

CEUpdate

19 August 2015



Washing your hands is simple, easy and one of the most effective ways of improving outcomes for patients.

Hands can be dangerous - that's the theme from our new eye-catching hand hygiene campaign. As part of this month's hand hygiene focus we have been given permission by Italian artist Guido Daniele to use his 'Handimals' artwork.

Don't be alarmed when one of his stunning works of art pops up on our Intranet or in emails from colleagues. As well as being eye-catching, the graphics are a fun way to remind us all to clean our hands. We know that clean hands save lives. Cleaning your hands is essential for everyone who works with patients, however, it's also good practice as a way of keeping yourself and your family healthy and free from germs.

The World Health Organisation says hand washing is the single most important thing everyone can do to keep themselves healthy. It's a simple fact that good hand hygiene by health workers reduces healthcare-associated infections caused by resistant germs.

If you notice any patient beds that don't have hand gel (alcohol based

hand rub – to be precise!) attached to the foot of the bed, do something about it. It's not okay to turn a blind eye. Hand gel is an essential piece of kit, just like a blood pressure cuff, clean linen and a bed. Let's make it easy for everyone to clean their hands.

The West Coast DHB is currently sitting at sixth on the Hand Hygiene NZ table – with 82.9% compliance with the five moments of hand hygiene - that is actually a great result and above the national target of 80%.

More information and ideas about how you can encourage your colleagues to lift their game can be found here.

Grazie Guido, thank you for letting us




use your stunning images.

Please help us promote hand hygiene by downloading an email banner, and encourage your family, friends and contacts to do the same. For more information about how to do this see further in this issue.

Take care.

David Meates
CEO



Welcome to the next issue of the *Open for Better Care* newsletter for 2014.

[Click here](#) for more information.

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Grey pharmacies excited about healthy future

Changes to pharmacy services in Greymouth will be beneficial for patients first and foremost, Greymouth pharmacists say.



Olsen's and Mason's Pharmacies are combining their strengths to operate the new Greymouth Integrated Family Health Centre (IFHC) Pharmacy which will be next to the new Grey Hospital.

Olsen's pharmacist Julie Kilkelly says the new community pharmacy will be very handy for people.

"People being discharged from hospital or seeing a doctor at the IFHC will be able to get their medication or see a pharmacist on site," she says.

Mason's pharmacist Lindy Mason agrees the location will be useful for both patients and DHB staff.

"The planned pharmacy will be located close to general practitioners that are based in the new IFHC, but also near outpatients and emergency areas. The hospital's own pharmacy will continue to service patients in the wards. Being located next to each other will enable

a higher level of communication and sharing of resources. The goal is a seamless transition for patients between hospital and community care," Lindy says.

Those who are based in Greymouth CBD will still be able to visit a full retail pharmacy for prescriptions, repeats, or the usual range of retail items available.

"Greymouth has been lucky to have pharmacists who have stayed on the Coast and provided continuity of healthcare throughout many changes of prescribers. Our pharmacists have been committed long term to their communities, including Reefton. Pharmacy services to Reefton will not be affected by changes occurring in Greymouth, and residents there can expect Mason's Healthcare to provide quality care and service into the future," Lindy says.

The three community pharmacy owners, Julie Kilkelly, Kerri Miedema and Lindy Mason, along with their staff pharmacists, pharmacy technicians and pharmacy assistants would be rostered to ensure continuity of care at IFHC and central Greymouth sites.

"Together we look forward to offering a satisfying and innovative environment for both staff and customers," Kerri says.

The IFHC community pharmacy will be focused on dispensary medicines, will provide a range of retail items to meet the needs of customers of the IFHC, hospital staff, patients and visitors, and have its own consulting room, so people can talk to a pharmacist in private.

The new Grey Hospital and IFHC are expected to open in mid-2017.

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Opiod collaborative update

A West Coast DHB team has just returned from a national Health Quality and Safety Commission Opioid Collaborative workshop with great ideas from national and international initiatives.

