

## Complete your Census form - and check that your neighbours, friends and whānau have all done theirs

Being counted in the 2018 Census is really important as it lets the government know how many people live on the West Coast. Our funding is based on how many people are registered as living on the Coast, and their age, ethnicity and address all impact on how much government funding we receive.

It's so important that everyone who lives in our DHB-area completes the Census – which is available online for the first time this year.

I have a special request to each of you to get in touch with your West Coast-based family/whānau, neighbours, patients, clients, tangata whaiora and people accessing health services – check have received their papers at home, and completed them on line? Do they need a hand to complete them?



Would they prefer a hard [paper/printed] copy to fill in? If so, you can call 0800 CENSUS [0800 236 787] to request paper/printed forms, and they will post them to you. But you'd better be quick as the Census runs until the 6th of March. Everyone in every household needs to complete the Census.

More completed forms equals more funding. Importantly, it also means we have better information on which to base our planning for future health

services. When people complete the Census form, we have a clearer picture of who we need to provide hospital, primary care, and community health services for. Having enough resource to do that is vital and the Census is the best way to.

Every completed Census form provides the DHB with funds – for each person – each year for the next five years. Anything you can do to help people complete the Census is time well spent.

Your health counts, so please be counted!



David Meates, CEO

**David Meates**  
Chief Executive

## New Zealand Early Warning Score and Patient Track introduced

**In March, the WCDHB will be switching to a new national standard for Early Warning Scores (EWS)-the New Zealand Early Warning Score (NZ EWS).**

An EWS pathway defines standards for measuring and recording vital signs, calculating a score based on that data and how and when to escalate ie: what nursing staff should manage themselves and when they should call a doctor/consultant. The score values correspond with coloured “zones” allowing for quick and easy communication of a patient's status - such as “x” patient is in the orange zone.

Internationally and in New Zealand, there are issues with EWS pathways being followed consistently. There are also different EWS systems for local areas. The new national standards will be one system for all DHB's, fine-tuned to be more sensitive to patient deterioration.

Followed correctly, the NZ EWS will help make sure all deteriorating patients are identified and treated early, wherever they are and whatever time of day. It will also improve communication between patients' families, clinicians and across the country around patient deterioration.

**Patient Track** is an application deployed via browser to mobile devices. It is used for recording patient vital signs and the NZ EWS rating.

Hospitals that have implemented electronic early warning systems have been able to further reduce avoidable mortality due to late detection and/or notification of deterioration and have also seen a significant reduction

in cardiac arrests. With automation, reliability of the calculation of early warning scores and the completion rates of observation sets improve. Electronic systems are also reported to reduce time used in documentation of observations by up to 40%.

This system will support the clinician's need to be mobile by providing the capture and viewing of information on mobile, portable and desktop platforms. It will aid in workflow and simplify processes.

Roll out of **Patient Track** and the **New Zealand Early Warning Score** will be simultaneous for the WCDHB in mid-March.

## New Nurse Practitioner on the Coast

**Westland Community Mental Health District Manager and Comprehensive Nurse Nola Rochford has just qualified as a Nurse Practitioner, after several years of study. Her Hokitika colleagues celebrated her achievement by hosting a surprise morning tea along with gifts of flowers, chocolates and wine.**

Over the years from when Nola first began studying criteria has changed to ensure nurses all have the same set of skills that are achieved by completing a Clinical Masters degree, which is a prerequisite to becoming a Nurse Practitioner. Nola completed this degree in November last year. Prior to this Nola had already completed a Master of Arts in Nursing (Applied), which included doing research and writing a thesis.

Nola submitted her Nurse Practitioner portfolio completed through Massey University as part of the Nurse Practitioner Training Programme to the Nursing Council in December. This was the first time the Nursing Council had accepted e-portfolios rather than the paper-based form.

“This means the portfolio is a living document that can be added to and is available to access anywhere,” she says.

After the portfolio was audited to check that it met the standards, Nola was invited to the Nursing Council offices in Wellington to sit an oral examination before a three person panel. Last month she received the news that she had passed and is now the 20th Nurse Practitioner working in mental health, out of a total of approximately 300 nurse practitioners throughout New Zealand.

