



Endoscopy coordinator receives award

West Coast DHB’s own Maria Petrovics-Edens has received an Open for Leadership award for her successes in taking on the new role of Endoscopy Coordinator.

Maria, nominated by Clinical Nurse Manager Wendy Stuart, divides her time between her new role and nursing on the day surgery ward at Grey Base Hospital. Some of her achievements include:

- Setting up a polyp surveillance programme
- Consulting with patients and endoscopists to improve the bowel preparation regime
- Improving patient access to information and follow-up processes
- Planning for National Bowel Screening Programme accreditation
- Increasing engagement with endoscopists
- Improving care delivery, for example through telehealth consultations
- Development, completing and publishing audits, including a sedation audit and patient audit
- Communicating and building relationships with neighbouring DHB endoscopy services.

The Open for Leadership awards are part of the Health Quality & Safety Commission’s work to



Endoscopy Coordinator Maria Petrovics-Eden with her Open for Leadership award

build capability and leadership in the health sector. They recognise and celebrate health professionals who demonstrate excellent practice, quality improvement and leadership skills.

Maria started off as a psychiatric nurse, before becoming a comprehensive nurse and going into surgical nursing. For the past few years she’s worked on the day surgery ward, taking on the endoscopy coordinator role alongside this.

She set up the new role from

scratch with only the position description and guidelines from the Ministry of Health to help her.

“Maria has taken a non-existent service and created a high-performing service for the people of the West Coast, taking into account the unique geographic and demographic context of the region,” says Director of Nursing Karyn Bousfield.

“What she’s done is absolutely patient-focused, and she’s done it completely autonomously. She’s a quiet achiever who knows what

needs to happen and just gets on and does it. She’s done a brilliant job.”

Maria says taking on the role has allowed her to be more involved with the whole patient journey.

“I’m not just admitting patients, now I’m more involved before and afterwards. I’m involved with getting them here in the right timeframes, and I’m also there through the follow-up care process. I see the bigger picture.”

She thinks patient experience has improved since the role was established.

“We’re getting more patients turning up who are better prepared, and the DNA [did not attend] rate is improving. We’re making sure patients are getting a smoother ride through the whole process.

“Everyone’s saying we’re improving things, and my colleagues and I feel that’s the case, but there’s still plenty to do.”

She says she was “gobsmacked” to win the award.

“I didn’t know my manager had put me forward, as I was on leave at the time. When she told me I’d won I was very surprised!”

KEY AIMS:

The West Coast health system has four main aims in terms of caring for our community. Each article in this publication relates to one or more of these aims. The graphics at right are a guide to our key aims.



Best value from rural health system resources



Improved equity for all populations



Improved quality and safety



Celebrating and supporting our health system people



A QUICK WORD

Message from West Coast DHB Chief Executive David Meates and Medical Director, Patient Safety & Outcomes Vicki Robertson

West Coasters are at the heart of our healthcare services and we want our people to have access to the best available care. To achieve this we need to continually review and identify ways to improve our health services.

This Focus on People: Quality Accounts publication aims to provide you with assurances that we are constantly monitoring our performance in terms of quality, and striving to do better.

Focus on People draws together examples of initiatives undertaken by our staff throughout the year. The common theme is how our staff are identifying ways to improve our services to enhance patient experience. Alongside these stories, sits statistical and survey information that show how we are doing against the national health targets, and where we need to focus more resources, or do things differently.

Each story shows how an initiative relates to what we're aiming to achieve – our quality objectives. These include:

- 1. Best value for rural health system resources
- 2. Improved equity for all populations
- 3. Improved quality and safety
- 4. Celebrating and supporting our health system people.

We achieve these objectives by working together and continually identifying ways to deliver high quality, safe, effective and efficient services that support the health needs of our community. Our transalpine partnership with Canterbury enhances our ability to deliver patient-focused health services.

Please feel free to take this copy of Focus on People: Quality Accounts and share it around. We are proud of our achievements and remain committed to continually improving the quality of health services across the Coast.

Pregnancy support from rural midwife worth its weight in gold

Being able to access pregnancy support is important for all new pregnant women, and even more so when living in a rural community with limited support networks. Sarah Fawthrop and her partner Liam experienced this themselves when they found out they were expecting their first child after moving to the West Coast from the North Island.