Quality and Patient Safety Manager Paul Norton says the workshop attracted around 100 delegates from DHBs around the country.

"It was really useful to hear the ideas shared and problem solving via this collaborative learning experience. Nationally our aim is to reduce harm from opiate use within inpatient settings by 25%," he says.

"Our local Opioid Collaborative team will be introducing further initiatives around different parts of the West Coast health system as a result of attending the conference."

For more information, contact Paul Norton, ext 2808.

Below: One of the Quality Team's latest initiatives ... look out for this one in a toilet near you.



Bouquets

Grey Hospital
West Coast Health Board

Dear Sir,

I wish to convey my appreciation for the care I received at Grey Hospital on 23/24 June this year. Following a chest x-ray, the gentleman from x-ray arranged for me to be seen by the ED doctor who then arranged treatment.

I am very grateful for the care I received from the x-ray and then the ED department that afternoon and the following day. The doctor, Dr Pete Kyriakoudis explained the x-ray findings and the treatment required which he then provided. He also arranged a referral to Christchurch and a visit with the oncology nurse and follow up with the district nurses.

I cannot recall the names of all involved in my treatment and care but in addition to the doctor and x-ray people, nurses include Clare, Chris and Christine and Tom. All those with whom I had contact were friendly, courteous and professional in their manner.

I have been grateful over the years for the services available at Grey Hospital and this most recent visit has confirmed how fortunate we are to have this facility with its dedicated staff.

Yours Sincerely

Patient name withheld

DHB CPR training saves partner's life

DHB Storeperson Leslie Sohier is so grateful that she participated in a basic CPR course – it literally meant the difference between life and death.

Leslie and her partner Alison (Ally) Sohier were out stacking wood in May this year when Ally started to feel dizzy. Leslie had briefly turned away to load some wood when Ally collapsed on to their deck, pretty much into the recovery position.

Leslie grabbed Ally's angina spray from her pocket, gave her a couple of squirts under her tongue and raced inside to call 111.

She checked and Ally wasn't breathing, so started CPR while calling for her Greymouth neighbour, DHB office worker Cyb Haronga to take over the phone call while she worked on chest compressions.

"I remember thinking I wasn't going deep enough. I had no idea how many I was doing, but going through my head was the song 'Staying Alive' by the Bee Gees that we had joked about in CPR training about six months ago because it was the right rhythm for chest compressions," Leslie recalls.

After a series of compressions, Leslie remember she needed to give breaths as well, so she started breathing into her partner and recalls turning her head and seeing Ally's chest moving with the breaths.

She went back to compressions while Cyb talked through the details with 111. Emergency services were pretty quick to

the scene and had their equipment out and ready to go within about 15 seconds while Leslie continued to pump air into Ally.

The two paramedics administered two electric shocks through their portable defibrillator and they managed to stabilise Ally to get her to ED, and then she was transferred to Intensive Care.

"It was quite a relief to have the emergency services arrive and take over. When people say your training kicks in, it's true. It's almost like an out of body experience. You just do it. Even if you don't remember all of it, like the numbers of compressions. And she's alive!"

It turns out about 90% of Ally's coronary artery was blocked. Leslie's actions started a chain of events which she says means "it wasn't her day to die".

Ally, who manages Supporting Families (advisory services working with the families of people with mental health problems), can't recall anything of that day past saying she felt dizzy.

"Something had been brewing for a while. The doctor had prescribed angina medication, there's a family history of heart disease and my resting heart beat is always under 50. I'm just thankful that Leslie knew what to do. There was such a short time delay between her starting



Leslie Lamason-Sohier and partner Ally Sohier.

CPR, emergency services arriving, and getting hospital attention. It was pretty seamless but I've got no memory of it."

"The training took three quarters of an hour. I can't imagine what it would have been like for me to not have been able to do anything and be without Ally," Leslie says.

"The thing for people to know is to keep your training up to date, back yourself and have confidence that it will just click in," Ally adds.

To sign up for the next DHB CPR basic training session, contact Brittany Jenkins, Resuscitation Service Leader.



