

# CEUpdate

13 July 2015



**The recent rain, snow, floods and wind are a reminder, in case we needed it, that winter is here. Over the last couple of years winter illnesses have hit West Coasters hard. As we talked about in a recent CE Update, one of our pregnant mums who was not immunised nearly died last year.**

The flu is something that puts pressure on our health system every winter. If you haven't yet been immunised please take advantage of one of our free staff flu clinics. If you have been immunised, thank you – please encourage your friends and family to get vaccinated too. Immunisation is an effective way of helping you and your family stay well, while at the same time protecting our patients from preventable illness.

## **Buller older persons' health**

You will have heard that we've announced a direction of travel and we're currently consulting with staff on the closure of our Buller rest home Kynnersley, and strengthening homebased supports. Let me assure you this has not been a direction of travel that we've decided lightly. We've spent several months in conversations with Buller people, including stakeholders who identified themselves as being interested in regular meetings to discuss issues around the health of older people. These conversations highlighted for us the priorities identified by the Buller community. Some of these are areas that we are pursuing in partnership with the council and other agencies, issues like housing that is not fit for purpose for older people, lack of public transport, and social isolation. The DHB has recognised we need to strengthen our homebased care and ensure our staff

out in the community are well trained and supported. Because we intend to consult on the proposal to strengthen community services alongside the proposal to close Kynnersley Home, the outcome of that consultation process and the inputs of our staff will shape what those community services will look like, how they will be resourced and any impact to our staff currently working in our aged care facilities. At every meeting we held in Buller to talk about the outcomes of these conversations, the overriding concerns staff had were for our residents. Transition is an unsettling time, but I want to say how much I appreciate the care and attention given by our staff to the residents. Thank you.

## **Allen Bryant residents**

We are working with residents and their families trying to find the best temporary placements for 45 people following the recent flooding emergency in Hokitika which has closed Ultimate Care Allen Bryant for up to six months. We have allocated room for several residents at Grey Base Hospital – "the Allen Bryant space", and with support from wider staff we have been able to extend the capacity of this space. Allen Bryant staff are providing care to these residents of Allen Bryant who have relocated to this space. Other Allen Bryant folk are in private homes, or other aged residential care facilities on the Coast. The temporary loss of Allen Bryant means we now have limited bed capacity on the Coast to maintain normal access to respite care, and we have reduced capacity for any new people we would normally place in aged residential care each month. However we will still ensure people have the appropriate care available when they need it, and to continue to have assessments about what level of care might be required.



We will continue to meet with all Allen Bryant residents and their families to ensure we understand the residents' level of need. Our goal is to keep the most vulnerable and dependent people in the local area. Any prioritisations of people needing aged residential care will only be actioned if a regional area (Greymouth, Reefton or Westport) reaches 100% occupancy. We may have to move the less vulnerable off the West Coast (i.e. Canterbury) or to a Westport facility. As new people present themselves to us through the health system, we will discuss and assess their needs using the same process we use for Allen Bryant residents, to ensure equity of access. This is a major undertaking for our Complex Clinical Care Network team, they're dealing with a situation on a scale that is huge for the Coast. Please support them in any ways you can.

Take care.

**David Meates**  
CEO

## Larry King clears the air

**Life hasn't ever been that easy for self-professed gypsy Larry King. The 65-year-old was adopted out as a baby, was encouraged to share cigars with his "difficult" stepfather from the age of 12, and is currently off work because of health issues.**

However, since 6 November last year Larry King has been a non-smoker, and he says the air around him now smells so much better.

For several years Larry has been living in his "one bedroom flat on wheels" – a house bus that he has done up himself. He's rightly proud that he has pretty much every licence required to drive anything on the road. He's also had all sorts of jobs.

He rattles off the names of towns he has lived in – sprinkled through Southland, Otago, Canterbury and the West Coast.

Most recently Larry has been working in Reefton in the mining industry, until he put his back out late last year.

"I looked like a 95-year-old on sticks, I couldn't get anywhere," he says.

Over the years Larry has been quite fit. He used to run marathons and triathlons. While he "smoked and drank a bit" during that time, that increased with the pressure of some of his tougher jobs.

Smoking cessation advisor Jeanette Thomas visited Larry after his surgeon suggested he give up smoking before getting the required back surgery.

"He said it wouldn't heal as well if I continued to smoke. He really threw it at me. So I thought about it for three weeks and rang Jeanette to start the ball rolling.

