

Spare a thought for our patients

A patient in hospital today has a much wider range of health care practitioners involved in their care than in the past.

That's because of the increasingly complex nature of high tech modern health care, advances in treatment and improved ways of working.

An oncology patient for example is likely to have a cancer nurse co-ordinator, outreach nurse, clinical nurse specialists, radiation therapists and oncologists involved in their care – to name just a few.

Roles and tasks often overlap and if we find the healthcare system a bit confusing at times spare a thought for the patient.

That's why introducing yourself to your patient, outlining your role and explaining what you are going to do is now more important than ever.

As part of Patient Safety Week (November 1-7), which has a focus on good communication between health professionals and patients, some staff will be wearing name badges that do just that. This year's theme is Let's talk, with a focus on communication between health professionals and patients.

The badges have been adapted from the #hellomynameis social media campaign which was started by terminally ill British doctor Kate Granger in 2011 after she was diagnosed with an incurable rare form of sarcoma.

Kate, an Elderly Medicine Registrar in Yorkshire, underwent many procedures and several courses of chemotherapy. She felt repeatedly frustrated that health

professionals involved in her care failed to even introduce themselves, let alone explain their specific roles.

Via social and print media the #hellomynameis campaign quickly went "viral", capturing the imagination of many health professionals and health organisations in the United Kingdom (UK)'s National Health Service (NHS) and beyond.

Kate has since been an invited speaker at many meetings and conferences and has written for the British Medical Journal <http://www.bmj.com/content/347/bmj.f5833>. The "hashtag" #hellomynameis has recorded 80 million impressions on Twitter.

Introducing yourself to a patient and their family is about much more than just exchanging names. It's about making a human connection and building trust. It's a simple thing to do that sets the foundation for better communication.

Two-way communication with patients is a priority and the name badges are a great reminder to staff of the importance of good introductions, as well as showing patients their questions are welcomed. Staff in several departments across the West Coast and Canterbury DHBs are adopting "hello my name is" name badges. One of the clinical champions is Mark Jeffery, who is available to present a session on request.

Mark says he has found the #hellomynameis campaign a timely reminder that the simple things when



interacting with a patient can be of great importance and a well-crafted introduction may be just as important as all the subsequent communications in establishing rapport with a patient.

I agree. Our commitment to consumers and patients is that we strive to provide the best and safest care possible, every time. The quality of the care we provide is our priority 52 weeks of the year, but during Patient Safety Week this week we will be reiterating to staff the importance of patient safety, and talking about simple things that can keep patients safe.

Take care.

David Meates
CEO

ERAS (Enhanced Recovery After Surgery) improves outcome for patients

The perioperative team (pre-assessment nurses, physiotherapists, nutritionists, ward and operation theatre nurses, anaesthetists and surgeons) led by anaesthetist Pitabas Mishra is on a mission to improve post-operative outcome for patients, including helping them to get home earlier with better activity.

The ERAS protocols minimise hospital stay, complications and have resulted in substantial cost savings for the West Coast DHB.

Practices of preparation of patients before surgery, management of anaesthesia and surgery are constantly changing. Recent moves dubbed “Enhanced Recovery After Surgery” or ERAS for short, have been shown internationally to have the following effects, Pitabas says:

- Improvement of care before surgery
- Reduction of the physical stress of surgery
- Reduction of pain and discomfort after surgery
- Improved postoperative mobility and earlier supported discharge
- Faster recovery with better outcomes

He says other potential advantages include standardised care, increased patient satisfaction, and reduced morbidity and mortality.

Using the ERAS model, pre-operative care includes pre-admission counselling for enhanced exercise, optimisation of nutrition, promote cessation of smoking and alcohol ; oral fluid and carbohydrate loading on the day of surgery with limited or no bowel preparation; thromboprophylaxis; and no sedative premedication.

Intraoperative features include the use of prophylactic antibiotics; short-acting

anaesthetic agents; regional or neuro axial nerve blocks for pain management; avoidance of routine wound drains; avoidance of salt and water overload; avoidance of blood transfusion and maintenance of normal body temperature. Too much, unnecessary intravenous fluid during an operation does damage and prevents healing. Blood transfusion is not only expensive but also has some serious hazards associated with it.

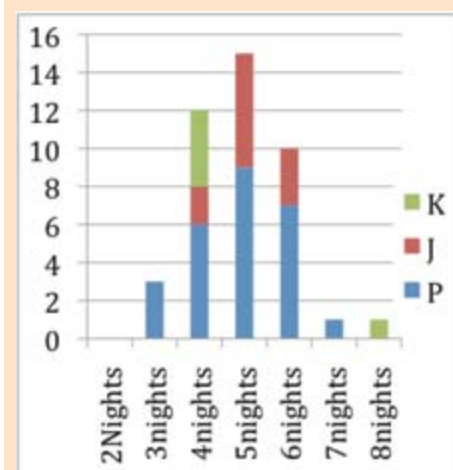
“If you don’t feed the patient before surgery and within a short period after surgery, the gut fails because the protective layer gets destroyed through lack of food. This may lead to the escape of the ‘gut bugs’ into the blood, causing infection of the wound site or sepsis. Lack of nutrition weakens the immune system to fight any infection, causes fatigue and the patient fails to mobilise out of bed sooner,” Pitabas says.