Special days...
Cystic Fibrosis Week
17 – 23 August

Under the spotlight: West Coast DHB District Nursing

District nursing on the West Coast inevitably involves quite a lot of travel - these are nurses who are living the new models of care daily and delivering health care in the community.

Community Nursing Clinical Nurse Manager Cheryl Hutchison is full of praise for her team of around 30 district nurses.

"We've really stepped up to the mark to gain and maintain competencies and capacity has increased to meet the complexity of patient care required to keep people well in their own homes," she says.

The four teams based in Buller, Reefton, Greymouth and Hokitika plus Rural Nurse Specialists around the Coast deliver all sorts of treatment and care throughout the West Coast, and need to be well schooled in the latest thinking and techniques.

Care previously delivered in hospital or through outpatients includes IV therapy incorporating long term antibiotic medication management and management of any IV central lines for patients receiving advance medication. This is now the norm for care delivery in the home.

District nurses provide support for people with continence and stoma needs; palliative care, the treatment of associated infections and supporting

families; and advanced wound management, including administering negative pressure dressings. The nurses are also alert to hazards in the home and awareness of falls prevention in the community setting.

The Complex Clinical Care Network is the single point of entry for complex patient assessments and referral to nursing services. District nurses are working more closely with home-based support services, and Allied Health professionals, and GPs, particularly as patients are being discharged home earlier.

"It is one of the aims of district nursing services to prevent readmissions and this is challenging, and dependent on the home support available and patient's situation when they are discharged," Cheryl says.

Nurse Manager Community Nursing and Primary Health Maureen Frankpitt agrees.

"When they're out in the community, they're not just looking at medical issues.


They're checking that the homes are warm and dry. They're putting people in touch with community groups when people are living by themselves," Maureen says.

Previous generations were very accepting of the delivery of care they received whereas today as part of the model of restorative care the patients are more enquiring which challenges best practice delivery of care.

"The care is planned in partnership with the patient and includes participation of family/whanau and significant others involved in the care for the best patient outcomes," Maureen says.

The restorative model empowers patients to be more independent, while district nurses provide continuity in collaboration with all those involved in their care.


To find out more about district nursing, contact Cheryl Hutchison ext 2486.




SOUTH ISLAND ALLIANCE
best for people, best for system

Welcome to the newsletter for Child Health News Update from the South Island Alliance's Child Health SLA.

[CLICK HERE](#) to read more.



What's going on?  Stuff you need to know

Administration & Clerical engagement

STAFF MEETING #2

1 – 2pm, Wednesday 26 August 2015

Grey Hospital Lecture Theatre
Or dial into "WCDHB Virtual Meeting Room 4"

CEUpdate

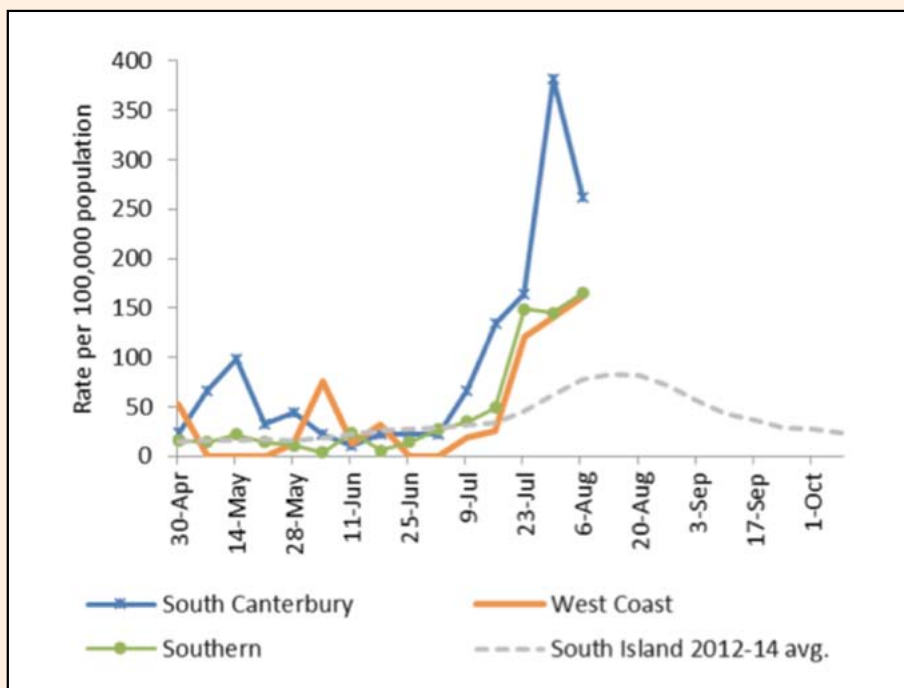
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Flu spike – it's not too late to be immunised

