

# CEUpdate

31 October 2014



## Where we're at with Grey

Our Clinical Leaders Group, led by Mr Pradu Dayaram, is working closely with the design team appointed to bring to life the new Grey Hospital and Integrated Family Health Centre (IFHC).

The Clinical Leaders Group is the key clinical, service advisory and decision-making group for the facility development project. After three rounds of workshops the concept design is largely completed.

The new hospital may well be three storeys, with a single storey IFHC attached. The concept design uses the topography of the site, which provides opportunities for access, outlook and expansion on both lower ground and ground levels, while providing a compact functional building solution.

The Hospital Redevelopment Partnership Group overseeing the project meets at the end of October to consider the concept design. And then the project moves into the next phase – Preliminary Design. The overall design process should take us into mid-2015.

The principles underpinning the project are:

- Patient and Whānau / Family Centred Care
- Integrated health service delivery
- Excellence in clinical practice
- Culturally appropriate design
- Patient wellbeing and safety
- Enhanced workforce, innovation and knowledge

The overarching design principles for the project are:

- Placemaking (a design philosophy about creating meaning in public spaces for the local community – recognising that the IFHC will be a community hub for Greymouth; a meeting place as well as a healing place.
- Flexibility
- Adaptability
- Multi-disciplinary approach
- Operational efficiency
- Evidence based design



If you are interested in what's going on, talk to Workstream Leaders.

**HealthOne**  
Shared knowledge - better, safer care

## HealthOne goes live in November

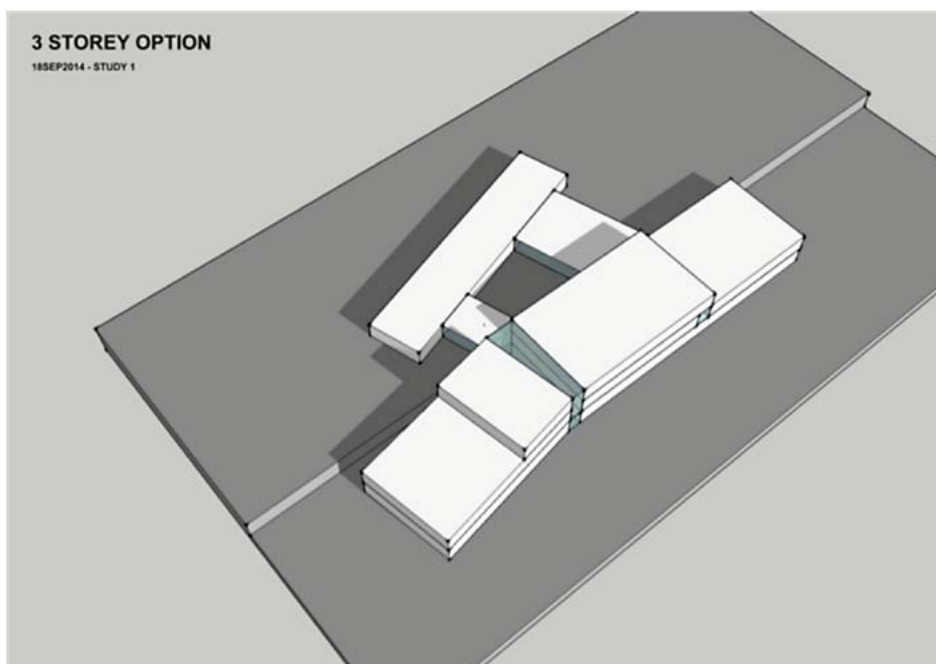
HealthOne is a secure data repository for electronic patient information made available through Health Connect South, the South Island's principal clinical information system. Each clinician is able to see data appropriate to their care role.

From 17 November HealthOne will provide West Coast GPs, pharmacists, community nurses and hospital clinicians with secure access to the latest patient information, enabling them to deliver better and safer care. It also gathers data from pharmacies, general practices etc. that have agreed to provide that information.