Nola is currently the only Nurse Practitioner on the Coast, and in the new role hopes to develop and support other nurses going along both the Nurse Practitioner or nurse prescribing pathway. Her first tasks include educating others about the role of Nurse



**Westland Community Mental Health District Manager and Comprehensive Nurse Nola Rochford**

Practitioners, and networking with other disciplines, community groups, consumers and families to work out how better to meet the needs where service delivery is lacking.

“I’m not trained as a doctor. It’s a different role, I’ll still be working with doctor colleagues. And it’s not the same as a nurse prescribing role, although prescribing is part of it. The exciting part will be looking after people from the time they come into the service, diagnosing, ordering tests, prescribing and then discharging independently”.

The Nursing Council website describes the role this way:

- Nurse Practitioners have advanced education, clinical training and the demonstrated competence and legal authority to practise beyond the level of a registered nurse.

- Nurse Practitioners work autonomously and in collaborative teams with other health professionals to promote health, prevent disease, and improve access and population health outcomes for a specific patient group or community.
- Nurse Practitioners manage episodes of care as the lead healthcare provider in partnership with health consumers and their families/whānau.
- Nurse Practitioners combine advanced nursing knowledge and skills with diagnostic reasoning and therapeutic knowledge to provide patient-centred healthcare services including the diagnosis and management of health consumers with common and complex health conditions.
- They provide a wide range of assessment and treatment interventions, ordering and interpreting diagnostic and laboratory tests, prescribing medicines within their area of competence and admitting and discharging from hospital and other healthcare services/settings.
- As clinical leaders they work across healthcare settings and influence health service delivery and the wider profession.

“Nurses think and act differently from doctors”. One of the aims is to target hard to reach people and improve access to health for people in rural areas. As a Nurse Practitioner, I’ll see where the gaps are, and what’s going to be most beneficial for the people of the Coast.”



## Patricia Gopalla

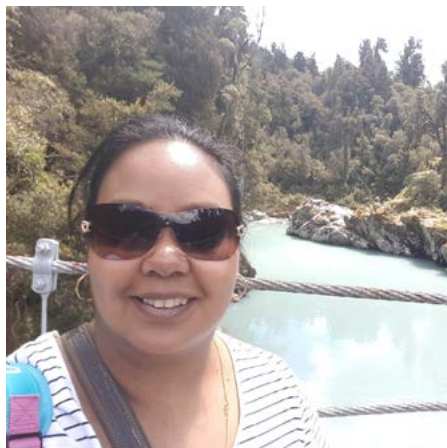
### People & Capability Co-ordinator

#### What does your job involve?

Support managers in managing people through providing services: Employment relations advice, remuneration, industrial relations, etc.

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

It was the other way round, it happened that this field chose me, as 17 years ago



I was offered a role in HR for the first time, and now I don't want to leave it.

#### What do you love about what you do?

Listen to people and trying to help them the best I can.

#### What are the challenging bits?

Disciplinary actions are never the easiest.

#### Who inspires you?

My first manager

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

Indiana Jones

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

Here in New Zealand – it has been a dream coming true

#### What's your ultimate Sunday?

Go to church, have some snacks, drinks and a good lunch at home. Then watch a movie or a good nap.

#### Fave food?

Chinese dishes

#### Fave music?

Coldplay / Robbie Williams

#### Ever won an award or a medal?

First prize in English Literature in high school

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

... continued from overleaf

### New Nurse Practitioner on the Coast...

Nola started with the West Coast DHB in 1982, and apart from about nine months working as a clinical tutor with polytechnic students during their clinical placements on the Coast, she has continued to work for the DHB in various roles. Her background includes training as a general obstetrics nurse at Grey Base Hospital and as a psychiatric nurse at Seaview Hospital.

She will be looking at using her skills to address the primary/secondary interface. Nola will take part in a West Coast Nurse Practitioner/ RN prescriber peer group meeting monthly, and is a member of the National Mental Health Nurse Practitioner group that support each other and meet annually.

## Happy Chinese New Year!

**2018 is the Year of the Dog. People born in the Year of the Dog are loyal, honest, friendly, faithful, smart, and have a strong sense of responsibility.**

Chinese New Zealanders account for four percent of New Zealand's total population and are our third largest ethnic group nationally.







## Randy Naiken Gopalla

### Clinical Nurse Manager (Morice/Barclay & CCU)

#### What does your job involve?

Managing the units and the nursing staff. Provide guidance and support to staff on clinical practice.