Some of the main post-operative features of the ERAS treatments include; prevention of nausea and vomiting; early mobilisation, early oral nutrition, non-opioid oral analgesia; and stimulation of gut motility and removal of urinary catheter (if inserted) as soon as possible.

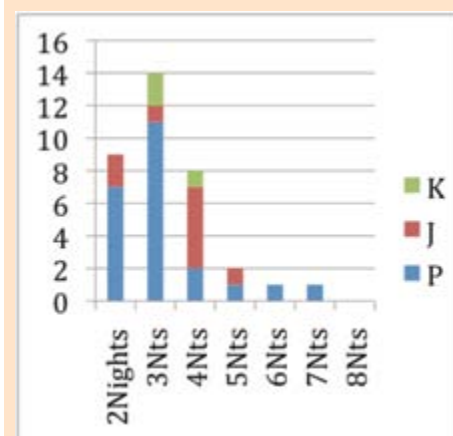
Before the use of ERAS, the mean length of stay for total knee replacements has been 4.9 days. With the use of ERAS, the mean length of stay reduced by more than 1.5 days to 3.1 nights.

Total Knee Replacement Surgery:

Color coded letter = individual surgeons’ initials



August 2013 – June 2014



August 2014 – April 2015

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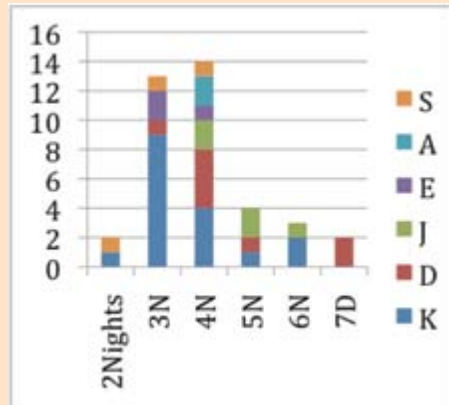
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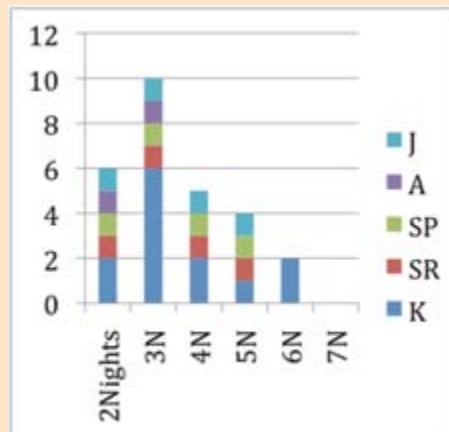
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Total Hip Replacement Surgery:

Color coded letter = individual surgeons' initials



August 2013 – June 2014 – initials at right represent different surgeons



August 2014 – April 2015 – initials at right represent different surgeons

Before the use of ERAS, the mean length of stay for total hip replacements has been 4.4 days. With the use of ERAS, the mean length of stay reduced by more than a day to 3.1 nights.

Length of stay in Grey Base Hospital following total knee and hip replacement surgeries were lower than the national average (6.5 days) even prior to the implementation of ERAS.

"It has been a delight to see that the use of ERAS protocol has achieved a further improvement on an existing good performance," Pitabas says.

"Though more than 60% of ERAS elements involve the surgical team (directly or indirectly), each element is important and complement each other, hence it's vital that the whole team understand and agree with the different ways of doing things."

On the West Coast, among other initiatives, an ERAS collaborative group has been hosting teaching sessions; and the ERAS techniques are nearly fully implemented. Many orthopaedic surgeons are now avoiding the use of wound drains. There has been great cost savings for the DHB after implementation of ERAS practice in major orthopaedic surgeries. The general surgeons, obstetric and gynaecological surgeons are being encouraged to implement the ERAS protocols soon.

A surgeon who now champions the ERAS techniques, has said the following:

"Not only the length of stay has reduced significantly but also, when I see these patients after six weeks, in the clinic, mobility of the joint and functional score is much better! Swelling is much less than what I used to see before I changed my practice (to not putting in the drains)."

Quality Quiz

Every few weeks the Quality Team produces a quiz, to check our knowledge of various procedures.

The first quiz on the DHB Falls Prevention Policy quiz resulted in 51 replies. Quality Facilitator and Quiz organiser Jenny Woods says this was very pleasing and the answers showed that the policy had been read. "Reefton Hospital went the extra mile and had a one hour teaching session on the policy – this initiative impressed me and well done team, keep it up!" she says.

The current quiz is on the Clinical Documentation Procedure – a timely

reminder of the importance of excellent documentation which reflects the care of our patients. You have a couple of weeks to get your entries in to Jenny. She sends them out to relevant staff, but if you're interested in entering and you haven't received the quiz, email jenny.woods@westcoastdhdh.health.nz. Winners go in the draw for a muffin and a coffee.

The next quiz will be on the ISBAR Policy.



Not just rural, remote!