"She had some great advice. I'm taking it one day at a time, but I've done eight months now and I have to say I do feel better. I used to have brown stripes under my nose and nicotine fingers –

those have disappeared. I'm keeping my mind and hands occupied."

Larry is now looking for some light work for a couple of months while he continues to recover. He would love some maintenance or gardening work and is more than happy to be based in Greymouth or Westport if necessary.

"I'm meeting my goals. All I can say to others, particularly teenagers, is to try and listen to and hang around with non-smoking friends and family. Pick the right friends. And find something to do that you love."



Larry King – what it's like to give up smoking



Buller Health staff nurse Stephen Head checks the oxygen saturation levels for patient Kevin Case (70) of Hector.

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## “We are the international nurses”

**A brief extract from original research completed to acknowledge the international nurse workforce and fulfill the requirements of a Master of Nursing**

Internationally Qualified Nurses (IQNs), or nurses who gained their first nursing qualification outside of New Zealand, are a significant and important section of New Zealand's Registered Nurse (RN) workforce. These nurses have represented approximately 25 percent of the total RN workforce since 2010 (See Figure 1) and have become vital to aged care services; comprising roughly 40 percent of all RNs practising in this setting. Despite these nurses being so valuable, little is known about the experiences of IQNs who have come from abroad to work as RNs in New Zealand.

In 2014, a small research project was conducted (with Massey University Human Ethics Committee approval) to explore the experiences of Filipino and Indian IQNs working in New Zealand as RNs in aged care.

This research identified three themes that demonstrate the transitions experienced by IQNs when coming to New Zealand; The physical transition, the social transition, and the professional transition.

Findings from The professional transition raise questions about how IQNs are supported by their New Zealand colleagues, professional bodies, and wider community during the pre and post-registration phases. These findings should encourage all health professionals to engage with their IQN colleagues and reflect on what could be done to support these valuable nurses who feel they must “prove” themselves in New Zealand:

“For me, the challenge would be because we are the international nurses – proving ourselves... when you come here. Because international nurses have already the experience of a nurse, so it's just when you get to the work you have to prove yourself – that you are also a good nurse...”

If you are interested in reading more about the results from this original research, contact the author, Brittany Jenkins, by email: [brittany.jenkins@westcoastdhb.health.nz](mailto:brittany.jenkins@westcoastdhb.health.nz).

The presentation is also available on the intranet. [CLICK HERE](#).



**Resuscitation Service Leader Brittany Jenkins delivers her International Nurse's Day presentation “We are the International Nurses”.**

## TRANSPORT AND SHUTTLES LINK ADDED

Our intranet has now got a link on the main navigation bar titled: [Transport & Shuttles](#). This was put there to make Free Health Shuttle info easier to find for anybody. Feel free to pass this info on to anyone interested.





## New national monitoring tool aims to accelerate Māori health improvement

**A new web-based monitoring tool seeks to speed up Māori health gains by increasing access to health performance information.**

The Māori Health Plan Monitoring Tool, was launched on Thursday 11 June, by Bay of Plenty District Health Board (BOPDHB) as the brain child of doctor George Gray "All DHBs must now have a mandatory Māori Health Plan," said Dr Gray. "Those plans indicate what each DHB is going to do to progress performance against a set of 16 health indicators relating to Māori. Until now DHBs have had a number of mechanisms, of varying quality, which checked ongoing performance against those indicators. Standardising the DHBs approach to monitoring is a gap that this tool fits.

"There are multiple examples of Māori having poorer health system experiences and that flows on to poorer outcomes and poorer life expectancy. To change that requires ongoing performance improvement."

The monitoring tool works on a similar basis to the Ministry of Health's quarterly Health Targets, which give greater

visibility and accountability to how a DHB is performing.

Similarly, Māori health information on all 20 DHBs will include performance trends, rankings against other DHBs, disparities between Māori and non-Māori, as well as links to seminars on 'best practice' by the nation's top performers.

Graphs are colour-coded to show how a DHB is performing against each of the 16 health indicators. The tool is updated every 24 hours with the latest available Ministry of Health data.

On the West Coast we have been producing Māori health plan dash board reports for some time now. However it will be a real advantage for us to look at what is occurring in other DHBs to compare results and seek out examples of best practice when relevant.

We intend to report this information to CPHAC, Tatau Pounamu, HAC and the Board. In addition all these reports are available on the internet and intranet.



