

With the new Grey Base facilities underway, there has been a large amount of earthworks, the start of piling and other evidence that we will have a new Grey Base Hospital and Integrated Family Health Centre in 2018.

While we had to shut off some car parks at the end of the Corporate building, we worked with Fletchers to find a solution and set up more parks off Waterwalk Rd in front of the Rural Learning Centre. Please think about whether you need to bring your car at all. We are now seeing patients and staff with ambulatory challenges unable to find parking spaces. Please show consideration for our patients and do not park in the spaces provided for them. They are our top priority. We will have more updates on parking shortly.



reminding you of the processes that will give you the best protection against infection. Use them.

Occupancy at Grey Base Hospital and general practice appointments have been very high, and I am aware of how hard everyone has been working through this time. Any ways you can support your colleague are greatly appreciated when we're under stress. Make sure you rest and have time with family and friends at the ends of your working weeks. Let's keep looking after each other.

Kind regards,

David Meates
CEO

The norovirus that laid several patients and staff low recently in Morice Ward is a timely reminder of the need to observe the five moments of hand washing very carefully. There are very good resources

Buller Rural Nurse Specialists gathered in the Kawatiri room at Buller Health

From left: Nikki Mason and Marie Bishara (Reefton), visiting Hawkes Bay DHB staff from Wairoa on a fact-finding mission, Marion Terry (Practice Nurse Director) and Nerys Williams (Clinical Nurse Manager), Cathy Sampson (Karamea), Ross Little (Locum RNS), Lyn Dunlop and Grace Muyoma (Ngakawau).





Surprise wedding!

Hokitika Health Centre staff had a lovely surprise recently when lovely district nurse Sandra Lang invited them to her partner's 60th birthday recently. When they arrived they found it was a "secret" wedding.

The staff at Hokitika Health Centre decided to do a bridal shower/morning tea for her when she returned from her honeymoon and gifted her with the following items:

- one long nightie/pyjamas for her husband
- one rolling pin
- hair rollers
- hair net
- framed guidelines from the days of old on how to be a "good wife", put together by nurse Carlene Packham.

"Sandra is a very valued member of our team here in Hokitika and the staff had an enjoyable time putting this together with her and also celebrating on the night with her," the Hokitika team said.



Newly-wed Sandra Lang (centre) shows off some of the wedding presents she received from colleagues, watched by Hokitika District Nurses Bridgette Creedon and outpatient nurse Carlene Packham.



Grey Base Hospital nursing staff in Morice Ward met with NZNO representatives recently, from left: Professional Nursing Advisor Julia Anderson (Christchurch), Enrolled Nurse Bronwen Skates, Nursing & Professional Services Manager Jane MacGeorge (Wellington) and Associate Professional Services Manager Hilary Graham-Smith (Wellington), WCDHB Nurse Manager Clinical Services Julie Lucas, Enrolled Nurse Marie Dalzell, Registered Nurse Yunmi Ha, Registered Nurse Carolyn Fechny, Registered Nurse Kandy Palmer, Registered Nurse Nicky Featherstone and Registered Nurse Diane Pollard.



Special days...

**World
Breastfeeding
Week**

1–7 August

Enrolled Nurses Focus Day demonstrates value

By Brittany Jenkins

A recent Enrolled Nurses (EN) Focus Day recognised how our ENs add value to the West Coast health system, by showcasing the history, innovations, and ideas of the current EN workforce, and by workshoping future directions to demonstrate where Enrolled Nursing fits within our model of care.

After Gary Coghlan opened the day with a traditional mihi, presentations included snippets of the history of the EN hospital-based training programme at Grey Base Hospital as told by Annette Mead (Greymouth District Nursing service), as well as various highlights from Annette's career, from Marie Dalzell (AT&R), and from Chelsea Ellis (Day Surgery).

Director of Nursing and Midwifery, Karyn Bousfield then introduced the workshops by talking about the past, present, and future of Enrolled Nursing on the West Coast.

Facilitated by Brittany Jenkins (ADON-Clinical Practice Development) and Kas Beaufill (Nurse Educator), the workshops were packed with high-level discussions that laid the foundation for development of an EN vision and for a subsequent work plan.

The workshops considered how current EN roles could be further developed to enable ENs to work to their full capability to provide better patient care, and how future roles could be created to further enable the WCDHB model of care. The final workshop addressed succession planning for ENs on the West Coast, and involved a review of a Canterbury based EN orientation programme for new graduate ENs.

A recurring theme for the day was that there is a need to promote and clarify the scope of practice and role of ENs to clinical teams everywhere.

Following collation of the worksheets and feedback the plan is as follows:

- A series of draft EN visions will be released for voting on by WCDHB ENs

- A draft work plan will be developed that considers the Nursing Workforce Strategy 2015-2018 and the EN vision, and provides direction for the EN workforce. This will be released for comment prior to a final document being produced.