Haast is pretty remote. The South Westland community actually consists of a bunch of small townships – Haast itself has around 240 permanent residents, Hannah's Clearing about 200, then there's Mussel Point, Okuru, Neils Beach... and another 40km down the Coast is Jackson's Bay.

For nearly three years Rural Nurse Specialist Sheryl Eden has been based in the area in her 0.5 FTE role. She shares the job with Liz Komen on a seven days on/seven days off roster. Plus she'll sometimes take a bit of extra work as a locum RNS in places like Southland/Stewart Island.

At the DHB clinic in Hannah's Clearing, the mornings are walk in clinics and some of the local seasonal workers with no transport have to arrange a lift to travel the 20kms from Haast township.

Getting medical supplies can be a bit of a mission. Grey Valley Couriers visit twice a week, and packages can be sitting in Franz Josef for some days before they are delivered.

"We have to plan well ahead if we need medications or other things for patients," Sheryl says.

They also have to plan for whitebaiting season, when the area's population triples, and a lot of the newcomers are older folk with quite complex medical and sometimes social problems.

While there is one home-based support worker in the area, the demand can

outstrip the supply during whitebaiting season and it's difficult to find suitable staff.

But locals are pretty self-reliant and independent. Sheryl talks about a woman with chronic heart problems who is still able to do most things for herself, and an older man who had become quite unwell, but was still at his home looking after himself.

"I like to have those discussions with patients well before they get to that stage – the ones where you talk about whether they want to be resuscitated. The reality of living here is that it might be quite some time before they can be in an ambulance or a helicopter, and on the way to a health facility."

The flight to Greymouth takes about one and a quarter hours. Sometimes Haast patients fly instead to Queenstown or Dunedin and those flights are usually staffed with Intensive Care Paramedics.

Sheryl worked in an Emergency Department in Invercargill for 16 years, and has a paramedic degree, so she has a very healthy respect for the work of the health rescue teams.

She helps with training local ambulance staff – it's also tricky for St John to get qualified helpers in the area.

"Technically it's not our role, but if we can help, ultimately it will be helpful for us."

Most of the work in the area is chronic disease management, a bit of Well Child work, and getting scripts sorted. There are a few patients with drug and alcohol problems. And there's the work as a PRIME responder.



Alice Bellio drives with her children Nicholas and James Monk nearly an hour from Paringa to visit Haast Rural Nurse Specialist Sheryl Eden for Well Child checks.

Living in the area is not cheap. Groceries and petrol are more expensive because of the remoteness. House prices are influenced by neighbouring Queenstown Lakes and Central Otago districts. The closest town is Wanaka one and a half hours away, but that's within the Southern DHB catchment.

Social life is limited – particularly when you're one of only two health professionals who live in the area.

"You've got to be careful about who you get close too, because the chances are everyone will end up being your patient. Confidentiality in a small area like this is even more important," she says.

On the positive side, the beach is right there, and you don't spend a lot of money. Sheryl reckons most of her pay goes on petrol/travel to Southland.



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There are challenges when dealing with agencies that don't know the Coast. Haast has limited rapid numbers and no mobile coverage for the area. And many people don't have phones.

While she's on call, Sheryl has to remain within 20 minutes of her medical gear. Radio telephones and pagers don't always work. And the local Channel 27 radio is listened to by all and sundry. Locals can also scan the ambulance and police channels, so it's difficult to keep some information private.

It takes a while for West Coasters to accept new people.

"You have to be quite determined to stick it out here. There are pros and cons. There are no sports groups – a while ago they talked about badminton, but nothing has come of that yet. Fridays and Sundays are Locals' Nights at the pub. But for me it's a bit of an adventure. You're quite autonomous, you have to make some difficult decisions at times.

"I was probably thinking that I prepared myself enough to give it a go, but I still have stuff to learn of course," she says.

A patient's perspective: Marjorie Pemberton

Marjorie Pemberton (71) has non-Hodgkins Lymphoma and is short of meds for the weekend.

Haast Rural Nurse Specialist Sheryl Eden faxes the closest pharmacy (Wanaka) but realises Marjorie will not receive any top-ups until Monday.

Sheryl is at the Pemberton's home to give Marjorie an injection, and that's when Terry bails her up for help with all the pills.



Patient Marjorie Pemberton talks to RNS Sheryl Eden.

"I brought home bags of pills, but I don't know what they're for," Marjorie says. When the medications were being explained to her in Greymouth, she took in part of it, and then got confused and hoped Terry was listening. Unfortunately, Terry was also struggling to take it in.

Far from being alarmed at living so far from secondary health services, Marjorie feels the services they get in Haast are excellent.

"Everything's right here – the medical centre is just down the road, the doctor comes once a fortnight and if they're not available, the nurses are. When I got sick, I was away on the helicopter before I even knew it!"

Marjorie ended up in hospital when she got an infection after her second dose of chemotherapy. She can't recall the helicopter flight to Greymouth, which is just as well as she's terrified of flying in helicopters.

As Haast is about five hours' drive from Greymouth, Marjorie and Terry have to leave very early to drive for her standard one hour chemo treatment every three weeks.

She was in Grey Base getting chemotherapy on her birthday – for which a doctor brought her a cupcake when he found out.