## Bouquets

*To Brian Field and all at Hospital*

*I wish to thank you for the care you gave my brother in his time at the hospital and especially in the Kahurangi Dementia care unit.*

*I would like any money that he left at the hospital to be donated to a fund for the residents of the Kahurangi unit. Maybe to assist in some social event for them. Whatever you need or can use it for.*

*Also any clothing to be donated to the Salvation Army.*

*Once again thank you all very much.*

*Yours sincerely*

*(Resident's youngest sister)*

**Winner of Marsh Insurance competition Easter competition \$100 dinner vouchers was a delighted Libby Doran from the Planning & Funding team.**



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## New facilities mocked up

Greymouth staff were recently invited to visit mocked up new Grey Hospital and Integrated Family Health Centre rooms that had been set up at Grey High School by Canterbury Design Lab staffer Dayle Hunt.



Allied Health staff, from left: Lara Bakes-Denman, Jessie Lott, Nikki Hegarty, Amelia Barclay, Tara Jopson, Mai-lin Ranson, Megan Thorby and Margot van Mulligen.



Design Lab's Dayle Hunt and Allied Health Associate Director Lara Bakes-Denman discuss patient rooms.



From left: Nick Leach looks at the new hospital layout, with project manager Margo Kyle pointing out information to Pharmacist Tracey Makinson.



Barclay staff Rachel Steele, Tonika Tibbotts, Megan Rowlands and Jinto Antony check out the mock bathroom.



## Special days...

## Glaucoma New Zealand Annual Awareness Month

JULY



## Hokitika on view for people receiving radiotherapy

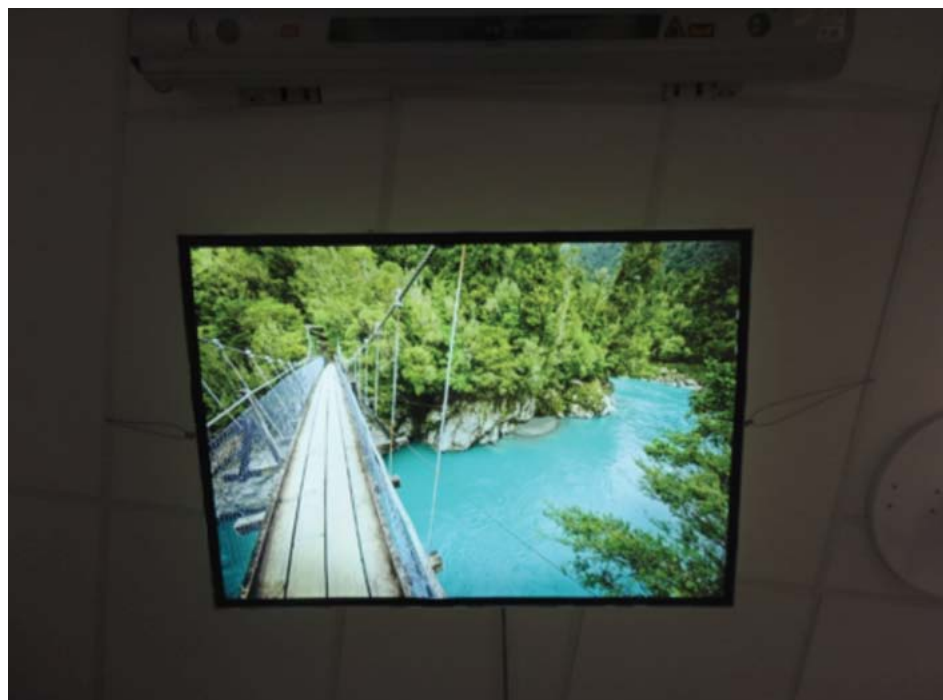
**Funds gained from Dry July Campaign have been used to provide beautiful murals and ceiling pictures of New Zealand scenery for the Radiotherapy Department at Christchurch Hospital.**

The murals cover the walls leading into the treatment rooms and the ceiling pictures are placed for patients to look at while lying on the beds. The ceiling of the Planning CT Scanning Room features a lovely picture of Hokitika Gorge.

Radiation Therapist Laura Ross says that because this room is the first place in the Radiotherapy Department that patients visit, they can be quite anxious and nervous.

"In a room full of large machines and medical equipment, it is so nice to have

a tranquil picture for patients to look at. Whether the patients try to guess where the scene is, reminisce about a time they were there or comment on how beautiful the colour of the water is, our Hokitika ceiling picture is something patients always notice and talk about. These images really brighten up the Radiotherapy Department and have been a wonderful addition for the patients. I am so grateful for the Dry July Campaign for providing these comforting images for patients. Thank you Dry July!" says Laura.