A couple of reminders... we are seeing a spike in the number of cases of influenza, so if you haven't already done so it's not too late to get immunised. Contact Julie Ritchie, ext 2651, or Betty Gilsenan, ext 2430 to make an appointment.

And remember, if you're sick, stay home. Don't bring your bugs to share with your colleagues at work.



Influenza-like illness consultations, week ending 6 August.

New Buller Health Medical Centre brochure



**WEST COAST**
HealthPathways



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



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Jackie Richardson

Quality Facilitator- Mental Health Services

What does your job involve?

Policies and procedures- updating and reviewing, incident reviewing, supporting quality initiative's, audits,

Why do you choose to work in this field?

Encouraging clinician's to "Do things right the first time".

Knowing the staff work really hard and sometimes just need to be reminded to dot their "i's" and cross their "t's" and that policies support their practise.

What do you love about what you do?

I like that I am a clinician and can talk to the staff with my past experience and understanding of their work, making that whole engagement process much easier.

What are the challenging bits?

Reassuring people they are doing well but reminding them they need to evidence what they do everyday, every time or it's a case of "not written down...didn't happen".



Jackie Richardson (right) and partner Mal Robson

Who inspires you?

My partner and children- they always know I can do anything!!

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

Nightingale – a TV movie about a man who slowly loses touch with reality. One man show, very very good.

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

Greek Island, sunshine, rest and relaxation

What's your ultimate Sunday?

Pottering in the garden, in the sunshine, or with family and friends

Fave food?

Curry

Fave music?

R&B – I'm a 80s fan

Ever won an award or a medal?

Only for lifesaving in high school, not sure that counts all this time later!

If you would like to take part in this column or would like to nominate someone please contact lee.harris@westcoastdhb.health.nz.

West Coast Clinical Board well underway

The West Coast District Health Board's Clinical Board is looking for more members.

The Clinical Board was set up to lead clinical governance of health care services provided or funded by the DHB. Its objectives are to promote an improved focus on patient and population health outcomes; robust quality improvement systems; a culture of innovation and best practice; a skilled and well-supported health workforce; and a collaborative relationship with the Canterbury Clinical Board.

Chaired by Allied Health Executive Director Stella Ward, the Clinical Board meets every two months and takes a solution-oriented proactive approach.

Stella says the Clinical Board is currently developing an annual work plan to reflect priorities for improving patient and population health outcomes.

"From time to time, the Clinical Board may request reports and presentations from particular groups, establish sub-groups to investigate and report back on particular issues, or commission audits or investigations on particular issues. We are charged with ensuring that the DHB is doing the right thing, from a clinical perspective," she says.

"At our last Clinical Board we highlighted the need for staff to be aware of the training; resources and required actions in terms of family violence prevention across the age range. We also acknowledged the huge amount of work clinical staff from across the system had done to support the design of the new facilities and

especially the leadership provided by Pradu Dayaram," Stella says.