"Only trouble is I couldn't eat it, but it's the thought that counts," she says.

Kynnersley Home closes its doors

Stories were shared about life, death and holidays at the recent service to mark the closure of Kynnersley Home.

Nearly 40 former staff and volunteers turned up for the service led by local Anglican vicar Rev Steve Wockner.

Former Charge Nurse Ngaire Cropp recalled the closure of the previous Kynnersley Home and how difficult a time that had been for the male residents.

"I wonder what they thought when they came from that old building to here? Whether they thought they'd died and gone to heaven?" she said of the 'new' Kynnersley Home as it was.

While no-one liked change, she thought the recent residents might be feeling the same about moving to O'Connor Home.

"It is lovely up there."

Ngaire recalled the early residents of Kynnersley Home had to be self-sufficient. There were no staff on overnight, although she remembered when that changed after a resident was found dead one morning.

"I got in at 7am and the porter and one of the nurses met me at the front door and said one of the men had died."

The wheels began to turn and Ngaire got a call from the hospital, who had received a call from the undertaker wanting to know how tall the deceased was, so a coffin could be made.

"The only thing I had to measure him was the inch tape I used for my knitting, but that did the trick."

She ended up having to attend Coroner's Court about the death, as the man had no family and had never been to a doctor. The Coroner decided the home had to be staffed at night. A couple of years later Kynnersley had a night nurse.



Former Charge Nurse Ngaire Cropp, and wheelchair bus drivers, brothers Noel and Ellis Palmer, record their memories of Kynnersley Home for a memorial book about the former DHB rest home.



Former staff and members of the community attending the Kynnersley Home memorial service.

Ngaire remembered they next got a diversional therapist. That led to holidays to Nelson, Christchurch and even Seaview in Hokitika, for the more able of the residents.

"They'd pack their very good clothes because there was always a meal out at a pub. They got to order anything they wanted for dinner – and three of them ordered beans on toast! They could have had that any time here!"

After Ngaire talked, Rev Steve read out a note from Mayor Garry Howard, and then invited everyone to write their memories of Kynnersley Home on a slip of paper,



Last day with residents and staff, September 2015.



The Kynnersley Home memorial service provided a great opportunity for people to catch up.

which would be combined in an album about the former rest home.

Kynnersley Home was officially closed by the DHB on Thursday 1 October. Residents were resettled in O'Connor Home, one in Dunsford Ward, and one has returned to live with family in the community.

Joint role strengthens client focus

The DHB's community mental health team and non-governmental organisation (NGO) PACT in Greymouth have set up a new role to support mutual clients.

Community Mental Health Services registered nurse Mike Dyne has been appointed to the Nurse Liaison role, to deliver a more integrated and collaborative package of care to PACT clients who are also mental health clients.

The role was generated following recommendations from the Mental Health Services review that all providers should adopt a strengths-based recovery approach; and that providers work in partnership.

Historically the DHB has undertaken assessments, developed care plans, and implemented and monitored them for this client group from a clinical perspective, and PACT has done likewise from the perspective of the client's wider support needs.

PACT services are non-clinical, so Mike will be able to use his clinical skills to help support individual PACT clients.

Community Mental Health Clinical Nurse Manager Robyn Atkinson says the new role will help to break down barriers and silos which prevent holistic care.

"Up to now services have been working separately – PACT providing the community assistance and support and community mental health providing specialist assessment, treatment and clinical support and help. Now we are focused on working together with our clients at the centre of what we do," she says.

PACT Clinical Service Manager Glenda Prendergast says PACT clients will also



New Nurse Liaison Mike Dyne will be working with PACT, including Recovery & Outreach Service Leader Shylet Makoni (above).

now have a consistent point of contact in terms of clinical needs.

"Mike will be meeting with PACT and clients to set goals and review these from an holistic perspective. Clients can also contact him for a quick chat and a bit of reassurance," Glenda says.

It can be frightening for some clients to leave the safety net of a clinical setting, like the in-patient unit at the hospital. When clients are sent to PACT, they will still have clinical support within the PACT setting when it is needed.

"Because we're wrapping a package around each person, we're supporting a person who otherwise could get lost because some other service is involved. We're not just looking at the illness, we're looking at the client's journey to be able to live well in the community," Robyn says.

Mike will be supported in his role by specialist mental health services enrolled nurse Lexie Jones.

Occupational Therapists make daily life meaningful

When a person's health takes a turn for the worse, it sometimes places limitations on what they can do for themselves.

And that's where an occupational therapist can offer support and guidance.

Paediatric Occupational Therapist Mai-lin Ranson says the profession teaches OTs to take a holistic approach to working with patient needs – besides the physical, looking at the emotional, cognitive, spiritual and environmental factors that will be affecting patient health. Occupational Therapy values client-centred practice about a person's health, well being and occupations in their environment.

"A snapshot of what we're looking at with a person is how they can carry out the activities of daily living – getting out of bed, having a shower, can they feed themselves, what their cognition is like."



Paediatric Occupational Therapist Mai-lin Ranson



Allied Health staff in Greymouth took a few minutes to celebrate department heads OT Joy Aiton, Physiotherapy Janette Anderson, and Allied Health Associate Director Lara Bakes-Denman on International Bosses' Day recently.