**Patient's Perspective:** View looking at the Hokitika Gorge ceiling picture while lying on the bed in Planning CT Scanning Room at Christchurch Hospital.

You can read more about other items purchased with Dry July funds on [Canterbury DHB's website](#).

## Zero fees for under 13s

From 1 July the current zero-fees scheme for general practice visits and prescriptions for children aged under six will be extended to children up to the age of 13.

The aim of the zero-fees scheme is to improve child health outcomes by removing financial barriers to access both daytime and after-hours general practice visits and prescription medicines.

The zero-fees scheme applies to a standard daytime visit to a GP or nurse at the usual practice where the child is enrolled, or to an after-hours visit to a participating clinic. It also applies to injuries covered by ACC. West Coast DHB general practices and non-DHB practices have indicated they will offer zero-fee visits for children under 13. Fees for extended consultations, procedures and extra services, such as certificates or equipment, will continue to be charged in the usual way.

The \$5 per item prescription co-payment on subsidised prescription medicines will also NOT be charged for children under 13. Other pharmacy charges remain unchanged, such as medicines that are either not funded or only partially funded by Pharmac.

West Coast Primary Health Organisation Executive Officer Helen Reriti says this will be good news for West Coast families, particularly when children under 13 are sick after hours.

"If any child is sick, families should ring their own general practice and they will be directed where to go to have their child seen for free, whether it's during the day or after hours," she says.

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## New Buller Health Medical Centre teams

**Buller Health Medical Centre is changing the way it works, to provide better continuity of care for our patients.**

All our patients will now be part of a team. In our two teams are doctors, and allied health professionals, and support services working together for you. Appointments with Allied Health professionals (physiotherapists, dieticians, occupational therapy, social work etc) are also available through the practice. When patients ring to make an appointment, we will try and establish over the phone what type of healthcare professional they might need to see and book them in with the right team member for their health needs.

## Rain!

The gauge from 9pm on Thursday 18 June when Franz Josef was about to record 300mm of rain in one day, apparently not unusual!



## Huge response in Whataroa!

**About 50 people of Whataroa's 300 residents turned up on one recent night in way below freezing temperatures to sign up for the South Westland Challenge.**

The challenge is to walk as many steps as the Te Araroa Trail (the length of New Zealand), over 100 days from 1 July.





## One minute ... Over the Hill

### Christine Beasley – Coordinator Clinical Skills Unit

#### What does your job involve?

I coordinate the Clinical Skills Unit (CSU) based at Christchurch Hospital. The Unit provides both training facilities and clinical training equipment to any health professional group within both the Canterbury DHB and West Coast DHB. One of the big areas of work currently is the development of simulation-based learning and human factors awareness (safety) training. The CSU is encouraging the training of existing teams in rare but complex situations which will help reduce risk to patients. I am working on a number of projects to improve healthcare professional training throughout the region and in rural areas. CSU also provides training equipment to health professional groups to use outside of the department.

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

I had previously been in health education roles in the UK and found that I had a passion for teaching. A secondment came up for the CSU Coordinator lasting one year, which I thought sounded interesting. That was in 2010. I saw an opportunity to develop and improve training opportunities for all healthcare staff and I am still here.



Christine Beasley

#### What do you like about it?

I particularly enjoy the simulation-based learning and human factors awareness sessions. I have a huge interest in improving patient safety, team training and learning from our mistakes, to the extent that I have just completed my Masters of Health Sciences – Nursing Dissertation on the subject. I have organised an interest group in simulation for all health organisations within Canterbury to come together every three months to share simulation ideas and

collaborate on inter-professional projects. I strongly support the idea that teams who work together should train together and this includes all the team not just nurses and doctors. I am currently working with the South Island Regional Training Hub (SIRTH) to investigate and recommend a strategy for ensuring clinical skills and simulation training is available to health professionals in rural and hard to reach areas for the whole South Island - working with other clinical educators and developing new ways of training that reduces the travel time for our colleagues in other regions such as West Coast, Kaikoura, and Ashburton. For example, with the use of video conferencing we are investigating how we stage the main training in Christchurch, where the presenters may be, but have local trainers to facilitate the interactive sessions. Watch this space!

#### What are the challenging bits?

CSU is now situated in what used to be ward 32. The area was not designed for clinical skills or simulation and so it is a bit like Lego, we are building our capability and realism brick by brick. With the dedication and support from Biomedical Engineering we have just added new patient monitoring



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...continued from overleaf

equipment. The department is made up of one full time member of staff, (me) and my ideas are sometimes too big for one person to achieve so I spend a lot of time meeting and collaborating with others to gain support which takes me away from the actual work.