Sarah meeting her new born baby, Bjorn

Sarah says, being new to the Coast, she initially didn't know where to get support. Luckily, someone told her about the Find Your Midwife website with regional contacts for midwives and links to other useful pregnancy information and support services.

"Using this resource, I found a midwife who related well to me. She helped me through my whole pregnancy journey and experience – one that as a new mother-to-be I often found very frightening," Sarah says.

"At my first consultation visit, she not only made me feel comfortable but also gave me pregnancy information and linked me to pregnancy and parenting education sessions.

"The education sessions run by Plunket New Zealand were interactive and relaxed.

We learnt about the different stages of pregnancy, healthy eating and how to prepare our homes for a new baby. The best part was that they provided a great opportunity to meet other expectant mums and build ongoing support networks.

Sarah says her pregnancy went smoothly. When her contractions started at 3am – thirty-six hours before Bjorn was born – she sent a text message to her midwife, who called back straight away.

Sarah was admitted to hospital later that morning into the care of her midwife and a visiting obstetrician from Christchurch Women's Hospital.

"Having an obstetrician available was great, as I had some complications which

needed specialist support. Although my labour was at times stressful, I felt comfortable, especially knowing that because of her experience my obstetrician understood the situation," Sarah says.

When Bjorn was born, he was diagnosed as being tongue-tied – a condition where the strip of skin connecting the baby's tongue to the floor of their mouth is shorter than usual. This meant it was difficult for him to breastfeed.

"The midwives and lactation specialist were available to provide support while I got used to the idea of being a new mum. This included helping me with breast feeding, nappy changes and providing useful parenting information," Sarah says.

"One of the advantages of living in a rural community was that my partner Liam was able to stay with us in hospital which meant that he was there for Bjorn's first check-up. After we were discharged, my midwife visited us at home, fitting her visits around our schedule. Having access to wrap-around care and support really helped us settle into a routine.







"The biggest learning as a new mum was that because everybody's babies are different, what works for one person may not work for me. It's really important to access support and to get good information as early as possible so that you can decide what's best for you and your baby."

More information is available on the 'Find Your Midwife' website www.findyourmidwife.co.nz and the Plunket New Zealand website - www.plunket.org.nz



West Coast DHB health targets

The national health targets are set by the Ministry of Health annually. The targets focus on improving the health sector's performance and ensure the system is contributing to maintaining and improving health outcomes in these important areas. The health targets shown below are for the 1 April 2018 – 30 June 2018 period.

| Shorter stays in | Improved access to | Faster | Increased | Better help for | Raising |
|---|--|---|---|---|--|
|  |  |  |  |  |  |
| Emergency Departments | Elective Surgery | Cancer Treatment | Immunisation | Smokers to Quit | Healthy Kids |
| Shorter stays in Emergency Departments (ED) – within 6 hours | Improved access to elective surgery – discharges delivered | Faster cancer treatment – first cancer treatment (or other) within 62 days ¹ | Increased immunisation – eight-month-olds fully vaccinated ² | Better help for smokers to quit – smokers in primary care given help/ advice ³ | Raising healthy kids – Percentage of obese children identified at B4SC offered a referral and acknowledged for clinical assessment and healthy lifestyle interventions |
| ActualTarget | ActualTarget | ActualTarget | ActualTarget | ActualTarget | ActualTarget |
| 98%90% | 103%100% | 80%90% | 85%95% | 88%90% | 100%95% |

1. This quarter 80% of patients received treatment on time. Small numbers are challenging with this result reflecting only three patients who were not seen within the 62-day period. A breach analysis is underway and every non-compliant case individually followed up. Most non-compliant cases are physically, psychologically, or diagnostically challenging.

2. Two children were missed this quarter and 98% of eligible (consenting) 8-month-olds were fully immunised. This is an increase on the previous quarter. Strong results were achieved for Asian (100%) tamariki.

3. The DHB is disappointed to have not met the target this quarter. At an individual practice level, three of the seven practices have achieved the target with a fourth achieving 89%, missing the target by just two patients. The DHB notes the positive trend in the proportion of smokers who are recorded as having accessed cessation support.

Working as a midwife on the West Coast

With the West Coast DHB’s focus on building a rural generalist workforce, Director of Midwifery Norma Campbell says midwives offer a great example of a team already working in this way

During Norma’s 20-plus year career as a midwife, she’s noticed a shift on the West Coast.