"And we're planning with individuals the activities or tasks that are meaningful. For example if someone is highly frustrated or emotional, what is going to calm them down? What is going to help them feel they can achieve something towards their own quality of life?" she says.

They also educate people on fatigue and stress management, and relaxation techniques, all designed to prevent further exacerbation of any health conditions.

This week is Occupational Therapy Week, so it's a good chance to celebrate these Allied Health professionals.

Occupational therapists work in a variety of environments including schools, communities, hospitals, within the home or work, Primary Health Organisations (PHO), rehabilitation centres, prisons, with people who have had illness, injury, or a disability.

OTs work closely with health professionals and family/whanau, to

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ensure individuals and populations within the community are able to engage in meaningful activity. OTs focus on enabling meaningful success, achievement of goals and independence back into their lives – enabling people to learn at school, participate at work and to live well at home.

At the West Coast DHB, the Occupational Therapy team includes:

- Hokitika/South Westland Community OT – Terry Gee
- Paediatric OT Mai-lin Ranson
- Greymouth OT Assistant - Matt Stephenson
- Two Inpatient OTs - Tara Jopson & Jessie Lott
- Reefton Community & Driving Assessment OT – Lyn Heine

- Greymouth Community OT – Rachel Neame
- OT Manager/Clinician - Joy Aiton
- OT Technician – Kevin McGeady
- OT Administrator – Maribel Moore
- Mental Health OT – Rachelle Hunt
- Westport Community OT – Amber Salanoa-Haar
- Westport OT Assistant – Julie McDonald
- Westport Diversional Therapist – Danielle Durrant

Training to be an OT is currently a three year course (soon to be four years), which Mai-lin completed at AUT in Auckland. Training is also offered through Otago University.

For further information about life as an OT, contact OT Clinical Manager Joy Aiton, ext 2726, or talk to any of the OT staff at the West Coast DHB.

Read the latest update on the National Infrastructure Programme [here](#).

Getting ready for our Certification Audit

The West Coast DHB is having its Certification Audit in February 2016. This three yearly event is an independent check of quality and risk management systems, carried out by a Ministry of Health Designated Audit Agency (C-TAS). Included in the audit are our hospital care areas, rest homes, residential disability care including intellectual disability, physical and psychiatric/mental health and addiction services.

Day - 60	Day - 50	Day - 20	Day - 10	Day - 5	Audit - Day
Minimum timeframes in working days for certification					
DHB tracer sampling schedule drafted by DAA & confirmed with MoH Schedule / Timetable	DHB self-assessment Template received and DHB has 30-days to complete	DHB completes self-assessment	DAA reviews DHB policies & procedures	DHB receives summary feedback on its self-assessment & documentation review	Week of the 15th Feb 2016 Onsite audit commences

A patient's perspective:

A big tick for West Coast Primary Health Care

Following a trip to India in April where she contacted giardia, Greymouth woman Jackie Gurden has found the West Coast medical services, and particularly the triage nursing process, in primary care outstanding.

"Often we hear the negatives of our health system but I sing its praises and that of the dedication of the team at the High Street Medical Centre over the six month battle I have had with this nasty parasite."

Jackie's encounter with giardia began on the last day of a short visit to attend a wedding and enjoy a tour of the golden triangle including the Taj Mahal.

Before she left home the nurses assisted with the vaccinations required and advised on the medicines to take over as precautions. It was on the last day that illness set in.

"I was so sick I wasn't sure if I could fly home so I phoned the medical centre from Delhi on the way to the airport. I

was immediately put through to one of the nurses who advised me what to do. That was so reassuring."

Since returning Jackie has had difficulty eliminating the bug and has been in regular contact with the medical centre through a range of treatments.

Being able to call or text message to have her name put on the triage list and then have the nurse managing her condition call back to discuss the next steps, or refer her to the doctor when necessary, has been efficient from both the patient and clinician perspective.

"Often I haven't needed to see a doctor. The nurses' knowledge is outstanding and they have been able to deal with

my needs on most occasions and have referred me to the doctor when required. I also deal pretty much with the same person each time.

"I felt I was in skilled hands all the way. The nurses are very dedicated and committed to their patients' wellbeing" Jackie commented. "I knew what was happening and received good information about how they were treating my condition. When they didn't have the answers they sought outside expertise. Everything was followed up and I was kept informed."

Jackie believes it was excellent service that worked very well for her and must be efficient for the medical team. And she is hopeful she is well on the way to recovery.



Jackie Gurden – Jaipur

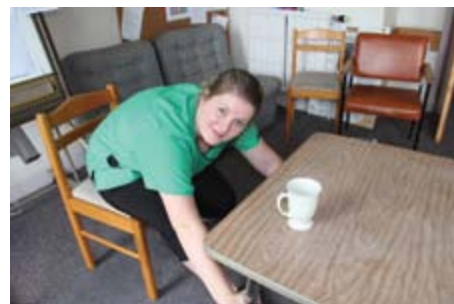
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ShakeOut

The West Coast came fourth in the country for participation in the recent ShakeOut Civil Defence exercise! Here's some photographs of DHB folk practising their Drop, Cover and Hold moments!