HealthOne is the new name for eSCRIV which is already in place in Canterbury.

Take care.

**David Meates**  
CEO



An early concept design...

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Join our biggest challenge of the year...

## GRATITUDE CHALLENGE

Starts 17th November  
Register now on [www.tracksuitinlive.co.nz](http://www.tracksuitinlive.co.nz)  
Company code: dhbstaffwellbeing

You could win 1 of 3  
\$150 Prezzy Cards!

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BEST  
LIFE  
EVER



## DHB general practice fees change

**Fees for routine consultations with your own West Coast District Health Board general practice will not change with the new fee schedule being introduced next month.**

At \$17.50 for adults and \$11.50 for children aged 6 – 17 years (children under six are free), the West Coast fee remains one of the cheapest in the country.

General Manager Planning and Funding, Carolyn Gullery, says fees have been inconsistent for some time at the 12 DHB-managed general practices or clinics on the Coast. Apart from a small adjustment to routine appointment charges a couple of years ago, the fee schedule has not been changed for about four years.

There are GP fee increases in non-routine services including home visits, consultations with non-enrolled and overseas patients and some other medical procedures.

People can pick up the new West Coast DHB fee schedule at their general practices.



**HealthPathways is continually being updated with new content localised for the West Coast. To keep up with the latest changes, make sure you subscribe to monthly updates:**

[://wc.healthpathways.org.nz/13454.htm](http://wc.healthpathways.org.nz/13454.htm)

**Contact the West Coast Coordinator for the username and password to access the HealthPathways West Coast site (03) 768 1305.**

If anyone would like to submit West Coast resources to be included in HealthPathways, or would like to get involved in reviewing or localising the pathways contact Marie West, West Coast HealthPathways Coordinator, Phone DDI: 03 768 1305 Fax: 03 768 6184, [wc@healthpathways.org.nz](mailto:wc@healthpathways.org.nz)



## People-centred CMO moves to next phase

**The latest step in a career that seems to move in ever-increasing circles will take West Coast Chief Medical Officer Carol Atmore and her family to Dunedin.**

Whakatane-raised Carol studied medicine at the Otago University Medical School in Dunedin and then Christchurch. She will shortly leave the coast for a sabbatical, followed by a return to Dunedin to work as a GP.

Carol first came to the West Coast when she opted for a three month stint on the coast in 1990 during her first year as a house surgeon. During that time she met the man who was to become her husband, and “has never quite got away” from the coast.

Teacher Glen Morgan had built himself a house up the coast road, and after short stints in Australia with Glen and Europe without, Carol came back to the Coast.

So in 1992, she worked as a GP in Moana and Dobson with Anne Buchanan, before completing her Obstetrics Diploma at Grey Hospital.

Carol had another stint as a GP with Anne Buchanan, followed by about 18 months working at a sports clinic and general practice in Christchurch.

When the Greymouth Medical Centre came up for sale, Carol bought the practice with friend Rob Wilks. She moved back to the coast and her first child Brighid was born shortly afterwards. Dr Jenny Spring joined the practice in 1997 and is still there.

A desire to be nearer her family resulted in another shift, this time to Whakatane in 1998 when son Owain was due. It proved difficult to sell her share of the medical centre, and Rob Wilks was keen to work for the Accident & Emergency department,

so the District Health Board ended up purchasing the general practice.

In Whakatane, Carol worked in the local Accident & Emergency department.

“The medicine was really great, but you don’t have the patient continuity you get in general practice. A & E is challenging, you get to use your diagnostic skills, work out what’s wrong with patients and then either treating them or passing their care on. I enjoyed it.”

It was Glen’s turn to return to his roots and the family shifted to the United Kingdom, to be based in Aberystwyth in Wales for a year.

Carol worked for six months as a GP and six months in oncology/haematology as a senior non-specialist doctor.

“We wanted the kids to have the opportunity to learn some Welsh, and just have a different experience. I also wanted to see what working in the British health system was like.”