“We used to see midwives coming over to the Coast to work and gain rural experience but they did that week on and week off, so their commitment to the community was not sustained. Nowadays, the workforce is more stable with experienced midwives and graduates choosing to settle on the Coast for the lifestyle, community and the way in which we work on the Coast. They’re putting down roots and having them as part of our health system benefits us and also the community in so many ways”.

“Midwives on the Coast work quite differently to those in urban areas. They have broader responsibilities and are required to work as generalists”, says Norma. A sustainability model for Lead Maternity Carers on the West Coast was implemented a number of years ago and will be continued whilst the reframing of the maternity contract for community midwives is undertaken, as it has made a



Director of Midwifery Norma Campbell

significant difference to being able to retain this vital workforce.

“A strong rural generalist in any field is like a tree trunk. In the same way a tree adds more rings as it ages, so too does a rural generalist as they add more skills to offer the population they work and live within”. Norma believes that working in a rural environment helps midwives develop these different skills much more quickly than they would in an urban centre



Independent Midwife Dawn Kremers checking expectant mum Chloe Singer’s blood pressure during a pre-natal check-up at the South Westland Area Practice in Franz Josef

because of the exposure they have. She says, “We welcome graduates to work on the Coast and help them with the steep learning curve, which is a completely different one to working as a graduate in a tertiary hospital, for example. We also strongly encourage graduates to work in our maternity facility at Greymouth and they too develop a skill set that is used in a very

different way in comparison to an urban environment”.

“In small communities, everyone knows who the midwife or rural nurse specialist is. These roles are fundamental and highly recognised, so there’s naturally a stronger connection and interaction with people. Midwives in small communities get a much broader picture from their clients because the lives of everyone are more visible. This brings more responsibility but also a greater opportunity to provide better care through the wider networks they have in their professional life with colleagues who, like them, are highly visible”.

An important part of being a midwife and rural generalist involves asking questions, networking and being a part of the community and building that strong connection with people.

“Rural midwives ask a wider set of questions when they see women and their families so they can help connect them with the right services and care. The rural midwife needs to develop strong working relationships with her community and also has to develop a wide range of skills to be able to address all the issues in a rural community. In urban areas midwives also have those skills, but may never need to use them as there are always others around which is not the case in rural New Zealand. Rurally, midwives often have to continue providing the care for a number of hours until transfer is completed and care handed over, again simply due to the remoteness of their communities,” says Norma.

The richness of small communities means that while people may be geographically isolated, they are often socially very connected. In maternity everyone comes to everything they can so

the whole team turn up for any education, etc. The connections are amazing and respectful between the professional groups because these meetings sustain the workforce.

“People invest in each other a lot more. The community want to look after you and want you to stay.”

Coming to the Coast is very rewarding professionally. The midwives have a strong network and help each other out, often travelling long distances to support each other.

And when something big happens, everyone’s in. The recent baby boom in Franz Josef is a good example. The midwives who cover this area let the maternity service know and word then got out. This has led to the two midwives now working closely with the Maternity manager and whole team at Greymouth Base, rural nurse manager, rural nurses, the GP, other Lead Maternity Carers, and administration to prepare for more than 20 babies due between now and February.

The role of a rural generalist midwife is being increasingly recognised in this small country. Hopefully we will start to describe these roles better in years to come so their uniqueness and the huge job satisfaction they provide can be balanced with the support and recognition of midwives and other health colleagues that is required. West Coast DHB is working hard to assist with this and ensure that as the only wholly rural DHB in Aotearoa, the complexity and necessity of such roles are supported to ensure our population receives maternity care that is equitable to elsewhere.

i For more information, contact Norma Campbell, Director of Midwifery - Norma.Campbell@cdhb.health.nz

WCDHB Strategic Focus and Priorities



The NZ Health Strategy five themes: people powered, closer to home, one team, value & high performance, and smart systems

KEY AIMS:

Best value from public health system resources

Improved health and equity for all populations

Improved quality, safety and experience of care

To provide learning and development opportunities for current and future staff

The value of community teamwork

Community interdisciplinary teams are the foundation of the West Coast DHB's Complex Clinical Care Network (CCCN) - Older Persons' Health, as they are responsible for developing and establishing comprehensive geriatric assessments for older West Coast residents.

CCCN is a service that undertakes needs assessment and service co-ordination for people who need access to support services. It provides a single point of entry to support services for individuals so that their needs can be met using the available resources.