The West Coast Clinical Board is made up of the following people who are appointed for a three year term:

- Chief Executive Officer David Meates (ex officio)
- Executive Director of Allied Health Stella Ward (ex officio)
- Director of Nursing and Midwifery Karyn Bousfield (ex officio)
- Quality and Patient Safety Manager Paul Norton (ex officio)
- Associate Director of Nursing, Mental Health Services Anne Tacon
- Reefton Hospital Manager Barbara Smith representing Buller / Nursing
- Primary Care representative Dr Greville Wood
- Head of Department Physiotherapy Janette Anderson
- Quality Facilitator Jenny Woods
- Polly Ormond representing Maori / Nursing
- Senior Medical Officer Dr Pradu Dayaram
- Dixon House Manager Lyn Douglas
- Patient Safety Officer Sue Duff

If you are interested in being a member, or want to refer matters to the Clinical Board, please contact its administrator Julie Bell, Julie.bell@westcoastdhb.health.nz, ext 2457.

COPD Pilot Buller

The Poutini Waiora Buller Nurse has been conducting a pilot project using spirometry testing with Maori patients who have a known diagnosis of Chronic Obstructive Pulmonary Disease.

Whanau have been tested and screened for smoking status and any smokers given advice regarding how to quit smoking and the huge benefits of quitting.

General Manager Maori Health Gary Coghlan applauds the initiative.

"This has been a successful collaboration between Poutini Waiora, the West Coast District Health Board, Buller Medical, Community and Public Health and the West Coast Primary Health Organisation. Of the 13 whanau who were seen, four were provided with nicotine replacement therapy and seven were given brief cessation advice," he says.

The clinic was held in the Poutini Waiora offices with home visits being made to whanau who could not make it in to the office.

Poutini Waiora aims to hold another clinic in August with the aim of replicating the process in the Grey and Westland regions.

Fresh vision for Māori mental health

Man on a mission Mal Robson has come with a load of government and DHB experience to lead the West Coast DHB's Māori mental health team.

Mal's career spans many years and roles within the Department of Corrections; volunteer community support in the Wellington Hospital mental health inpatient unit; Cultural advisor/ trainer where he was particularly interested in working with clinicians to translate and apply cultural training into working with Māori; Kaiwhakahaere (Operations Manager) Transcultural Mental Health Services for Capital and Coast District Health Board,; and most recently he held an interim chief executive role for a national disability service, Te Roopu Taurima O Manukau.

Born in Kaitaia and of Te Rarawa/Nga Puhi/Ngati Kahungunu descent, Mal has moved to Greymouth with partner Jackie Richardson – new Quality Facilitator Mental Health Services.

Mal has hit the ground running in his 20 hour a week position and is getting to terms with the West Coast's unique geographical spread and the challenges it presents.

He is particularly interested in how the DHB and in particular the mental health service engages with Maori to deliver services across the region.

"The first step is to engage with Maori communities. We need to look at how Maori mental health is seen and perceived by its community and if there are any barriers to the uptake and provision of services. This may also include how the service is connected with primary care."

To this end Mal has been working closely with Maori health provider Poutini Waiora to establish a foundation for continuity of care from and through the DHB back to the community for Māori Mental Health clients. Mal has also connected with Māori mental health services in Christchurch Te Korowai Atawhai to maintain the Trans Alpine link.

Significant for Mal is how the DHB collects health outcomes data relating to Maori, and how this informs the design and delivery of services for the region.

The current challenge in his role is getting to know the community and developing Mental Health strategies that are meaningful to this community not just for the short term but for the future moving forward.

"This can only be done by getting out there and being seen."

The Maori mental health services team

comprises Mal, with three full time Pukenga/ Tiaki (community support workers) and two kaumātua/taua to provide cultural and practical support.

Mal believes the team has strong connections in the community and undertake a lot of advocacy work with their clients and their whānau..

So far, he is very much enjoying living on the West Coast, describing it as an "underrated gem".

"I love the place. I see my role here as a challenge. How can we show that we are delivering on what we say we're delivering. The biggest value is in networking, working with people. It's about connecting and everybody doing their part."