Their next journey was back to “our real home” on the Coast.

“Glen has spent most of his life in the South Island. There are really nice people down here and we really like the community,” Carol added.

She spent a couple of years as a GP at High St Medical with Mark McLaughlin and moved into a role as GP liaison on the coast.

“That was a new role about integration, making the patient journey smooth between primary care and hospital. In effect that’s been a passion of mine for a decade now, in various guises.”



Carol was part of a group of keen clinicians and managers including Paul Holt who could see there was a need to improve diabetes care on the Coast, so they worked together to improve the patient journey for people with diabetes.

One of the ways of doing that was ensuring there were consistent and agreed pathways once diabetics had been assessed – so they would for instance be referred for retinal photography.

“We set targets and we definitely saw improvements. So taking what we learned from that, we expanded that to work on long term conditions - heart disease and chronic obstructive pulmonary disease.”

The emphasis was on trying to encourage people to become involved in looking after their own health, and it was having an effect.

Back to the future in 2005 and Carol went to work for the DHB at the Grey Medical Centre.

About the same time, Carol started studying part time for a masters degree in Public health medicine.

A serious accident where Carol was caught in a rockfall while walking home meant she spent a couple of weeks in



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...continued from overleaf

hospital and three months convalescing at home in 2008. That made her reflect on what she wanted to do with her working life.

In 2009, Carol took on a role for the Ministry of Health as the Clinical Director of the Bowel Cancer Programme. She implemented a bowel cancer screening pilot programme which is now running in the North Island. Other work centred on improving colonoscopy capacity, work which continues today. That was while continuing to work as a GP.

Shoulder tapping by then Chief Executive Joel George in 2010 led to Carol applying for the role of Chief Medical Officer back at the West Coast District Health Board and she started that job the same week that current Chief Executive David Meates started.

And yes, Carol continued to practice as a GP at Grey Medical Centre throughout.

"I've been the GP on and off for some patients for 20 years. I'm really going to miss those relationships," she reflects.

Since 2011, Carol has taken a lead role in developing the new model of care for the Coast – looking at health care from people's homes, through the community, primary care and on to hospital to work out how best to provide sustainable services.

The model is based around the patient at home, with services wrapped around them to try and keep them well in their own homes for as long as possible.

"Rural hospital medicine doctors are a really important foundation for future success, working with specialists here and in Canterbury. A sustainable workforce is another really important cornerstone."

There's also been a shift in attitudes resulting in medical doctors, nursing staff and allied health professionals

(physiotherapists, occupational therapists, speech language therapists and radiographers etc) working more collaboratively.

Leading the clinical input on the new facilities redevelopment has been fairly time-consuming work over the past two years.

**She took the Canterbury District Health Board's vision and working with Coast-based clinicians, adapted it for the coast – leading to a model based around the patient at home, with services wrapped around them to try and keep them well in their own homes for as long as possible.**

"As I see it, facilities are an enabler for the model of care. If you can make the system well, everybody will be able to be well. I care less where the taps go..."

While there's been a large number of roles and projects over her career, her focus remains clearly on people.

"As much as I love being a GP, as a full time GP doctor you might have an impact on around 1500 people who are your patients. To work across the region at a systemic level you can get it right for everybody. It's about enabling a sustainable health system to keep people well, and return them to wellness as soon as possible after they're sick," she says.

As she prepares to shift with her family to Dunedin, she has advice for other health professionals coming to the West Coast.

"You can get involved to influence the system and bring change about. People here are lovely, really supportive. There's a good community here. The staff are fantastic and really passionate about patient care. It's an all round great place for a young family particularly."

And while this is the start of a new cycle, Carol says they'll be keeping their Coast home.

"We'll see where the wind blows us next."

West Coast Health System

What's going on?