Diane Brockbank, Complex Clinical Care Network Manager, says that the CCCN - Older Persons' Health team connects older West Coast residents and the health care system. The team often assess the needs of people in their own homes alongside other health providers.

"Being able to assess people in their own homes is really useful as it provides the team with an opportunity to learn about how people live and what their support needs are. The other advantage is that the team can establish good relationships with clients and their family/whānau."

The Ministry of Health's interRAI Home Care electronic assessment tool forms an important part of this process. This comprehensive tool has been designed to be user-friendly, reliable and person-centred focusing on a person's functioning and quality of life. It asks specific questions about a person's situation, for example, the home environment, social support,



health conditions, continence and medications.

"Once the assessment has been completed clinicians can identify the priority support needs and develop a plan alongside the client. An assessment involves a number of steps but the ultimate aim is to establish client-centred, achievable goals which can be as simple as someone being able to prepare their own meals," says Diane.

"An important aspect of this service is having the right health professionals involved from the outset. To achieve this, the interdisciplinary team meets in Buller, Reefton and Hokitika on a fortnightly basis and on a weekly basis in Greymouth. These meetings provide the CCCN team with the opportunity to review client care plans so that each person continues to get access to the prescribed support services."



For more information, contact Diane Brockbank, Complex Clinical Care Network Manager,
diane.brockbank@wcdhb.health.nz



CCCN TEAM'S WEEKLY MEETING IN GREYMOUTH

Front, from left: Julie Kilkelly - Pharmacist, Rae Woolhouse - Practice Nurse Greymouth Medical, Kathy Hines - Practice Nurse High Street Medical, Diane Brockbank - CCCN Manger, Christine Sinnott - CCCN Clinical Assessor, Tena Wilson - District Nurse, Deborah Bennington - CCCN Clinical Assessor and Margaret Rangi - DN and HBSS Assessor Coasters

Standing, from left: left Helen Rzepecky - CCCN Gerontology Nurse Specialist, Wendy Stratford- Social Worker, Dr Cameron Lacey - Consultant Psychiatrist and Richa Singh - CCCN Clinical Assessor.

OTHER TEAM MEMBERS

Andrea Reilly - Cancer Nurse Coordinator, Angela Orr - Kaupapa Maori Nurse Poutini Waiora, Caroll Bryers - Clinical Nurse Manager Kahurangi, Chris Beadle - Practice Manager Greymouth Medical, Danielle Smith - PHO Health Navigator, Debbie Groot - Supporting Families, Denise Diedrichs - Speech Language Therapist, Diana Hay - Needs Assessor/Service Co-ordinator, Community Mental Health, Jackie Broadbent - CCCN Consultant Geriatrician, Joy Aitken - Clinical Manager Occupational Therapy, Kimberly Browning - Dietician, Melissa Downing - Registered Nurse Access Home Health, Nick Peake - RN Coasters HBSS, Rachel Neame - Community Occupational Therapist, Rose Ruddle - Practice Nurse High Street Medical, Sally Hagglow - Speech Therapy Sandy Hartwig - Palliative Nurse Specialist, Sara White - Dietitian, Simon Burgess Short - Social Work Manager.



Handrails save lives. Have them installed at your home today. A good handrail is sturdy and extends beyond the last step. Wear low-heeled, supportive and secure shoes with rubber soles

Image: Home Safety Checklist

Community falls prevention

Did you know that falls are not a normal part of ageing?

Many falls can be prevented and there are a number of things you can do to protect yourself. Being safe at home is about your own physical health and mobility, in particular, strength and balance, but also maintaining and improving your environment.

Here are some things you can do:

- See your general practice team or pharmacist to check your medications don't cause any side effects such as dizziness or sleepiness
- Ask your GP to check your vision
- Maintain a healthy diet
- Wear well-fitting shoes. Have inside shoes instead of slippers
- Be active. Keep as fit and mobile as possible.



West Coast DHB has a free 'Community Falls Prevention' programme for over 65 year olds who are having falls, have an unsteady gait or are feeling anxious about falling.

Assessments are undertaken at home by a health professional, who will recommend a range of specific home exercises to maintain strength and balance. The exercise programme is tailored to your particular needs.

You can refer yourself or a family member or ask your health professional to send a referral in through the Complex Clinical Care Network (CCCN) office in Greymouth – email: complexclinicalcarenetwork@westcoastdwb.health.nz

You can also:

- Get a Green Prescription - Doctors and Practice Nurses can refer inactive patients to access support to increase their physical activity levels
- Attend community classes such as 'Sit and Be Fit', Tai Chi and walking groups. Community class information is available through the local REAP office, Positive Ageing Programmes or Citizens Advice Bureau.