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

I joined the profession in 1997 and I have a passion in caring for others.

#### What do you love about what you do?

Interacting with people, understanding their needs and offering them my care and support.

#### What are the challenging bits?

Dealing with absences to ensure the staffing is safe for the patients.

#### Who inspires you?

I have been brought up in an environment where nurses were part of my daily life. My inspiration was my mum who started nursing but had to give up in order to care for her sick mother.

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

My last book: *The Biography of Rev Desmond Tutu*

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

Probably on Orchard Road in Singapore eating at Burger King!



#### What's your ultimate Sunday?

Enjoying my family round a nice Mauritian meal

#### Fave food?

Chinese fried rice

#### Fave music?

The Heritage Singers

#### Ever won an award or a medal?

Ranked second in The International French Language Contest

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

## Donations to Parfitt Ward gratefully received



Clinical Nurse Manager Parfitt Dot O'Connor hugs two of a bunch of cute handmade teddy bears donated to Parfitt by a lovely local.



Parfitt Ward has received a few donations recently – pictured are Kinsmen West Coast social club oldest member Bruce Burnett, Clinical Nurse Manager Parfitt Dot O'Connor, Vice Chair Peter Galey and treasurer Peter Mortimer with some of the board games, puzzles and DVDs they purchased. The Kinsmen fundraised through a New Year's Eve "poker run" around the Coast, which attracted around 30 riders.



## The 2018 Census Day is tomorrow, 6 March

**Every five years, Stats NZ run the census – the official count of how many people and dwellings there are in New Zealand. By asking everyone to complete a set of questions about themselves and their household, they can capture a snapshot of who is living in, and visiting, New Zealand.**

The next census is just around the corner. On Tuesday 6 March 2018, you'll be asked to do your part to build a snapshot of the people and places that make up New Zealand.

This time around, the census is going [online](#). You'll be given everything you need to take part before census day.

When you take part in this year's census, either online, or by paper if you prefer, Stats NZ have safeguards and procedures in place to make sure your information is secure.

The information you provide will be kept confidential by Stats NZ and is protected by the Statistics Act 1975. Stats NZ do not share information that can identify you as an individual with anyone.

Information from the census helps determine how billions of dollars of government funding is spent across New Zealand. Because the information we collect is about everyone in New Zealand, it can be used to inform decisions and make plans about services and where they should be, such as hospitals, kōhanga reo, schools, roads, and public transport.

Councils, iwi, and businesses also use census information to help work out the core needs of their area or services and community groups and organisations use the information to support funding applications and make the case for improvements within their communities.

### What's coming up?

#### 23 FEBRUARY

Households around the country will start to receive their access code letters. Once you receive your letter, you can take part on or before 6 March.

#### 6 MARCH CENSUS DAY

The Census contact centre will be available from Monday 19 February. Call 0800 CENSUS (0800 236 787) for support in English, Te Reo Māori, Korean, Mandarin, Cantonese, Samoan, Tongan and Hindi.

Find out more about the 2018 Census at [census.govt.nz](https://census.govt.nz)

New Zealand Government

**census**  
Stats **NZ**

**6**  
**March**  
**is census day.**

**It's time  
to find  
out.**

**Complete yours online on or before 6 March.**

**[census.govt.nz](https://census.govt.nz)**



## DHB present at South Westland A & P show

**South Westland Team Leader (Acting) Janet Hogan was back at the Whataroa A & P show, in conjunction with the Rural Support Trust**

“The West Coast District Health Board acknowledges the rural community is currently under stress due to a number of issues, including environmental, financial and workload,” Janet says.

Local health initiatives with the fence at the top of the cliff approach are very important, and supported by the DHB.

“The objective for the day was to connect with the South Westland rural community and foster relationships between the South Westland Area Practice and the agricultural community.”

Along with registered nurse and farmer Nyoli Waghorn-Rogatski, Janet offered show visitors a 10 minute “Rural

Health Warrant of Fitness”, taken up by 20 people.

Janet had an overwhelming concern about farmers struggling with a healthy work / life balance; this was evident in the conversations had. Also available was a wide range of health information which focused on particular farming community health issues.

The Rural Support Trust gave each farmer undertaking the health check a small gift pack, with relevant information about their role. An additional pack was given to each farmer to share with another farmer.