Stuff you need to know

Farewell to Carol Atmore, Chief Medical Officer



Afternoon Tea

Friday 31 October 2014

Grey Base Hospital Café

3pm

## Mum4Mums at McBrearty

**A new programme has been introduced at McBrearty Ward to help facilitate breastfeeding support for new mums once they leave the hospital.**

Mum4Mums, who offer breastfeeding peer counselling, are now coming in daily to introduce themselves to new mums to make that first link. These volunteers have breastfed their own children and have gone on to complete a 9 week course with the PHO to expand their breastfeeding knowledge. They are passionate about supporting women through their breastfeeding journey and to help women find the information they need to navigate through breastfeeding challenges that might arise.

This early face-to-face introduction is likely to lead to more use of the Mum4Mum programme as that initial contact has already been made. The way that Mum4Mums are most commonly accessed by the community is when they are friends, relatives, and acquaintances that a breastfeeding mum already knows. So by familiarising them at the start, the hope is that these mums will feel comfortable reaching out

for support. Sometimes women can feel like an issue they're dealing with (such as sore nipples) isn't significant enough to ask their LMC or GP, so they may wait until it becomes a larger problem that threatens the continuation of breastfeeding. By having a peer contact where they can field their "small" questions, it's possible to deal with a problem before it becomes harder to manage.

A basic understanding of how breastfeeding works can go a long way to combat the many myths circulating that serve to discredit breastfeeding as normal infant feeding. Promoting the Mum4Mum programme is an effective way of instilling sound breastfeeding knowledge in our communities. For more information about Mum4Mums or West Coast breastfeeding support, contact Erin Turley, Breastfeeding Advocate at the PHO (03) 768-6182 or [erin.turley@westcoastpho.org.nz](mailto:erin.turley@westcoastpho.org.nz)

## Supreme baking



Bev Jones from Medical Records whipped up this culinary delight as a farewell to locum Prof Norman Sharp recently. We particularly like the look on the patient's face, the fish, and the thought bubble showing Prof Norman would rather be fishing...!



Head of Physiotherapy Janette Anderson was surprised by her staff recently with a morning tea to celebrate International Boss' Day.

## Get Ready Get Thru: What may happen in an earthquake!

Lesley Holmwood set up this scene in Grey Base Hospital recently to highlight the need to make sure things like bookcases are secured.



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## Yvette Biliczka

### Clerical/Reception

#### What does your job involve?

Lots of stuff that I am still learning.

#### Why do you choose to work in this field?

Admin is something I have done for a long time and I enjoy it.

#### What do you love about what you do?

The variety and challenges.

#### What are the challenging bits?

At the moment it's learning lots of new stuff, a bit like learning a new language.

#### Who inspires you?

My kids.

#### What was the last book you read and/or movie you saw?

Am part way through a couple of books at the moment and can't remember either right now and I am waiting for "What we do in the Shadows" to play in Reefton.

#### If you could be anywhere in the world, where would you be?

I would be travelling around with no permanent abode.

#### What's your ultimate Sunday?

Fishing on the beach.



#### Fave food?

Ginger toffee self-saucing pudding.

#### Fave music?

Anything I can play on my Uke!

#### Ever won an award or a medal?

No.



**The Health Quality & Safety Commission has developed a table capturing Open for better care and Commission events over the next 12 months, including expert advisory and steering group meetings.**

**This is regularly updated and we hope it assists with planning.**

PLEASE [CLICK HERE](#) TO READ ABOUT THIS AND OTHER STORIES IN OUR LATEST NEWSLETTER.



**The new Kahurangi mural painted by eight artists from the Greymouth Art Group was blessed by Fred Ratahi at a ceremony to officially launch the mural recently. With Fred here is Kahurangi Clinical Nurse Manager Paula Mason.**



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## One minute ... Over the Hill

### Over the Hill with Ruth Cochrane

**Ruth Cochrane comes to the Greymouth Hospital two days a month in her role as a Professional Supervisor of Senior Nurses in the WCDHB. This role supports the nurses by offering an opportunity for reflection, exploration of issues, professional development, enhancing communication skills, developing systemic thinking and creating positive relationships within their workplaces.**

Ruth has a nursing background and has worked in various Leadership and senior clinical positions mostly in mental health nursing. She has her own private practice offering supervision and leadership development and works across DHBs and the NGO sector providing leadership training, supervision training, individual supervision and group supervision.