Overall, the feedback from the day was overwhelmingly positive, with ENs saying they felt a renewed sense of appreciation and purpose with regards to the supportive work that they undertake each and every day.

If you would like to know more about the Enrolled Nursing role and/or the EN Focus Day, please contact:

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Brittany Jenkins



Yvonne Wilson, Helen O'Connell, Christine Hishon, Deborah Bennington and Annette Mead



More photos from the Enrolled Nurses Focus Day



Yvonne Wilson, Helen O'Connell, Kas Beaufill



Wendy Rosanowski, Wendy Meaclem, Sharyn Reid, Sheena McKenzie, Susan Shearer and Ann Bettridge



Helen Rodger, Leah Watson, Deborah Biddulph, Anne-Marie Jackson



Marg McConnaughie, Tonika Tibbotts, Chelsea Ellis and at back Barbara Richards and Jeanette Greaney



Christine Hishon, Helen O'Connell, Deborah Bennington, Brittany Jenkins (at back), Yvonne Wilson, Julie Ann Syron, Annette Mead



Linda Hawker, Marie Dalzell, Alexis Jones, Pam Routhan

Health Disability Action Plan launched

Consulting with families, identifying staff champions, and providing large print health information are some of the actions outlined in the Canterbury and West Coasts' Health Disability Action Plan launched recently.

Canterbury and West Coast District Health Boards Chief Executive David Meates says the plan has been developed over the past year in consultation with groups that support and advocate for people with disabilities. That consultation helped define priority actions for the coming year, and for over the next decade.

The official launch of the plan, held simultaneously in Greymouth and Christchurch via a telehealth link, was the start of an exciting journey and Mr Meates expected its implementation would have far-reaching positive effects.

"A focus on both staff education, and improving accessibility and inclusion for people with impairments will undoubtedly improve access and inclusiveness for everyone."

The plan is a 'living document' that would be reviewed and adapted according to input from ongoing community consultation, Mr Meates says.

"We are committed to improving the health and wellbeing of people with disabilities. We know we need to, and can do better. We will be collecting feedback on services and facilities and equipping staff to deliver appropriate, timely services in a way that suits people with disabilities, and their families or whānau.

"Ultimately, the aim of the Disability Strategy Action Plan is to empower people to be able to make decisions about their own health and wellbeing."

Latest Statistics NZ data shows 1.1 million New Zealanders, or 24 per cent of the population, have some form of physical, mental or sensory impairment. Half of those aged over 65 have some form of impairment and with the average age of our population on the increase, the rate of disability is expected to rise too.

Recently retired Greymouth school teacher Margaret Woollett has a degenerative disease of the retina called Retinitis Pigmentosa and is classified as legally blind.

"The health system to me is one that should make me feel safe and listened to, and one where people with a disability are treated as individuals and with respect.

"I would say the health system is well on the way to delivering that, but it is excellent it has a plan to make sure people are not in any way discriminated against or made to feel embarrassed or humiliated in needing help," Margaret says.

To download a copy of the action plan, [CLICK HERE](#) or pick up a printed copy from around the DHB.

Staff Wellbeing Programme: Wellbeing Workshops

Wellbeing Workshops – Registrations open now.

Be in quick to secure your place as limited places. There are opportunities to join one of the four workshops being held in Greymouth or the two in Westport.

See the attached flyer for more information about this very popular Staff Wellbeing Workshop or to register [CLICK HERE](#).

Participants comments:

- "It was sooo great and has been truly useful... Thanks a Bunch."
- "I enjoyed the whole workshop as I went in not knowing what to expect."
- "I have used the research figures 3 times already..."



Clinical Manager Physiotherapy Janette Anderson, West Coast resident with a vision impairment, Margaret Woollett, and Complex Clinical Care Network Manager Diane Brockbank

More photos from the Health Disability Action Plan launch



Grey Base Operations Manager Hamish Brown, Director of Nursing & Midwifery Karyn Bousfield, Nurse Manager Clinical Services Julie Lucas and Planning & Funding Team Leader Phil Wheble



Consumer Council member Mark Davies and General Manager Māori Health Gary Coghlan



Te Ara Mahi Business Manager Peter Rees and PACT West Coast General Manager Glenn Murtagh



Associate Director Allied Health Jane George



Consumer Council members Neil Stevenson and Mark Davies talk to General Manager Māori Health Gary Coghlan



West Coast Disability Resource Services Manager Russ Aiton, Consumer Council Chair Barbara Holland, and West Coast District Health Board member Elinor Stratford

Financial gun for hire

“I’ve been employed to look after the West Coast general managers first and foremost – to provide financial and business support to them,” new Finance and Business Manager Len Van Hout says.