## **Who do you admire in a professional capacity at work and why?**

There are a few people I admire in my day to day work, including Neonatal Consultant, Maggie Meeks. Maggie works tirelessly to improve simulation and human factors awareness training and I am always inspired by her enthusiasm, ideas, commitment and energy. Also Jeanette Dallas, Nurse Manager Professional Practice Development, Professional Development Unit. Jeanette's enthusiasm for health professional education is infectious and the way she is able to generate change, through education is to be admired. Finally, the Canterbury Collaborative Simulation Interest Group (CCSIG). All healthcare professionals who are committed to improving simulation-based learning and put in a lot of their own time, resources and expertise because they are so passionate. They come up with some amazing ideas and training sessions.

## **The last book I read was**

A Cellarful of Noise: Biography, Brian Epstein

## **If I could be anywhere in the world right now it would be**

I have not been back home for a few years so I would go home to the UK to welcome new family members and catch up with great friends.

## **My ultimate Sunday would involve**

After completing a four years of study, anything that does not involve a computer and is outdoors.

## **One food I really dislike is**

Cabbage and brussels sprouts, never liked them, never will.

## **My favourite music is**

Anything that makes my foot tap. I grew up listening to Motown and Soul, but currently I am listening to Sam Smith and Palomo Faith.

**If you would like to take part in this column or would like to nominate someone please contact [lee.harris@westcoastdhb.health.nz](mailto:lee.harris@westcoastdhb.health.nz).**

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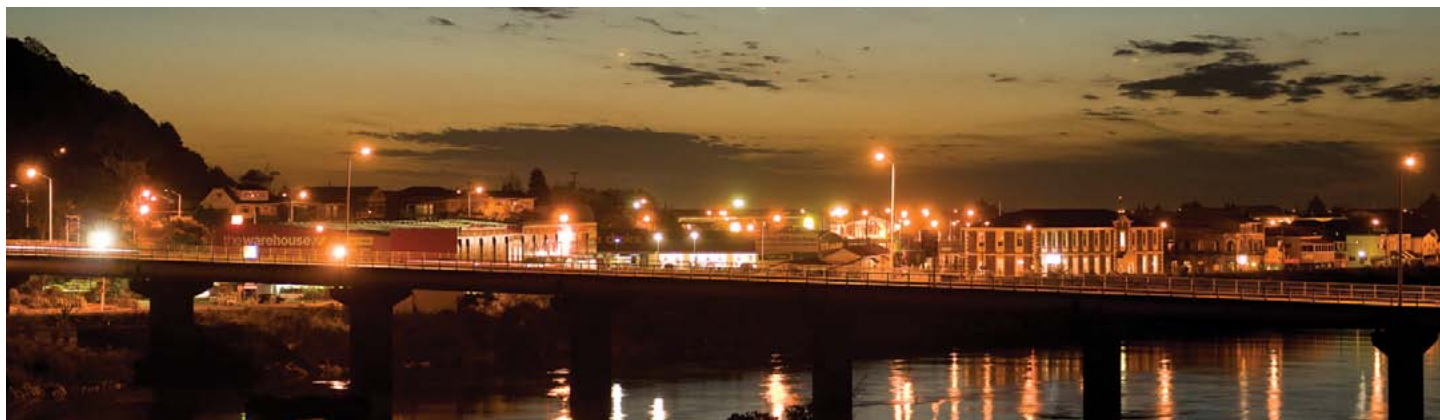
## **Another Dry July**

**The Canterbury Regional Cancer & Haematology Service (CRC&HS) is asking for your support again this year to raise funds for Dry July.**

Dry July is a nationally run, on-line fundraising and health awareness campaign. An individual or team signs up to the challenge of a month-long sponsored abstinence from alcohol.

Sign up now for Dry July and support adults living with cancer who receive treatment from the CRC&HS, this includes people who travel to Christchurch Hospital from the West Coast.

The Dry July website has a lot of cool stuff including a fun video on the home page and a wellbeing section that talks about how to manage sugar cravings, managing your daily life stressors, 10 top tips for eating out, Probiotics, Prebiotics and how to make kiwifruit popsicles.