More information:
Visit the West Coast DHB website - www.wcdhb.health.nz
Check out the 'Preventing Injury' section of ACC's website – www.acc.co.nz/preventing-injury
Complete the 'How safe is your home?' checklist.

Enhancing patient experience in theatre

Following on from last year’s achievements, the theatre team’s focus has been on improving the Endoscopy Service.

Wendy Stuart, Nurse Manager – Perioperative Services says having an Endoscopy Coordinator (0.5 full-time equivalent) in the team has enabled the implementation of a number of improvements to the service. These have included:

- Polyp surveillance programme in draft stages
- Improved bowel preparation regime for patients
- Improved patient follow-up processes that are within the Ministry of Health (MOH) guidelines
- Telehealth consultations post-endoscopy for people living out of Greymouth or with mobility issues
- Auditing the patient sedation experience
- Preparing for National Bowel Screening by purchasing specific equipment (Scope Guide device) and following MOH recommendations (data gathering and policies).



Left to right: Registered nurses Joanne Brown, Arianne McKenzie, and Justin Augustine taking time out from theatre

“As a result of her work, our Endoscopy Co-ordinator Maria Petrovics-Edens received a Leadership award from the Health Quality & Safety Commission in recognition of improving patient access to services, care delivery, communication and engagement. This is a fantastic achievement and one that we are very proud of as a team.”

The team introduced a number of other notable improvements over the course of the year, all focused on improving patients’ hospital experience. For example, in line with the planned move to the new Grey Health facility, the



team has ceased using reusable drapes and is now using single use draping systems for all surgeries. This change improves the sterility of operations and makes the overall use of drapes during surgery easier. “We have also made one small but important change to the theatre

experience of caesarean section patients. Once an infant is delivered there is a plastic sheet which allows a mother to observe her baby whilst the surgical team clamp and cut the umbilical cord before she receives her newborn,” says Wendy. The team is now using a peri-operative document which records all surgical patients’ perioperative journeys in one location. This

system will be easily relocated to the new Grey Health facility when the team moves there next year.

i For more information, contact Wendy Stuart, Nurse Manager – Perioperative Services - w.stuart@westcoastdhb.health.nz

Bone density imaging service - one year review

West Coast DHB has been operating a bone density service on the Coast for just over 12 months. In its first year, this service has performed 396 scans. Prior to the delivery of this local service, bone density imaging was outsourced to Pacific Radiology Group (PRG) in Christchurch. Scan numbers were low, but increasing in number – from around 50 per year in 2014 up to 110 in 2016. Even though numbers were

increasing, many West Coast patients struggled to get to Christchurch and there was a high no-show rate. Also local referrers were often reluctant to use bone density scanning for assessing fracture risks, due to the distance of the provider from patients’ homes and, therefore, many patients were not referred for scans at all.



Jason Lister, Radiology Team Leader says that since this service has been operating, a ‘Fracture Liaison Group’ has been started. “This group reviews anyone who has been discharged or seen in the Emergency Department who might be considered fragile. For example, patients who have had wrist fractures as a result of a fall will be

offered a bone density scan as part of their treatment plan.” “Bone density scans are reported by Dr Anna Fenton and Dr John Elliott of PRG, who have both said that the quality of our scans meets acceptable imaging standards.” “One year on, the majority of patients comment that they find having a local service very helpful and much more convenient and as a result, they would be more likely to attend future appointments.

Positive comments from referrers also reflect that having a local service has made a difference to the management options available for their at-risk patients,” says Jason.

i For more information, contact Jason Lister, Radiology Team Leader - jason.lister@westcoastdhb.health.nz

FACT FILE

Many deaths are preventable

The leading causes of death, and illness on the West Coast are largely preventable.

Cancer

Cardiovascular Disease

Respiratory Disease

KEY AIMS:

Best value from public health system resources

Improved health and equity for all populations

Improved quality, safety and experience of care

To provide learning and development opportunities for current and future staff

Improvements to infusion and oncology services benefit patients

West Coast DHB Infusion and Oncology Services, located in Hannan Ward, provide infusion and chemotherapy services for a range of medical conditions such as rheumatoid arthritis, cancer and Crohn's disease to West Coasters.