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Healthy Eating

Sign up for Ministry of Health Eating and Activity Guidelines updates: [Click Here](#)



Welcome to the newsletter for South Island Patient Information Care system from the South Island Alliance.

[CLICK HERE](#) to read more.

Great strides for South Westland

One participant lost 21.3kg, several others lost between 8 and 11kg, Fox Glacier was awarded top town and the winning team from Whataroa walked the equivalent of 4107.1km in the South Westland 100 day challenge.

Last Thursday 8 October was officially the end of the South Westland 100 day challenge and tonight participants celebrated the great strides they'd taken for their health.

Initiated and supported by local medical staff, the 100 day competition to encourage people to get active attracted 153 participants, with many lasting the distance.

People entered either in teams or individually. Teams aimed to walk the distance of the Te Araroa Trail (3000km), without necessarily leaving South Westland, and individuals were encouraged to get as far along it as possible!



Winning the individual overall title with 3953 points was Paringa (Fox Glacier area) woman Brenda Monk, who says the Challenge motivated her to "get cracking and start walking again" after a debilitating knee injury for the past year.

"I am feeling very positive about activities that I can tackle from now on, whereas I had been feeling despondent and pessimistic," Brenda says.

Fox Glacier participants clocked up scores of 5714.9 – scores included points for nutrition, exercise and healthy lifestyle choices. Community and Public Health staff Rosie McGrath and Jade Winter provided great help to challengees by running the Appetite for Life programme in South Westland.

Another Fox Glacier resident Abyee Williams clocked up the most steps, walking a total of 1702km.

"I have found the challenge really good to promote a healthy lifestyle. There has been great support by the local South Westland health services and (Rural Nurse Specialist) Julie Speedie," Abyee says.

Whataroa team "Walk the Line" scored 11867.9 points, more than 2600 points ahead of the next place-getters in the team's competition, "Southern" from Fox Glacier.

Participants received a pedometer, and were encouraged to check in frequently at local general practice clinics. The less



nimble were also able to join in, with points scored for healthy lifestyle choices.

Organiser Dr Jenny James says baseline activity levels, height, weight, blood pressure and other general health information were recorded at the start, and at the completion of the 100 day challenge.

"We were stunned by the uptake in all the communities! What we can see is that this has created a total change in habits for some people. There's an amazing difference noticeable in the final figures for those who went all out with exercise, careful nutrition and good lifestyle choices," Jenny says.

"Even those who didn't complete the programme are saying they enjoyed just getting out and walking more and found the motivation really helpful. Many of the success stories are so inspiring and all of us in the practice have enjoyed being part of it."

The real strength of the challenge had been the team of Rural Nurse Specialists.

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"They've been fantastic at engaging with people, motivating and helping them, they've gone above and beyond so many times to really make this work and I'd like to say a huge thank you to all of them. The feedback we've had from all the participants echoes this too, they've found the support from the nurses incredible and are really grateful for all the hard work they've put in."

Jenny also particularly wanted to thank Rowan Sullivan of Fox Glacier who had been helping local Rural Nurse Specialist Julie Speedie run the Challenge there.

"It's been their fabulous organisation and

enthusiasm that has led Fox to win the top town trophy, which was made and donated by Pieter and Natasja Hills of Whataroa," Jenny says.

The challenge was supported by a number of businesses including the Scenic Hotel, Across Country Quadbikes, Okarito Kayaks, Te Koha Carving Gallery, The Franz Kiwi Centre, Outside Sports (Wanaka), DOC, Westland Pharmacy, The Cray Pot, Deep Canyon (Wanaka), Sky Dive Fox Glacier, White Heron Tours, Fox Glacier Guides, Harraway Oats, The Last Kitchen, The Fantail Café and Ngai Tahu.



Special days...
Patient Safety Week
1 – 7 November

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Mai-lin Ranson

Paediatric Occupational Therapist (OT)

What does your job involve?

Helping children, their parents/caregivers and teachers to build skills that enable them to participate in meaningful occupations, promote achievement and independence. A meaningful occupation could be play or social participation, sensory skills, fine motor skills, activities of daily living (ADL's) such as toileting, dressing, feeding or wheelchair/postural management. I work with infants, toddlers, children, youth and their families in a variety of settings such as Parfitt ward, clinics, home, pre-school, primary/secondary school throughout the West Coast.

Why do you choose to work in this field?

I love working with children and their families in different environments in their life. Also because there were no other applicants for the position :)

What do you love about what you do?

I enjoy the variety of the role and getting out into the community. I also love seeing kids smile and knowing that I'm helping them grow in some way in their young lives.



What are the challenging bits?

Travel time for either myself or the parent/child - time to travel around the coast to meet up and time to work in with their busy day-to-day life. And I miss socialising with the teams on Morice/Barclay wards!

Who inspires you?

Colleagues in Allied Health with smart tips and advice

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

Ricki and The Flash

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

Right now... vacation, somewhere, in Europe, with warm weather

What's your ultimate Sunday?

Sunny day, outdoors, breathing in the fresh West Coast air and feeling the sun.

Fave food?

Asian food like Thai, Yum Cha, Filipino food *drool*

Fave music?