Janet Hogan at South Westland A & P Show

## DHB checks South Westland response to health phone service

**A new phone service was introduced to South Westland in April 2016 with the purpose of improving phone access to timely healthcare for the communities of South Westland.**

The service has been in place for 18 months now and so the A&P Show was a wonderful opportunity to talk with the communities to see how it is all working for them, and any opportunities for improvement. It was a very successful day and the feedback received was valuable. We will continue to talk to the community about their experiences over the coming weeks.



Fran Cook surveying at the Whataroa A & P show

## Care Starts Here: Facebook opened up for staff access

The West Coast DHB is opening up staff access to Facebook, primarily and firstly so we can all have access to the Care Starts Here closed group page for Canterbury and West Coast DHB staff. We will be encouraging all staff who use Facebook on a personal level to join. On that page, staff will be able to share articles and links to information that others might find interesting, useful, or educational. This is where we will be promoting “Shout Out” which we will be using to recognise excellence in our colleagues.

The Care Starts Here closed group is for Canterbury and West Coast staff to talk about how we work and encourage positive behaviour to help make our health system great.

The three key behaviours to help us get there are:

- **Doing the right thing** – the standards of behaviour and performance that we expect from ourselves and each other – like taking responsibility, acting ethically and with integrity, and showing care and respect.
- **Being and staying well** – looking after ourselves so we can work most effectively for those we care for, those we work with and alongside, and the organisation.
- **Valuing everyone** – growing and respecting our colleagues’ diverse backgrounds, experience, perspectives and skills so that together we can continue to innovate and deliver even better care. The conversations in this forum will also help inform policies and processes that make accountabilities and commitments to each other clear, and staff education, tools and resources.

### Use of Facebook

The DHB has a policy around internet use, and it’s good to be mindful of not overusing this resource while at work.

If you’re new to social media, it’s useful to understand that while social media sites can be fun, there are also some pitfalls with participation. Be aware that anything you say online can be amplified many times over – it is in effect like shouting your opinions in a busy supermarket or town square. Staff cannot post opinions or information on behalf of the DHB – if you think the DHB should respond to any comments you find, please contact your manager, who will in turn need to contact the [Communications Team](#) for advice. If you feel you

need some guidance around the use of Facebook, or want to know how to set up your own account, please contact the [ISG team](#), or the [Communications Team](#).

The West Coast DHB has a Facebook page we regularly use to post information and updates, and you are welcome to “Like” that page – many staff have found us and follow what we post on that page. It is called [WCDHB Careers](#).

Facebook use will be monitored, and managers will receive reports about staff usage. We expect our staff to behave responsibly, and it is a good idea to familiarise yourself with the Social Media policy on the intranet (on the menu on the left hand side).





## New theatre tools improve patient outcomes

Theatre has a new scope guide device and special colonoscopes to go with it.

Clinical Nurse Manager Theatre Wendy Stuart says in the past when the surgeon was undertaking a colonoscopy, they could only see the bowel from the inside, this new device also lets them see the bowel position from the outside, giving an extra dimension for navigation along the bowel.

“This device is like a basic scanner. On a screen, the surgeon can see a 3D reconstruction from the outside, of where the scope is in the bowel. The colonoscope has a magnet which the device tracks, and turns into an image.

“It makes it easier for the surgeon to navigate through the colon, and that means a better experience for the patient. There’s less discomfort, and procedures may well be faster,” she says.

The new tools were purchased at the end of last year.



Theatre staff Wendy Stuart and Stephen Douglas checking out the scope guide and scopes.

“This is lining us up for national bowel screening, and is in line with what the

rest of the country’s colonoscopy units are encouraged to use.”

WC Police, Oranga Tamariki, WCDHB, M. O. Education and Victim Support bring to you:

## INTERNATIONAL WOMEN'S DAY 2018 WEST COAST CELEBRATIONS

Come and help us celebrate on Thursday 8<sup>th</sup> March with a lavish buffet breakfast while networking with other amazing coasters and where you will hear from our very own inspirational West Coast guest speaker:

Lisa Tumahai

Ngai Tahu's South Island Chairwoman and first wahine in the role

Location: Paroa Hotel, 508 Main South Road, Greymouth

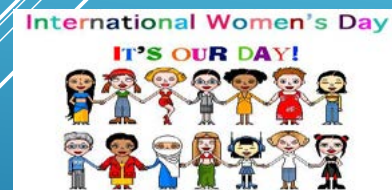
Time: 7 a.m.