"I love coming to Coast and supporting the nurses. The issues that the Coast face are unique and I have a huge respect for the dedicated work and commitment that staff have here in their work."

Ruth lives in Christchurch with her partner, Alistair Cree, and her two adult sons Rowan and Lewi. She also has



another connection with the West Coast. Her partner Alistair works as a business analyst for Westland Milk and also spends time working in Hokitika.

In her spare time, Ruth enjoys walking the dogs (she has become a pug fan after adopting a pug called Clara who is a playmate for her Australian Terrier, Dixie), cycling (has just completed the Otago Rail Trail), movies, reading, painting and spending time with family and friends.

"My philosophy? Acceptance, tolerance and compassion. All great qualities. Kindness and generosity are also in there, and fun."



### Special days ...

## On Friday 24 October it was World Polio Day...

## Wanted: Home help work for experienced mature worker!

**Val Gladstone deserves a medal. There can't be too many 87 year-olds around with their name down at an agency waiting for a chance to help others.**

A few weeks ago, after 49 years of service, Val finished working for the West Coast District Health Board. She hasn't retired, she is on the lookout for alternative employment - for Val, retiring is not part of her future plans.

"I just want to keep on doing what I've always done! I like working – getting out and meeting people."

Val has five children, nine grandchildren and eight great grandchildren. She has always worked part-time, so her children never had to come home to an empty house.

At her busiest, Val had around five clients and worked around 15 hours a week, although more recently that had dropped to four hours a week.

She has also volunteered as one of the "friends of the hospital", arranging flowers and visiting people who had no family.

For most of her working career, Val has provided home help for years at a time – she provided home help for one family for 30 years, going in twice a week, cleaning the house and doing odds and ends.

"You saw what needed to be done and just did it. Of course from time to time you'd do a few extra things for them. I usually worked for one person or a family until they didn't need me any more. You become like one of the family."

More often than not in the past 20 years Val has been older than the

clients she is assigned to assist. She has been able to work right up until a very recent scare with cancer, which meant she couldn't work for about a month after an operation. However she credits her speedy recovery to her good physical condition.

"I've always been fit. You've got to keep moving. I couldn't just sit around, I'd get bored to tears," she says.

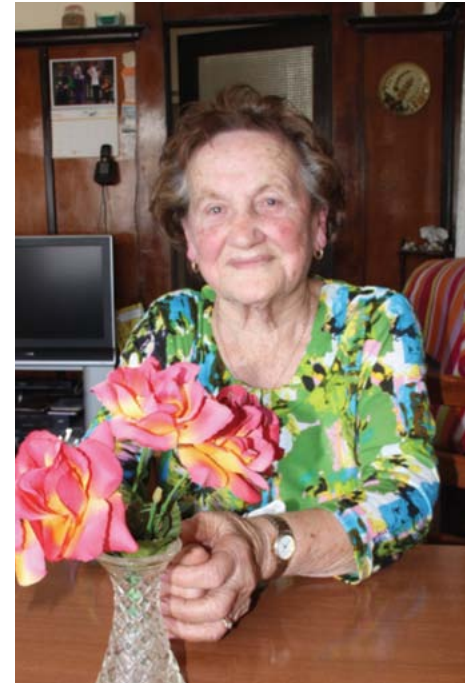
Her first husband Jimmy died duck shooting when Val's boys were only three years old and six months old. She knew Stan because he and Jimmy were both boxers. After Jimmy died, Val was out at a dance and after "breaking the ice" by dancing with her sister, Stan asked Val on to the floor and the two hit it off.