Len is used to a nomadic life. Both he and his wife have contracted to various agencies, often in different towns or islands, for many years. Len came to the DHB after five years working for the Canterbury Earthquake Recovery Agency (CERA), from one set of challenges to another.

He’s proud to be leading the team of dedicated individuals who have been managing to deliver a finance function with assistance from CDHB’s Andrew Meier over the past 15 months, since the departure of previous manager Ashley South.

Two management accountants, Russian Georgy Lee and South African Barry

Harlen are about to join the team, which Len says should be fully resourced by the end of July.

In January next year, the team will be working with an entirely new finance system, and there are a number of steps to be taken before that happens.

“Bear with us!” he pleads, as his staff will be looking to implement a problem-free upgrade.

Originally from Wellington, Len says if anyone had asked him if would work in Greymouth in years to come, he might have thought about being a deckie on a fishing boat chasing tuna. He’s a keen fly fisherman, likes a good single malt whisky and is also into gardening and cooking.



Len Van Hout



eCALD®

Supporting the health workforce
to develop CALD Cultural Competence

This edition promotes the early bird registration and free registration passes for the coming International Asian and Ethnic Minority Health and Wellbeing Conference. [CLICK HERE](#) to read more.

He has a son living in Canterbury in the family home while attending the University of Canterbury, and another overseas. His wife is currently contracting in Palmerston North and Len is renting in Greymouth, where he plans to spend three weekends out of four getting to know the countryside and people better.

“My commitment to this job means I need to be here, immersed in Coast life.”

As time permits, expect to meet Len across the West Coast DHB – he’s keen to get out to find out what makes this organisation tick.

Tune in to the August staff forum to hear Len presentation on annual results.



e-update

Welcome to the next issue of the *Open for Better Care* newsletter for 2016.

[Click here](#) for more information.

Unpacking the “Right time, right place, right care” vision

The DHB’s Planning & Funding team is currently working with community-focused teams to look for ways to improve services.

Community Healthcare Consultant Fran Cook has been brought in to gain a better understanding of how staff are using their time, and to ask some pertinent questions, along these lines:

- “If we’re a patient and person-centred health system, what does that look like?”
- “Are we wrapping services around people?”
- “Are we providing the best possible care?”
- “How can we release our clinical staff to do more clinical work and less administrative work?”
- “What do we mean by integration?”
- “What currently works well and where are our opportunities to do things differently?”

West Coast Planning & Funding Team Leader Phil Wheble says Fran’s work will help to ascertain how services are working together in a way that the person at the centre of our care has access to health services at the right time, in the right place and by the right person.

“We want these people to go to the least amount of appointments as possible, with any resulting treatment in the fastest possible time, delivered by the best possible person. Our staff are the experts at delivering this care. The project team working on improving services is not trying to design everything or tell staff how to do things. We’re trying to work with our colleagues who are the experts in this field, gathering patient stories – both good and bad will tell us what works and what doesn’t,” Phil says.



Fran Cook

If you have not yet met with Fran and would like to, or if you have stories or suggestions, please get in touch with Fran by emailing her at fran.cook@westcoastdhb.health.nz.

Allied Health Leaders Day

Allied Health Leaders spent a day together recently, learning about each other’s skills and strengths and identifying ways to put those to good use in service of our district. A number of goals were identified for the coming months, including making sure our colleagues and community understand all the ways Allied Health add value to patient journeys, making sure our services are resourced to do what our community needs in ways supported by best practice evidence, and making sure that we are capturing all the work we do, in the various information systems the DHB uses. We will come back together every quarter to review our progress and set new goals.



Allied Health team leaders planning day.



Profile provides planning tool

Overall increases in community need, challenges in recruitment and retention of workers, viability of services, and the need for co-ordination are key themes in the Buller Community Profile released recently.

Launching the report to the Buller Interagency Forum which commissioned the profile, West Coast Medical Officer of Health Dr Cheryl Brunton said, “many of the indicators discussed in this Profile show concerning trends, however, the considerable human, natural and organisational capital available within the Buller should not be underestimated.”

Dr Brunton was impressed at the commitment of the staff of agencies who took part in more than 80 interviews to provide information for the Profile.

“It is a snapshot of a community with many challenges. Job losses, decline in traditional industries, old housing stock, changing population dynamics and difficulties in recruiting and retaining specialist staff are all factors putting pressure on Buller communities and their health, education and social service providers.”

Buller Interagency Forum Chair and West Coast DHB General Manager Buller Kathleen Gavigan says the Profile pulls together great information and an analysis of what’s going on in Buller.

“The launch of the Buller Community Profile is a celebration of agencies working together to strengthen the Buller community. It enables the Buller Interagency Forum to focus on what we can do to reduce the load currently being experienced by agencies and people in our communities.” Ms Gavigan says.