Cost: \$20.00

RSVP: Confirmation and payment must be made by Monday 5<sup>th</sup> March. Tickets can be paid for and uplifted from either the Greymouth Police Station or Oranga Tamariki Office in Greymouth.

Queries to [melanie.aiken@police.govt.nz](mailto:melanie.aiken@police.govt.nz)

Tickets available from [Rosalie.Waghorn@wcdhb.health.nz](mailto:Rosalie.Waghorn@wcdhb.health.nz)





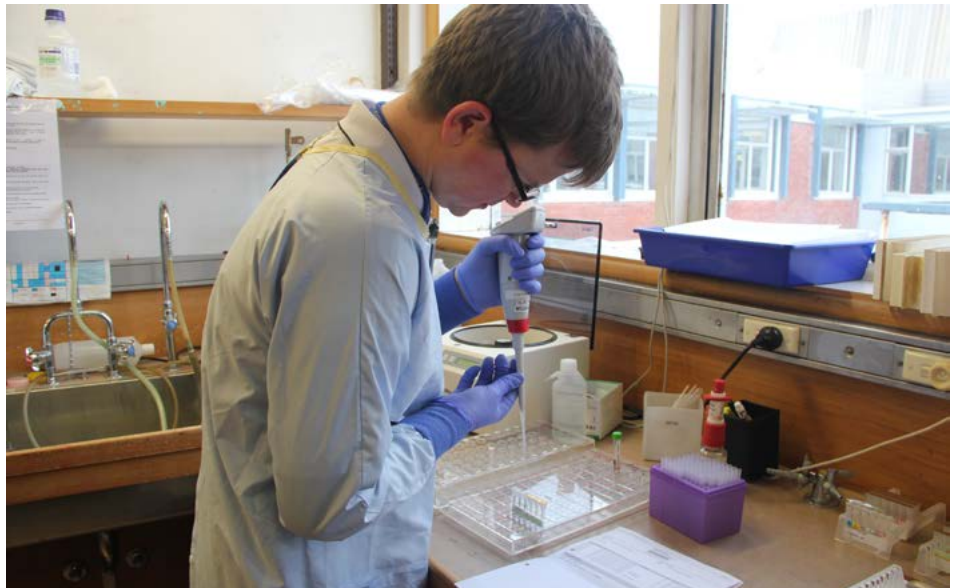
## Dining morphs into Social Club

**Rumours of The Dining Club's demise are not exactly correct. Peter Wright from Labs is taking over running the entity as a social club.**

Peter wants to include sporting events, festivals, barbecues, picnics and other get-togethers, open to all DHB staff, and he felt the previous title was a bit limiting.

He's now looking for suggestions, and will circulate information about events and opportunities soon!

Contact [peter.wright@wcdhb.health.nz](mailto:peter.wright@wcdhb.health.nz)



**Peter Wright when he's not socialising... at work in the Lab!**



## Bouquets

Re: Occupational Therapy care to patient (name withheld for privacy reasons),

On behalf of my family I wish to thank Mai-lin Ranson for her superb care of my father in and out of Hospital and the support given to our family.

She showed absolute respect and genuine kindness to my father and the extended family during her

one on one care, family meetings, telephone calls and home visits.

We noticed a huge turning point in his mental health and well-being when Mai-lin was teaching us how to do a car transfer ready for a home visit. Knowing that it had been a huge physical effort for him, she rewarded him with a drive around town. He had been in Hospital for approximately eight weeks, so to have some freedom and fresh air was a boost that caused him to not stop smiling for days.

The time and effort given to providing all the equipment required to allow him to have a safe Christmas Day with us was outstanding. Again this was another leap for his mental health and his physical health picked up hugely.

The staff in Barclay noticed a huge change in him, he started to show

more interest in life and became far more determined to get physically active to enable further trips to my house and eventual discharge.

After a full medical staff/family meeting in early January it was agreed to have a 72 hour home trial, the support to ensure we had all equipment for a safe trial was amazing. Nothing seemed too hard for Mai-lin and Scotty in the support they gave us for this transition.

You are blessed to have two such wonderful, professional staff in your Department.

I am pleased to advise that each day he is still making improvements in his physical ability with a personal goal to be off the gutter-frame and onto a walker.