After they married, the two continued to dance on Saturday nights for years. When John Hore Grenell played in Runanga some years back he described the couple as "Runanga's Torvill and Dean" (the British couple who were darlings of the ice-skating world for years).

While she is currently out of work, Val is determined to keep busy and still visits former clients.

"The first time I went up to see one man I took my work bag with me until I realised, 'oops, didn't need that'."

At home, she's quick to spot a corner that needs dusting. She discusses with Stan whether to reinstate around their



house the miniature golf course that used to be a thrill for their grandchildren.

"We used to have a lot of fun on that," she recalls.

The couple have been in the same house in Runanga for 61 years and are among the town's oldest original residents. Val's family home was 200 metres up the road.

"When we were young this town was thriving – it had a butcher, baker, shoe place, drapers and a co-op. And that many buses on a Friday. You didn't have to go to town at all."

While dancing might not be on the cards right now ("people stopped going and so they stopped having bands"), Val is looking for work. So if you want an employee with an incredible zest for life and a good amount of experience, she would appreciate a call!



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## West Coast DHB scholarship and studentship awards for 2014

**Studentships:** Nicole Doolan, CPIT; Bethney Teasdale, UOO; Nicole Friend, CPIT; Shannon McNoe, CPIT. These students will be working at the DHB from 17 November to 24 December 2014.

**Scholarships (\$500 each):** Victoria Baker, CPIT; Kimberley Baker, NMIT; Furtune Ndou, UOO; Georgia McInroe, NMIT; Nicole Doolan, CPIT; Guiselle Sloan, CPIT; Bethney Teasdale, UOO; Alice Carmine, Otago Polytechnic; Shannon Solomon, CPIT; Jessica Rathgen, CPIT; Joshua Hudson, UOO; Miyuki Neufeld, Massey; Nicole Friend, CPIT; Ezra Ritchie, UOO; Amy Mannering, UOO; Kathleen McInroe, NMIT (posthumously).

**The following scholarship recipients are receiving Maori or Pacific Island heritage awards:** Rebecca Curtis, CPIT; Vanessa Olliver, CPIT; Shannon McNoe, CPIT; Matthew Sollis, UOO; Elysa Sollis, CPIT

**Note:** Kimberley Baker is the inaugural recipient of the Kathleen McInroe Scholarship Award 2014. The Award has been named after the tragic loss of nursing student Kathleen McInroe in 2014, with the consent of her family. Kathleen had also applied and has been awarded a scholarship posthumously.



## Photos wanted!

**We're a bit short on West Coast scenic footage and people photographs.**

We'd love all you avid photographers out there to help out – submit any photographs you are happy to have used in the DHB publications like the *CE Update*, *Report to the Community* and on our website. We're happy to give you a photo credit, or attach your personal email, in case others want to get copies. Note, if the photos feature people, please ensure they give permission in writing, with their name, email and phone number, for the photo to be used. [CLICK HERE](#) for a consent form which is available on our Intranet.

## Alliance Review 2014



A couple of times a year we like to take stock of what the Alliance has been working on and how the South Island is progressing towards its regional vision of an integrated, collaborative, efficient and most importantly high quality health sector.

The Alliance has made tremendous steps forward with initiatives being introduced and consolidated across the South Island, whilst also establishing new groups to focus on important health areas.

[CLICK HERE](#) to read more.



### UPCOMING EVENT

The Health Quality & Safety Commission has developed a table capturing Open for better care and Commission events over the next 12 months, including expert advisory and steering group meetings.

PLEASE [CLICK HERE](#) TO READ ABOUT THIS AND OTHER STORIES IN OUR NEWSLETTER.

Whānau Ora Update  
for District Health Boards



### Tēnā koutou

[CLICK HERE](#) to read the 26th issue of Te Kete Hauora's electronic newsletter, providing District Health Boards with Whānau Ora updates.