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kōpu Teaurangi Hauora o Aotearoa

Your fortnightly update from the Health Quality & Safety Commission



E-UPDATE

The Health Quality & Safety Commission was established under the New Zealand Public Health & Disability Amendment Act 2010 to ensure all New Zealanders receive the best health and disability care within our available resources.

PLEASE [CLICK HERE](#) TO READ THEIR LATEST NEWSLETTER.

News from Number Thirtyseven Community House, Buller

Diana Gilchrist is back in town and she has offered to take a sewing group on Thursday mornings for the rest of the term. People can learn to sew, or just enjoy sewing with others, but Diana has had some requests so she's going to show people how to smock or knit or crochet as well.

We are starting a support group for grandparents raising grandchildren. We know there are many people here who are doing just that so we're keen to bring people together to give them information on help available to them and just to let them swap stories of their experiences and support each other. The first meeting will be on Tuesday 15 September at 10am. This is for grandfathers as well. Sharlene Terry will be co-ordinating the programme.

There's no cost for either of these programmes but if you'd like to put a dollar in one of the many donation tins we have strategically placed around here we would smile happily.

Our Little Shop will be in business next week – open Tuesday, Wednesday, Thursday 10.30-2.30. If anyone would like to volunteer we'd be very happy. We've got heaps of lovely stuff – clothing and toys plus some household things,

a little bedding, and even a couple of things a small group of us couldn't identify. Come along in and see if you can solve the mysteries! Tania is training the volunteers so many people will acquire new skills.

If you'd like to know more please call us or send an email, contact: Jane Orchard, Manager, Potikohua Charitable Trust, 03 789 6000, poti@xtra.co.nz.

Stop Before You Start

Harking back to the Health Promotion Agency's Stop Before You Start campaign, Orthotics Assistant Teana Wilson was out and about and offering friendship to Greymouth corporate office staff recently in a costume designed and created by Steve Ruddle (Orthotics).



Quality and Patient Safety Manager Paul Wilson with "friend"



Accounts Payable Clerk Cyb Haronga with "friend"



Smoking Cessation advisor Ann McDonald and Teana Wilson with packs designed to help people give up smoking.

How to use “Hands can be dangerous” in your email signatures

Here's how to use our lovely new hand hygiene images in your email signature. Below are instructions on setting up your basic signature.

You'll find the images in the Clipart file (Public: Y drive).

To set up a default signature in Outlook:

- From the Tools menu, select Options
- Select the Mail Format tab
- Click on Signatures and New
- Enter a name for the new signature (i.e. Formal) and OK
- Choose your default signature and select if you would like it to automatically apply to new messages or replies
- Type the signature text under Edit Signature and click OK



To insert a signature manually

- From the open message, click the Insert tab
- Select Signature
- Select the Signature you want

To add one of these images to your email signatures:

- Open the Hand Hygiene images file in the Clipart folder (Y: Public drive)
- Select the image you want to add, hold the right click button down until you reach Copy
- Then go into your email signature – right click paste
- Save the signature and give it a name. On that page you can choose when the signature appears eg. Outgoing emails, replies etc.

The instructions may seem daunting but become easier each time you do it.

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Stroke: Enhancing Your Day-to-Day Practice

Stroke services providers and stroke teams from across the continuum of care are invited to join colleagues for a day focused on Enhancing Daily Practice.

Audience Acute, Rehabilitation, Community, Primary Care, Age Residential Care, Home-Based Support Service, Nurses, Physiotherapists, Occupational Therapists, Social Workers, Speech Language Therapists, GPs, Dieticians, Psychologists, Practice Nurses and all disciplines involved with Stroke Services.

Date Thursday, 26 November 2015
Time 8:45 - 3:15
Venue Rolleston Lecture Theatre
University of Otago, Christchurch
2 Riccarton Ave, Christchurch
Cost Early bird registration (before 2 October 2015): \$40
Full (after 2 October 2015): \$80

To register, please complete and return the attached form to:

Graham Martin
Regional Finance Administrator -
Southern,
Stroke Foundation of New Zealand
southern@stroke.org.nz
03 381 8500