Regards

**Name withheld**

## What a whirlwind!

### The first cyclone Fehi caused disruptions to communications and power infrastructure in South Westland.

As the storm made landfall south of Hari Hari it caused many trees to fall across power lines and roads, stopping motorists in their tracks, loss of power across Westland and Buller occurred, and landlines / cell phone availability were lost. Roofs came off houses in Greymouth including some building material that lodged in trees on the Grey Base campus. The South Westland medical services activated their newly completed business continuity plans to ensure that medical services could continue to be delivered. Back to basics with pen and paper!

King tides stopped road access on coastal roads and with rising flood

waters in Westport, Dunsford Ward patients were evacuated to O'Connor Home. The RNS rosters were altered before cyclone Fehi hit so where possible, nurses stayed locally in the area where they worked. The newly acquired Fox Glacier generator was utilised by Civil Defence to power up the Fox Glacier cell site so that communications could be reestablished with the outside world.

During Cyclone Gita which made landfall in Buller, more pre-planning by Civil Defence, health and other response agencies lessened the damage impact. Although heavy rain fell and some loss

of power occurred the power and utility agencies had contractors placed at strategic locations to repair damage quickly. Nonetheless the risk of parts of the community being damaged by high winds necessitated a Civil Defence declaration across the three districts as a safety precaution, with Dunsford Ward residents relocated to O'Connor Home for a second time. Debriefs have started to occur for these two events with Community & Public Health held this week and the DHB debrief to be held on Monday 12 March.

**Chris Raine**, *Emergency Planner*

## Cyclone Gita Emergency Operations Centre



Steve Johnston, Rosalie Waghorn, Maureen Frankpitt



Julie Lucas, Cameron Lacey (obscured), Philip Wheble, Louise McLean



Philip Wheble, Louise Mclean, Karyn Bousfield, Chris Raine



Chris Raine, Craig Shaw, Tui Theyers



## Kowhai Project update

**The Kowhai Project to raise funds for the “beautification” of the new Grey health facilities grounds is well underway, with much help from the wider West Coast community.**

Project Chair Elinor Stratford says the community committee is really keen to hear from individuals, businesses and groups who want to organise a fundraising event and donate the money.

“There’s been some really great events already – the Colour Rush on the weekend was brilliant; the Karoro School had a cake stall which raised hundreds; the dance evening by Dazana Fusion was also fantastic. Every bit counts!”

The money is donated into the charitable Maia Foundation, and tagged for the Kowhai Project. It will be used towards landscaping, plantings and décor for the inner courtyard, wider campus and paediatric area.

The Kowhai Project also welcomes in-kind donations and that includes a pro bono donation of landscape architecture by DCM Urban architect David Compton-Moen.

Artist Mick Collins is carving a bird bath and polishing a touchstone.

Loads of plants have also been pledged, and Elinor suggests that if people want to donate plants, they contact the [Kowhai Project](#), pot up the plants, and keep growing them at home in the meantime.

If anyone has any good topsoil they could donate, please contact the [Kowhai Project](#).