Buller Mayor Garry Howard welcomed the Profile, saying it painted a clear picture of the situation in Buller.

“The Profile confirms the reality of our challenges, and provides us with information that will help us plan for



About 60 people gathered in Westport recently for the launch of the Buller Community Profile.

the future together more strategically. We all want a brighter future for our residents. We now have a benchmark and can work with Government and non-Government agencies to enhance services. What’s next is that all the agencies will get together and start working on those plans.”

The report acknowledges the contribution of Buller REAP in the

collection of data and providing invaluable local knowledge contributing to the final report. Pete Howard, in his role as Buller Community Development Facilitator, assisted in interviewing representatives of local agencies.

To read the report, visit the DHB website:
[CLICK HERE](#)



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kōwhiri Te Whānau: Hāwhiora ki Aotearoa

E-UPDATE

Your fortnightly update from the Health Quality & Safety Commission



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.

New endoscopy tower improves view

A new endoscopy tower at the Grey Base Hospital means surgeons can see more clearly when they need to carry out gastroscopies and colonoscopies.

The equipment replaces technology that was about eight years old. It is used to visualise areas of the stomach and bowel to look for potential health problems. Grey Base Hospital Clinical Nurse Manager Wendy Stuart says along with the new endoscopy tower, a new gastroscope and colonoscope have been obtained, and further scopes will be ordered annually, as older technology is retired.

“On an average day, we would do maybe four colonoscopies in the morning and four in the afternoon. On a day when we are just doing gastroscopes we can do between 10 and 12. These special scopes are rotated through a complex cleaning cycle after each use. We have been incredibly efficient at looking after our equipment, so the most recent scope that became unrepairable is 13 years old. Generally they have a lifespan of between five and eight years,” Wendy says.

The new tower, gastroscope and colonoscope will assist in detecting illnesses such as bowel cancer, which is the most commonly reported cancer in New Zealand, with approximately 3000 cases and 1200 deaths each year.

On the days when these colonoscopy and gastroscopy procedures are arranged, it is important that people attend their appointments.

“If patients cannot attend, it is preferable that they let the hospital know (03 769 7400) several days beforehand, so another patient might be able to use



Theatre Nurse Marg McConnaughie and General Surgeon Jonathan Pace with the new Grey Base Hospital endoscopy tower and gastroscopes

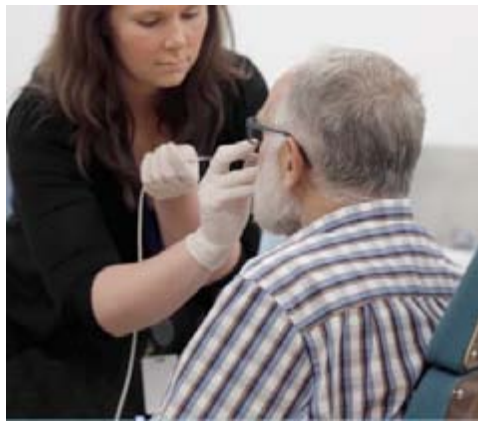
that appointment time. As much notice as possible is helpful as our patients are required to prepare for procedures with a special diet and medication in advance,” Wendy says.

People who are diagnosed with bowel cancer, and receive treatment when it is at an early stage, have a 90 percent chance of long term survival. If there is a delay in diagnosis and treatment, and the cancer may become more advanced, it is harder to cure. This is where the new DHB equipment comes in as it provides better tools to detect the likes of bowel cancer early on.

Common signs and symptoms of bowel cancer include:

- a change in normal patterns of going to the toilet that continues for several weeks (such as diarrhoea, constipation, or feeling that the bowel doesn't empty completely)
- blood in bowel motions.

Although these symptoms are often caused by other conditions, it is important to get them checked by a doctor.



South Island Stroke Study Day 2016: Enhancing day-to-day practice

Stroke services providers and stroke teams from across the continuum of care are invited for a study day, focused on how we can improve the quality of care we provide stroke patients. Dr Julia Slark, senior lecturer at Auckland University, will be presenting, along with many other experts.

Presentation topics include:

- Therapeutic role – make each interaction meaningful for recovery
- Application of ICF model in stroke care – common terminology
- Non-pharmaceutical strategies to manage depression and anger
- Pathway for stroke survivors – minimising complications
- Best practice care of the shoulder and upper limb
- Dysphagia—advances and management
- Smooth transition from hospital to home
- Acute stroke rehabilitation
- A case study, and more.

Date: Thursday 27 October 2016

Time: 9am-3.15pm

Venue: Rolleston Lecture Theatre,
Christchurch

Cost: \$120 (early bird registration \$40,
before 30 September)

Limited to 190 participants.