## Closure of the Riverside entrance at Christchurch Hospital

– from 15 October

**As the site works start for Christchurch Hospital's new Acute Services building, it is necessary to close the Riverside entrance of the hospital from Wednesday 15 October 2014.**

The Riverside entrance is at the rear of Christchurch Hospital - off Rolleston Avenue.

This closure is necessary for infection control and safety reasons as construction traffic begins to come on site.

Anyone who would normally use the Riverside entrance is asked to use the main entrance of the hospital, off Riccarton Avenue. There will be no access for private vehicles via the Rolleston bridge. This will be for pedestrians only.

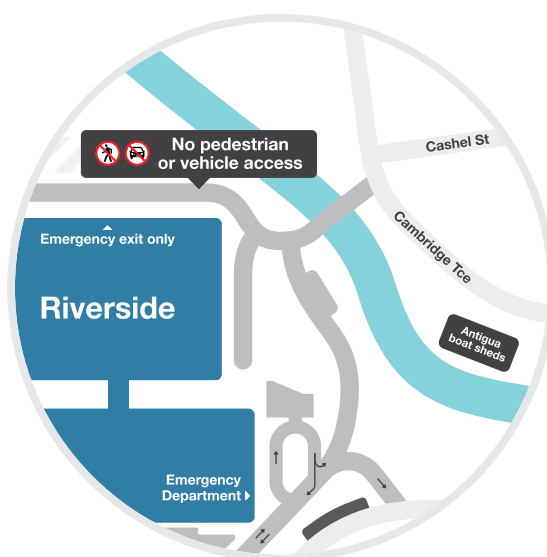
Patients should check their appointment letters carefully and allow more time to reach Christchurch Hospital, Christchurch Women's and Hagley Outpatients clinics.

From 28 October, the main entrance will be a drop-off zone only, and on-site public parking will be limited to mobility parking spaces.

**More information on the new Park & Ride scheme, drop-off zone and other transport options are available at [cdhb.health.nz/parking](http://cdhb.health.nz/parking)**

### Canterbury

District Health Board  
Te Poari Hauora o Waitaha



McCarthy/Make\_CDHB11Oct PR

Please click below to find some "Park and Ride" information for patients going to Christchurch Hospital while the re-build is underway there:

[CLICK HERE](#)  
to see more.

**Starts on 28th Oct**



## New Risk Management System: DHB Update #1

1 October 2014

### Development On Track, Testing Has Begun...

Development of the new electronic risk management system (currently known as RL6) is progressing well: key milestones have been reached and the system is on track to achieve the first planned South Island DHB launch and phased roll out in 5 weeks time!

The integration of the new system into South Island DHBs will deliver improved patient safety outcomes and support a reduction of risk for DHB patients, staff and visitors. The South Island Alliance's Quality and Safety Service Group (Q&SSLA) is coordinating the development and roll out of the new system, and a team of patient safety and quality specialists from each DHB are currently "user testing" the system to ensure that it will deliver excellent performance for each DHB in all areas of risk and incident management.

The testers are working through numerous test scripts, providing multiple scenarios for them to test the many different paths that each form can take. Tailored "Event forms" have been designed covering risk, incident, hazard and restraint and have been configured to work across the system for each DHB.

The new system is on track to support the creation of a "just culture" across the South Island, and to help bring patient safety to the forefront of quality care.

### Naming Competition News!

There has been an overwhelming response to the new system's naming competition! Over 260 names were suggested by staff working in all areas of health, across the South Island. A shortlist of preferred names will be recommended to the Project Board who will vote to confirm the winner. The winner and the new name are expected to be announced by the end of October – watch this space!



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West Coast  
DISTRICT HEALTH BOARD  
TE POARI HAUORAA ROHE O TAI POUTINI

**PATIENT  
SAFETY  
WEEK**



West Coast  
DISTRICT HEALTH BOARD  
TE POARI HAUORAA ROHE O TAI POUTINI

2014



**BETTER CARE STARTS HERE**

**3–9 November**

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[newzealand.govt.nz](http://newzealand.govt.nz)

