

CEUpdate

14 June 2017



West Coast
– District Health Board –
Te Poari Hauora a Rohe o Tai Poutini

Hopefully most of you will have had your flu immunisations by now.

Remember, research has shown that it doesn't matter how strong and fit you are, how infrequently you may have had the flu (if ever), or whether you're a hermit or in regular contact with sick people.



The flu does not distinguish between rich or poor, but it will latch on to weaker, vulnerable people and the effects for them can be much more severe. Make sure you make yourself flu-strong by having your shot soon, and help prevent spreading it to our patients.

Winter can be a tough time in terms of weather and ability to get out in the sunshine. Be nice to your colleagues, practice mindfulness, breathe deeply, don't stress too much. If you're struggling, either talk to your manager, or use our [EAP counselling services](#) – they're available to help. We can help

achieve our vision for better health outcomes by staying well ourselves!

There are a couple of Consultation Processes underway at the moment – our Primary and Community Model of Care and our Mental Health Services Model of Care. These are vital pieces of work for the DHB in working towards better outcomes for our patients. We're testing ideas here and what we know is that our more than 1000 staff will have great ideas and feedback. I urge you to put your 10 cents' worth in – this is our opportunity to work out what it is we're trying to achieve, and how best to do that. While the current consultations are quite high level, they will lay the foundations for the more detailed planning to follow. Let us know if you think we're right in our direction, or if you have other ideas. Our combined brain power and knowledge will help create an excellent, innovative, world-leading rural health service that is meeting the needs of our people.

Get involved!

Take care.

Mary Gordon

Acting Chief Executive



Back to the future

About 11 years after being a nurse practitioner in the UK, West Coast DHB nurse Tina Murphy is now officially a nurse practitioner in New Zealand.

When Tina moved to the West Coast just over a year ago, she started the process of getting her qualifications recognised. That involved completing one Otago University module (NURS429) and the rest was cross-credited towards the qualification and Tina also had to submit a portfolio of New Zealand clinical evidence gathered over the 10 months through to Christmas last year.

Before gaining her New Zealand Nurse Practitioner registration Tina was able to practice with supervision in primary care, seeing patients she would normally as a nurse practitioner, discussing prescriptions and changes of care with the GPs at Rural Academic GP, (with thanks to Meriem Wilson for accommodating this) and working alongside Andrew Laurenson and the emergency department team.

Now the qualification has been approved, Tina is able to work autonomously.

“That doesn’t mean at times I wouldn’t talk to doctor colleagues. I will have clinical support and guidance like any practitioner.”

Before Tina left the UK, she was working at a level similar to a senior doctor with consideration of her years of clinical experience and exposure. She was required to continuously demonstrate competence in more advanced areas of practice, in the same realm as her fellow doctor colleagues. Most of her practice was in busy UK emergency departments and primary care as a single clinician.

“It will be great to get back to doing what I could before.”

That’s a long way from the years when Tina didn’t think she was intelligent enough to do medical training.

“By the time I did my masters in the UK, I was in my early 30s and didn’t feel I could go back to being a student doctor. I’m happy being a nurse practitioner, in my view I can do the same thing if I feel competent to do it as well as bringing my ‘nursing’ experience into the care I deliver.”

Tina believes the healthcare workforce on the West Coast needs transformation to meet the need, and nurses are able to make a huge impact. There’s a real need for advanced nursing practice and nursing practitioners on the West Coast, and she is willing to “do everything I can do to take that forward”.

While it can be daunting looking at the work required, Tina is willing to support and prepare others who are keen.

“If anyone wants to discuss what’s required, they can contact me anytime.”



Had your flu shot yet?

If you haven’t had your free staff flu shot yet there’s still time. We’ve had a tremendous response so far but we need everyone to step up and do their bit.

By getting the flu vaccine you’re not only protecting yourself, but you’re helping stop the virus spreading to your family, your workmates, and our patients.