Various, currently listening to Queen

Ever won an award or a medal?

Humanitarian Award and a Scholarship

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 DHB Studentships and Scholarships 2015

We have great pleasure in congratulating these applicants on being awarded the West Coast District Health Board Studentships and Scholarships for 2015.

Studentships:

Rachel Glue	Bach Speech & Language Pathology	UOC
Joshua Hudson	Bach Medicine & Bach Surgery	UOO
Michaela Van Dissel	Bach Nursing	CPIT
Aaron Trembath	Bach Medicine & Bach surgery	UOO

Scholarships:

Nicole Doolan	Bach Nursing	CPIT	(Kathleen McInroe award)
Francis Kemp	Bach Occ Therapy	Otago Polytech	NZ Māori
Ezra Ritchie	Bach Med / Surg	UOO	NZ European
Elysa Sollis	Bach Nursing	CPIT	NZ Māori
Hannah-Louise O'Malley	Bach Med / Surg	UOO	NZ Māori / European
Natalie McDonnell	Health Science /Physiotherapy	UOO	NZ European
Hazel Honey	Bach Social Work	UOC	NZ European
Cassandra Robertson	Bach Nursing	CPIT	NZ European
Guiselle Sloan	Bach Nursing	CPIT	South African
Kaylee Thomson	Bach Nursing	CPIT	NZ Māori / European
Sophie Molloy	Bach Pharmacy	UOO	NZ European
Rosie Barnes	Bach Physiotherapy	UOO	NZ European
Catherine Mackmurdie	Bach Med / Surg	UOO	NZ European
Bridget Molloy	Bach midwifery	CPIT	NZ European
Blair Mason	Bach Med / Surg	UO AUCK	NZ Māori
Alice Carmine	Bach Nursing	UOO	NZ European
Nicole Friend	Bach Nursing	CPIT	NZ European
Rachel Glue	Bach Speech & Language Pathology	UOC	NZ European
Tristan Sloan	Bach Nursing	CPIT	South African
Georgina Kioa	Bach Med / Surg	UOO	Tongan / NZ European

This is an exciting time for the students and the District Health Board as we embark upon the next step in their health career. We look forward to supporting the students with these sponsorships.

Marion Davis, Learning and Development Advisor, Sponsorship Organiser, West Coast DHB

**Buller staff attend
Whānau Ora
training recently.**





HealthOne re-designed to be patient-centric

HealthOne is launching a brand new patient-centric design to help support better, safer clinical decisions. This will be especially important as more primary, community and private health providers contribute data to the Shared Patient Record.

The new look design follows extensive feedback spanning several months from a range of different HealthOne users; from general practice and ED clinicians to community nursing and pharmacy. In collaboration with these users, together with input from multiple advisory and stakeholder groups, HealthOne has been redesigned to provide clinicians with a record that is focused around the patient. For example the record will

list their medications, diagnoses and services encountered rather than being presented according to the source of the data - general practice, community pharmacy and community care views.

The new design supports future development as the data available within HealthOne grows to include new information. This will include data from multiple health providers including private hospitals, emergency services,

community and homecare services, as well as community pharmacy and general practice across all South Island Districts.

The new look HealthOne will be launched from Wednesday 11 November. Check out the HCS help pages for any questions that you may have or to send us feedback use the onscreen link provided when you are logged in to HCS.

In Franz Josef receiving a set of cards that talk staff through breastfeeding issues are Michael McCraith student nurse, Rose Fraser rural nurse specialist, Bev Sinnott enrolled nurse and lactation consultant and Anna McInroe Registered Midwife and lactation consultant. The breastfeeding cards have been distributed to staff across the Coast so they have a good understanding of any situations that might arise and can offer some advice or support.



CEUpdate

2 November 2015



MEET YOUR LOCAL SUPERHERO

THE OCCUPATIONAL THERAPIST

Imagine being defeated by an everyday task like putting your clothes on, catching a bus, spending time with your friends or taking care of yourself.

OCCUPATIONAL THERAPY IS HERE TO HELP.

The things that you do – your occupations – help express who you are, how you feel about yourself, and how you connect with others. Your health and wellbeing will be affected if you are unable to do the things you want and need to do, to live and enjoy your life.

OCCUPATIONAL THERAPISTS HELP PEOPLE OF ALL AGES AND WORK IN A VARIETY OF SETTINGS.

Occupations that could cause difficulty include preparing and eating meals; driving and mobility; recreation and exercise; use of a computer or workstation; showering or bathing; getting things done on time and in a preferred standard; having enough things to do and the confidence to do them; developing supportive relationships or friendships; or thriving in school.