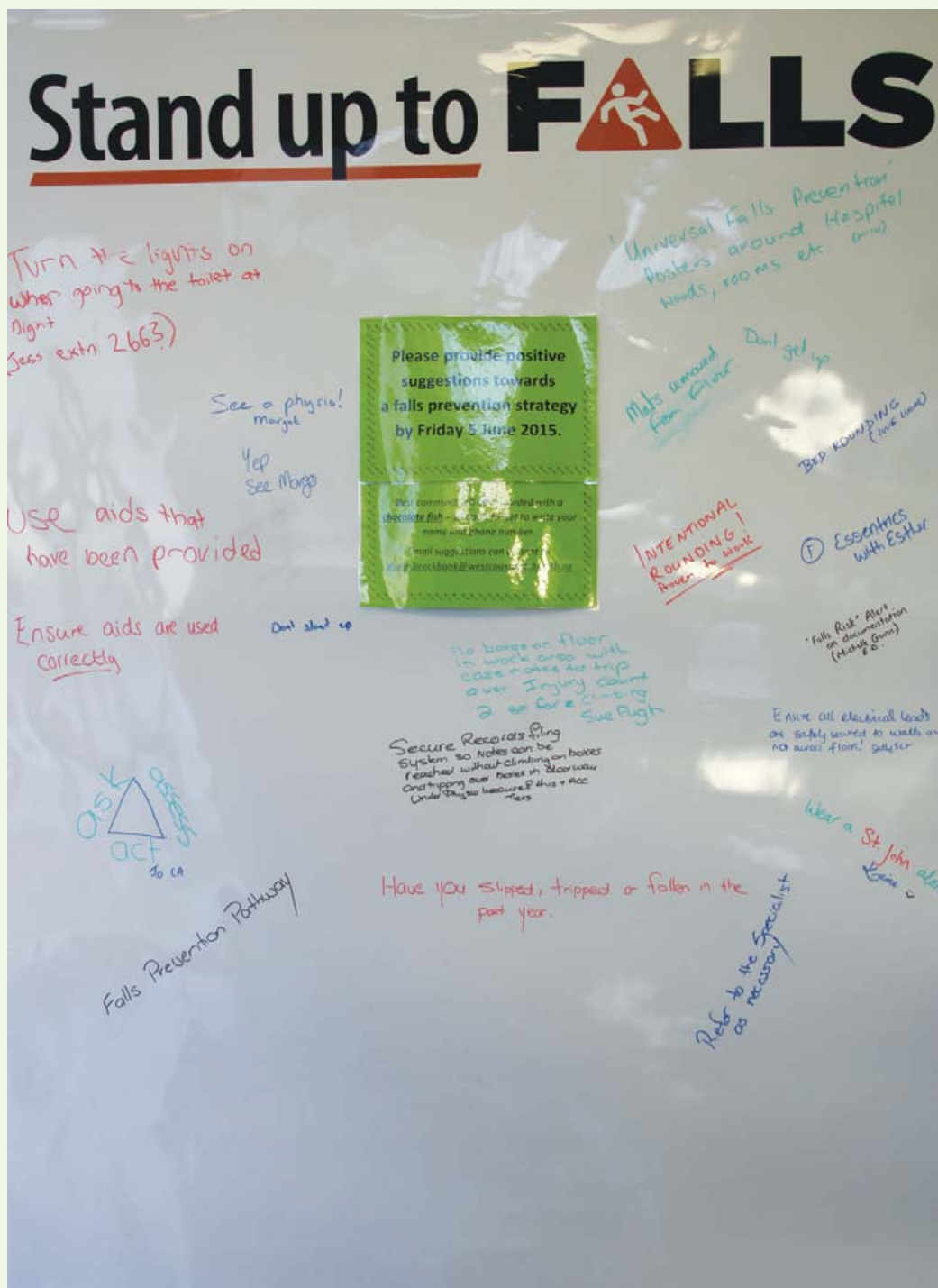


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West Coast  
DISTRICT HEALTH BOARD  
TE POARI HAUORAA ROHE O TAI POUTINI



A poster near Grey Base Hospital reception received loads of great suggestions for ways to prevent falls. Great work everyone! The winner was Michelle Gunn of ED for her "Falls Risk alert on all documentation" suggestion.



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## West Coast Health Shuttle Service

A St John Health Shuttle service is available in your community to provide transport to health related appointments within the Greymouth/Hokitika area.

The service operates Monday to Friday. Bookings are required by 12noon the day prior to transport.

This service is run by volunteers. We accept donations for Health Shuttle transport to help cover costs as we do not charge a fee.

For more information or to make a booking, please contact

**0800 009 865** between 9am and 3pm

Working Together



**St John**  
Here for Life