Over the past couple of years, the team has implemented a number of initiatives, all focused on providing better care and support to patients. One such initiative was to reduce patient wait times.



Maureen Anderson, Rheumatology/Infusion Clinical Nurse Specialist, says that to address patient wait time, the team worked with the pharmacy team so that the required infusion medications are now available the day before an appointment.

"Previously drugs were only ordered by pharmacy the day before which meant that patients sometimes had to wait up to two hours before treatment could start. For many patients this delay meant that they would have to take time off work to attend their appointments."



Maureen Anderson, Rheumatology/Infusion Clinical Nurse Specialist in the Hannan Ward infusion room

"We want our patient experience to be positive, so making sure that we are ready to provide treatment when people turn up has been a great improvement."

"Being patient-focused has meant the team has been able to establish more positive relationships with patients and to offer consistency

in treatment delivery. This is invaluable, especially as undergoing infusion or chemotherapy treatment can be a stressful time for patients," says Maureen.

Another initiative has been to establish a folder containing all the relevant paperwork including up-to-date medication information needed

to deliver an infusion. Having this simple solution in place makes the service less person-specific meaning that we don't have to duplicate effort by assembling the same information for each separate patient.

The team is currently preparing for the move into the new Grey Health facilities next year where

they will deliver infusion and oncology services from the new Health Centre.



For more information, contact Maureen Anderson, Rheumatology/Infusion Clinical Nurse Specialist - maureen.anderson@westcoastdwb.health.nz

CT head perfusion scans available

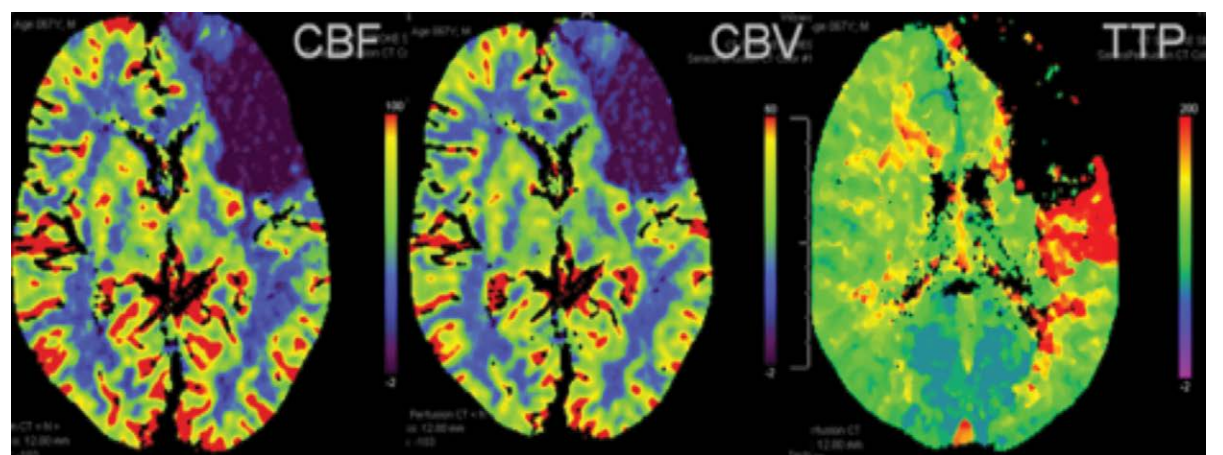
Since late August, the Grey Hospital Radiology Department has been performing special CT examinations of the head and brain, known as head perfusion scans, for some stroke patients. The aim of this service is to enable access to treatments which may restore much of a patient's original function, where this is possible.

Prior to a CT scan being undertaken, X-ray contrast – a substance used to enhance the visibility of internal structures – is injected into an arm vein. This allows the CT scanner to perform a series of scans as the contrast passes through the brain's blood supply. At the end of the scan special software can produce a colour blood flow map.



The scans are reviewed by Canterbury District Health Board Radiologists and Neurologists who support the local Senior Medical Officers to make decisions about suitable treatment options. For example, these decisions can include whether to use thrombolysis – clot-busting drugs – or to send the patient to Christchurch for further treatment.

Jason Lister, Radiology Team Leader, says that if patients present early enough, much of the lighter blue areas can be recovered back to normal brain and the more brain that



An example of a perfusion scan where the dark blue area is a stroke

is recovered the better the long-term outcome for a patient. Unlike the sample image above, some strokes will present with larger light blue areas and then outcomes will often be very

good if this can be recovered.