SUPERHERO PROFILE

My super powers help people to:

- Learn new ways of doing things following an illness or injury (e.g. dressing or cooking)
- Thrive in their senior years
- Regulate their strong emotions
- Achieve their goals at school
- Develop ways to manage pain
- Develop their confidence in social situations
- Access support available in the community.
- Adapt material or equipment (e.g. wheelchairs or provide a special bath or toilet seat)
- Make changes to their living or working environment
- Develop new skills, abilities or interests (e.g. job readiness programmes)

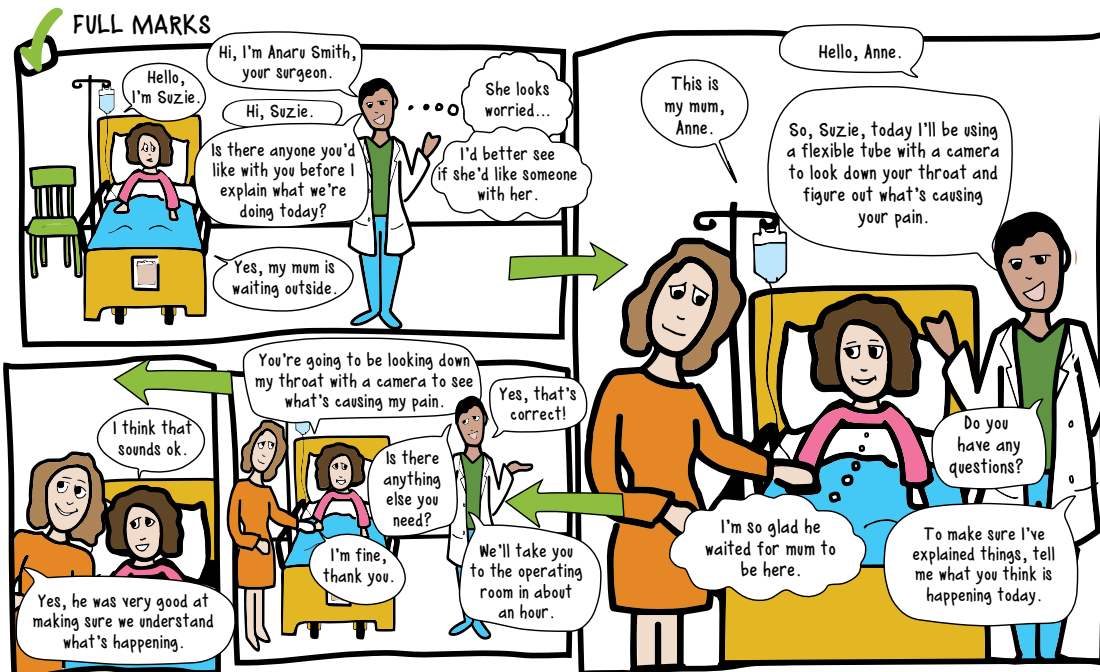
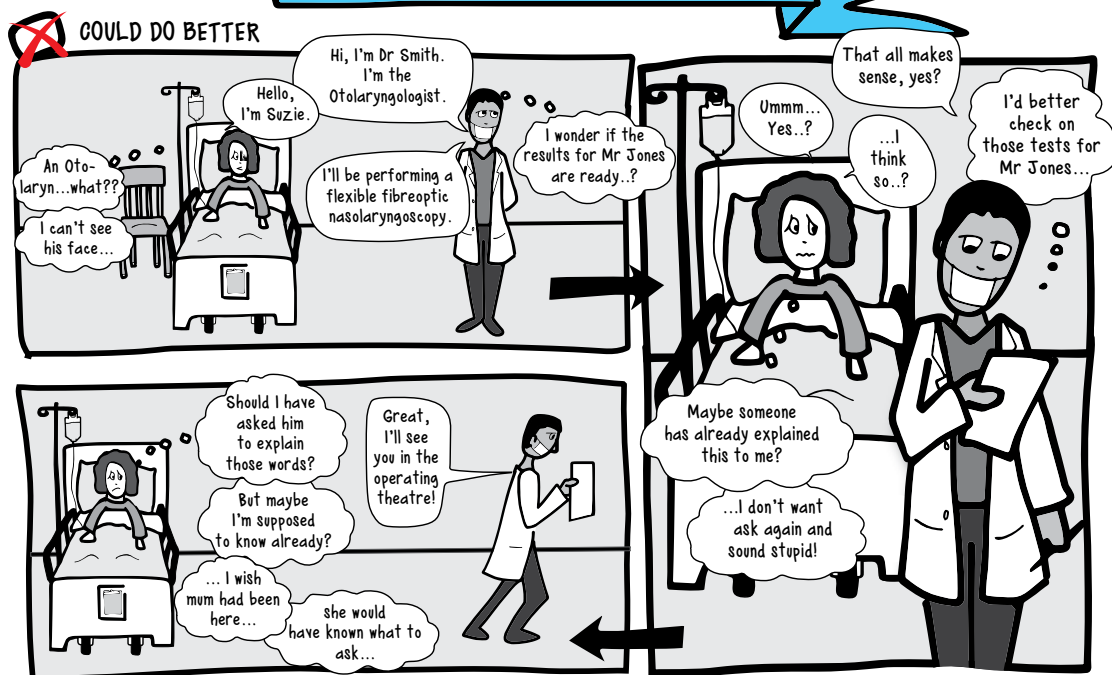
JOIN US in celebrating **occupational therapy** by using the hashtag **#YourLocalSuperHero**
Visit **otnz.co.nz** for more information



CEUpdate

2 November 2015

HOW WELL DO YOU COMMUNICATE?



www.open.hqsc.govt.nz