Getting your influenza immunisation prepares and boosts your immune system to help you fight the influenza viruses circulating each year. It’s the best protection there is against the flu.

For a full list of clinics please visit our intranet. If clinic times don’t suit your schedule please contact your authorised vaccinator (a list can also be found on the intranet).

Influenza
**Don’t get it.
Don’t give it.**

Get immunised

Farewell to Nancy Fahey after 51 years





SMOKEFREE: How to help your patients who are in nicotine withdrawal while in hospital, or who are wanting to start giving up smoking.

Nicotine replacement therapy – patches, lozenges, inhalator, and in some cases the mouth spray – can be charted for patients in hospital.

For more details see “Smoking Cessation for Inpatients – a guideline for clinical staff”. This can be found on the DHB Intranet, as follows:

Start from ‘Clinical Resources and Links’ to ‘Nursing and Midwifery’ to ‘Smokefree Health Services’ to ‘Policies Plans Guidelines’ to ‘Smokefree Guidelines’.

Ann McDonald (ph 769 7488; fax 768 6716) in Greymouth and Jeanette Thomas

(ph 788 9238; fax 788 8233) in Westport, from the DHB’s own smoking cessation service, will see your patients on the ward – just phone, fax or e-mail them.

Nurses can chart NRT for patients, as per the Nurse-Initiated Medications Policy and the NRT Workbook for Registered Nurses (these are both on the Intranet).

By helping someone to stop smoking you are helping to bring about one of the most significant health changes that anyone can ever make.



Bouquets

I am writing this letter to ask if you would please pass on my very grateful thanks to Sharon Pope for all her help and expertise in helping me with the transfer of my elderly cousin from Dunedin to O’Conor Home. This was a very stressful time for me, not knowing what to do next. As she has no other relatives I was contemplating having to leave Westport and move to Dunedin to be with her, which my husband and I dreaded to have to do. But with Sharon’s wonderful help, she is now happy and settled in her new home, almost next door to me, where I can now help care for her, as in anything she needs. A great weight has lifted off my family’s shoulders after four months of terrible stress. I do know without Sharon’s help this may never have happened, so please pass on to her my family’s very grateful thanks once again. Buller Hospital has a wonderful lady working for them.

Name withheld



Jason Thompson from Aotea Electric tests and tags hospital cleaning equipment recently.

Smokefree ABC Report

Quarter 3 2016/17 result: 95%

Health Target

95% of smokers are provided with advice and help to quit

Number of patients coded with **Z71.6** (Brief Advice)
against the number of patients coded with **Z72.0** (Tobacco Use)

February

	Barclay	Brian Watson	Critical Care	Footo	Grey ED	Kawatiri	McBrearty	MH Acute	Morice	
Brief advice Z71.6	17	16	4	14	6	-	3	8	14	82
Tobacco use Z72.0	17	16	4	14	8	-	3	9	16	87
%	100	100	100	100	75	-	100	89	88	94%

March

	Barclay	Brian Watson	Critical Care	Footo	Grey ED	Kawatiri	McBrearty	MH Acute	Morice	
Brief advice Z71.6	24	13	5	12	7	2	8	6	12	89
Tobacco use Z72.0	24	13	6	13	7	2	8	6	12	91
%	100	100	83	92	100	100	100	100	100	98%

April

	Barclay	Brian Watson	Critical Care	Footo	Grey ED	Kawatiri	McBrearty	MH Acute	Morice	
Brief advice Z71.6	19	12	5	11	6	-	8	4	6	71
Tobacco use Z72.0	20	14	7	12	12	-	8	5	6	84
%	95	67	71	92	50	-	100	80	100	85%

We acknowledge the ABC work done in other areas that are not covered in this monthly report.
Note: ED results only refer to admissions longer than three hours.

Aged Residential Care / Respite Care

Providing quality Aged Residential Care (ARC) and Respite Care are an important and valued part of how we care for people who have been assessed as requiring support and care services in residential settings.

