantly reduce our carbon footprint and offset remaining emissions through tree planting in New Zealand.

For the past four years, we have partnered with Trees for Canterbury and Christchurch City Council to create natural ecosystems through planting native trees. Rather than buying carbon credits that contribute to large monoculture forests, we focus on creating biodiverse spaces that sequester carbon and encourage native flora and fauna.

Trees for Canterbury is a not-for-profit organisation that grows native plants and supports disadvantaged people in the community.

We have planted thousands of trees, most recently in Christchurch's Heathcote red zone. We've also donated trees to the Christchurch City Council's Multicultural Team and a trainee programme at Christchurch Botanic Gardens.

These planting days offer a great opportunity for team building and fostering community spirit. We look forward to getting our hands dirty and working together.





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