All photos courtesy of Sean Griggs

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# CEUpdate

5 March 2018



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

...continued from overleaf





## Let's Talk: Our Communities, Our Health

Te Papa Tongarewa, Wellington, 8 & 9 March 2018

### PROGRAMME

| Thursday March 8 2018 (day one)               |   |   |
|---|---|---|
| Time  | Session   | Presenter   |
| <i>Emcees: Dr Chris Walsh &amp; Deon York</i> |   |   |
| 8:30am  | Registration opens  |   |
| 9:15am  | Karakia and mihi whakatau   | <b>Peter Jackson</b> ( <i>Te Āti Awa</i> )<br>Kaumatua, Health Quality & Safety Commission  |
| 9:30am  | Welcome from Minister of Health   | TBC   |
| 9:50am  | Introductory remarks  | <b>Professor Alan Merry</b><br>Chair, Health Quality & Safety Commission  |
| 10:00am                                       | Keynote presentation<br><i>Involving me and my whānau</i>   | <b>Te Rina Ruru</b><br>( <i>Ngāti Kahu Ki Whaingaroa, Te Aitanga-a-Māhaki</i> )<br>Consumer advocate  |
| 10:30am                                       | <b>Morning tea</b>  |   |
| 11:00am                                       | Keynote presentation<br><i>Co-design: are you there yet?</i>  | <b>Dr Lynne Maher</b><br>Director of Innovation, Ko Awatea, Counties-Manukau Health   |
| 11:45am                                       | <b>PechaKucha</b> (ペチャクチャ)<br><br>How can we all improve the quality and safety of our health system?<br><br>What does it really mean to co-design health services?<br><br>How are patients, consumers, family and whānau actively involved in decision-making about health services and does it make a difference?<br><br>Communication and health: how are we doing in New Zealand? | <b>David Price</b><br>Director, Patient Experience, Waitemata DHB<br><br><b>Dr David Galler</b><br>Director, Clinical Leadership, Ko Awatea<br><br><b>Dr Libby Burgess</b><br>Chair, Breast Cancer Aotearoa Coalition<br><br><b>Jane MacGeorge</b><br>Manager, Nursing and Professional Services<br>New Zealand Nurses Organisation |
| 12:05pm                                       | Q & A session with all speakers   |   |
| 12:30pm                                       | <b>Lunch</b>  |   |
| 1:15pm  | <b>Concurrent sessions</b>  |   |
|   | <i>Measuring and improving the patient experience</i>   | <i>Let's do co-design</i>   |

continued overleaf...

|                                      |   |  |
|--------------------------------------|---|--|
|                                      | Facilitated by Catherine Gerard and Richard Hamblin<br><br>This session will focus on tools to measure and understand the adult inpatient and primary care patient experience, and how data can be used to discuss and debate the quality of health care in New Zealand.<br><br><i>Case study:</i> interventions to improve the inpatient experience - <b>David Price</b> and <b>Susan Wood</b> , Director, Quality and Patient Safety Canterbury DHB | Facilitated by <b>Dr Lynne Maher</b><br><br>This session will provide an introduction to using co-design in your setting and practical ways that co-design is already being used, with case studies provided.<br><br><i>Case studies:</i> how is co-design used?<br>Case studies from <b>Whakakotahi</b> – the Health Quality & Safety Commission’s primary care improvement challenge |
| 3:15pm                               | <b>Afternoon tea</b>  |  |
| 3:45pm                               | Keynote presentation<br><i>A broken body is not a broken person</i>   | <b>Janine Shepherd</b><br>Keynote speaker & author   |
| 4:30pm                               | Panel discussion  | <b>Te Rina Ruru, Lynne Maher, Janine Shepherd</b>  |
| 4:50pm                               | Closing remarks   | <b>Professor Alan Merry</b>  |
| 5 - 6:30pm                           | <b>Networking function</b>  |  |
|                                      |   | Presentation by <b>Choosing Wisely</b>   |
| <b>Friday 9 March 2018 (day two)</b> |   |  |
| <b>Time</b>                          | <b>Session</b>  | <b>Presenter</b>   |
| 8:45am                               | Registration opens  |  |
| 9:15am                               | Welcome to day two  |  |
| 9:25am                               | Keynote presentation<br><i>What cancer taught me</i>  | <b>Jake Bailey</b><br>Keynote speaker and author   |
| 10:10am                              | <i>Reducing health inequalities (with technology)</i>   | TBC  |
| 10:45am                              | <b>Morning tea</b>  |  |
| 11:15am                              | <b>Rapidfire sessions</b>   |  |
|                                      | Quality improvement   | The patient voice  |
|                                      | <i>Facilitated by Professor Alan Merry</i><br><br><b>Opportunity to submit papers – deadline Friday 8 December</b><br><br><i>Addressing: working with consumers to improve quality and safety services</i>  | Facilitated by the Commission’s consumer network<br><br><b>Opportunity to submit papers – deadline Friday 8 December</b><br><br>Addressing: working with the patient voice   |
| 12:15pm                              | <b>Lunch</b>  |  |
| 1:15pm                               | Keynote presentation<br><i>Our communities: are we reaching them?</i>   | <b>Dr Lance O’Sullivan</b><br>General Practitioner and author  |
| 1:50pm                               | Panel discussion  | <b>Lance O’Sullivan, Jake Bailey</b>   |
| 2:15pm                               | Open space  | This session offers the opportunity for all forum participants (through a method known as ‘unconferencing’) to select topic areas for discussion in groups.  |
| 3:35pm                               | Closing remarks day two   | Wrap up of entire forum  |
| 3:45pm                               | <b>Conference ends</b>  |  |