We know how important it is to support people considering ARC and their families, to make the best choices.

At times there can be reduced capacity on the West Coast, due to limited clinical resources, challenges that arise due to the need for private providers to maintain sustainability from a business perspective, and most recently the closing of an ARC facility as a result of the withdrawal of Ministry of Health certification. The West Coast DHB is committed to working in partnership with our ARC business partners, and the Ministry of Health to ensure the people who may require this level of care are safe, and their needs are met appropriately.

Below are the prioritisation steps followed for people who require ARC/Respite Care:

1. If the ARC facility of choice has available bed capacity, the client is admitted as per Complex Clinical Care Network (CCCN) processes.
2. If the facility of choice has no available bed capacity, the CCCN will provide options within the geographical area and put the clients name on the ARC facility of choice waiting list.
3. If there is a facility within the geographical area which the client agrees to, they will be admitted as per CCCN processes.
4. If there is no ARC bed capacity within the geographical area, the next option offered is an available ARC bed within the West Coast region.

5. If there is a facility of choice for the client within the West Coast region, the client is admitted as per CCCN processes.
6. If there is no ARC bed capacity within the West Coast region, the options for an ARC facility is now nationally, either close to family or friends who live away or a facility close to the West Coast geographically which has bed availability.

As winter is nearly upon us, we know more folk end up requiring either respite or ARC care. Just a reminder, there are options including getting extra help from Home Based Support Services, Presbyterian Support and other external agencies. Contact CCCN for more information – people don't need to struggle on their own in winter.



Accounts Officer Cyb Haronga shows the products of eight months' study to gain a certificate in Xero accounting and a diploma in accounting through the Career Academy correspondence course.



Welcome to the *Eating and Activity Guidelines Update* from the Ministry of Health.
[Click here](#) to read more.





HCS now includes urology

Through perseverance, Lynette Skeats has helped streamline and made safer a process that was previously a bit clunky.

Urology services on the West Coast are provided by a private provider, Urology Associates. Up until recently, after a urologist met with a patient, the dictation of patient notes was typed up by the provider's own staff.

That would sometimes take four or five days, then there might be a further time lag of up to three weeks while a copy went out to the patient's general practice team and another was sent and filed by Medical Records.

What that meant was, no electronic record was visible in the HCS clinical system. When other health professionals had dealings with a urology patient, they would not necessarily look through the physical notes, and could not see the urologist's notes on the electronic system.

Urology nurse Lynette Skeats could see this was causing an issue and started inquiring about how the situation could be fixed.

The sticking point at the time was allowing an external supplier to access the regional HCS system, and getting the provider's system to "talk to" HCS.

Then some months ago, following formal feedback from the clinicians, steps were taken to sort this issue out. As an interim, medical secretaries scanned the paper copies of patient notes into HCS.

Now with the help of ISG services, a programme has been developed to enable the Urology Associates system to talk to HCS. And what that means is, generally the West Coast notes are live on HCS within a few days.

End result, a speedier, safer patient system. Quality!



CREDIT: BOARD CHAIR, JENNY BLACK

At the Karamea clinic, GP Tim Fletcher, rural nurse specialist Cathy Sampson, receptionist Liz Volckman and rural nurse specialist Jenny Roumie.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kupu Taurangi 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.

Documentation for feedback

The draft **Mental Health and Addictions Services Model of Care document** is now available [HERE](#) on the DHB intranet. The following are the consultation timelines:

8 June 2017	Consultation commenced
13 June 2017	Presentations in Buller, Greymouth and Hokitika
7 July 2017	Feedback closes
18 July 2017	Collation of feedback completed
19 July 2017	Final document endorsed by MH Future Services Project Team
26 July 2017	Final document to EMT for approval
31 July 2017	Distribution of final document

Three presentations will be held on 13 June 2017, each of which can be joined via videoconferencing on Virtual Meeting Room 3: Quick dial 753704.

The details for the presentations are:

Westport	11am – 12 noon	Buller Health Training Room
Greymouth	2 pm – 3 pm	Grey Base Hospital Lecture Theatre
Hokitika	3.45pm – 4.45pm	Hokitika Health Large Group Meeting Room

Feedback is requested by Friday 7 July, 5pm.

Forward to Fran Cook: fran.cook@westcoastdhub.health.nz
or Corporate Office, Grey Base Hospital

The **DHB Primary and Community Model of Care documents** are also available [HERE](#) on the DHB intranet.

The timeframes for the consultation are as follows:

Action	Proposed Date
Consultation commences	Monday 15 May 2017
Feedback closes	Friday 30 June 2017
Collation of feedback completed	Friday 14 July 2017
Final document to Primary & Community Project Team for endorsement	Thursday 20 July 2017
Final document to EMT for approval	Wednesday 2 August 2017
Final document to ALT for approval	Thursday 10 August 2017
Distribution of final Model of Care document	Monday 14 August 2017

Feedback is requested by Friday 30 June, 5pm.

Forward to Fran Cook: fran.cook@westcoastdhub.health.nz
or Corporate Office, Grey Base Hospital





Numerous people (some not pictured) helped out with the recent mail-out about the Rural Academic General Practice and Grey Medical Centre merging on 3 July. Thanks to everyone (you know who you are!).

Working Well – A workplace guide to mental health

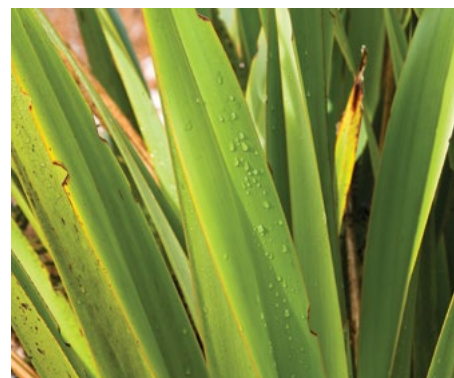
PLEASE [CLICK HERE](#) TO READ THIS BROCHURE.

WORKING WELL

A workplace guide to mental health



Corporate staff shouted afternoon tea earlier this year for Renee O'Brien, whose son Bentley Jonathon Sexton was born at 11.07 pm, 16 March, weighing in at 9lbs 9oz.



Special days...

Elder Abuse Awareness Week

15 – 22 June



ZUMBA®

For HOSPITAL Employees Only

**Tue. 4.45pm Physio Gym, Hospital
Thu. 4.45pm Physio Gym, Hospital
Classes start 13 JUNE**

Come Along and Move To Some Great Music

Beginners Welcome

Come Zumba with Wai, Qualified Zumba Instructor

Concession Cards Available

Single Class \$6.00

Pay for 9 get 10 classes

Contact, Wai ext 2835 or email waitangi.waitai@wcdhb.health.nz

Please contact me if you are interested.



DISTANCE LEARNING

Systematic Reviews
Distance Course

POSTGRADUATE



Special Topic: Systematic Reviews PUBH739

4 September – 27 October 2017

This practical and interactive course provides participants with the skills and tools to undertake a systematic review.

- Planning a review
- Defining a review question
- Identifying sources of evidence
- Building a search strategy
- Criteria to select relevant studies
- Critically appraising included studies
- Statistical methods for analysing quantitative data
- Methods of evidence synthesis
- Meta-analysis and meta-regression
- Reporting the findings

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CEU Update

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Influenza.
Don't get it.
Don't give it.

FLU
CAN BE
ANYWHERE

**PLEASE DON'T PASS INFLUENZA ON. PROTECT YOURSELF
AND OUR PATIENTS BY GETTING VACCINATED.
THE FLU VACCINE IS FREE FOR ALL STAFF.**