"Early presentation to hospital at first signs of a stroke is important to increase the chances of the most positive outcome."



For more information on strokes visit - www.stroke.org.nz

Embedding Takarangi cultural competency framework into West Coast health services

Following on from last year’s inaugural West Coast Takarangi cultural competency framework, this year’s participants have made strong headway towards completing their portfolios. Participants hail from a number of organisations, including Poutini Waiora, West Coast DHB, West Coast PHO and Community and Public Health.

Takarangi framework objectives focus on improving responsiveness to the needs of Māori, improving practice, increasing participants’ ability to work with clients and whānau, learning about how to use Māori cultural procedures and processes, and improving confidence in delivering integrated practice.

General Manager Māori Health Gary Coghlan says that within the application of the Takarangi cultural competency there are three key criteria. First, that the framework is based on healing and transformative kōrero (conversation) rather than being focused on the disparities of health care delivery to our Māori population.

“Second, it is essential that Māori values and practice sit alongside clinical practice and, third, participants are able to clearly demonstrate the inclusion of Takarangi principles within their practice rather than just having knowledge of and qualifications in the framework,” says Gary.

Portfolio Manager Māori Health Kylie Parkin says that, from the outset, participants need to know that undertaking Takarangi requires a commitment of time and energy. We introduce people to Takarangi by holding a two-day marae-based wānanga during which Takarangi facilitators Moe Milne and Wayne Blissett explain the framework and the competencies that sit within it.

“Takarangi is more than just a one-off workshop - it is a powerful tool to stimulate learning and the development of cultural competence. We have put a lot of energy into trialling different approaches to support our people through the development of their



portfolios. We want people to have fun and to be engaged in the learnings.”

“We regularly host ‘Takarangi – Tackling the Portfolio’ hui focused on the development of participant portfolios and sharing progress. Hui are grounded in Tikanga Māori giving

participants the opportunity to practice competency principles - we have karakia, waiata, mihi mihi and share kai. We have received really positive feedback about these sessions,” says Kylie.

“As a team, we are convinced that we have the right framework in place for West Coast DHB staff and that getting more people involved and sharing their stories should be our focus. We are blessed to have the ongoing guidance and support of Takarangi facilitator Moe Milne in our journey.”

Since its introduction last year, the Takarangi framework has been embraced by health and welfare workers across the Coast. One of the goals has been to build local capacity so that the West Coast DHB can run the programme with support from external trainers as needed. This involves supporting participants who have completed their portfolios to become assessors.

Nurse Manager Clinical Services Operations Julie Lucas recently completed five of the necessary competencies towards her portfolio. Her involvement in the programme is both professional and personal. Despite a busy work schedule, Julie is determined to complete the programme.

“Each patient is important and I have always thought that we could do better for our Māori population. As a service we have a high rate of no-shows to appointments by



Back from left: Social Worker Tom Gledhill, Nurse Manager – Workforce Development Brittany Jenkins, General Manager Māori Health Gary Coghlan. Front: Takarangi Cultural Competency Framework facilitator Moe Milne and Nurse Manager Clinical Services Operations Julie Lucas



Takarangi Cultural Competency Framework facilitator Moe Milne assessing Nurse Manager Clinical Services Operations Julie Lucas’ portfolio

Māori, which is not great. We need to improve this, especially given that the average life expectancy of Māori is less than the national average.”

“As a health care professional in a leadership role, I think that the best place to enact change is with me and to use my learnings to influence others. I was really nervous about doing this course as I really wanted to get it right – to understand it – and, in doing so, show respect for

tangata whenua and Māori culture,” says Julie.

“I am of Ngāi Tahu descent and whakapapa to Te Rūnanga o Moeraki on the South Island’s east coast. Until recently I had not really explored my whakapapa but I am interested in learning more as it is part of who I am and I want to know more so that I can share it with my children. My involvement with Takarangi has fuelled my interest

and I want to keep learning.” “I have been really humbled by this opportunity as many of the philosophies like manaaki (honouring and respecting) and tautoko (effective support) behind Takarangi strongly resonate with me. I felt supported throughout and was surprised and honoured when I was asked to become an assessor.”

“Being an assessor places me in a great position to show leadership and to support others through their personal Takarangi journey. In the long term, I am hopeful that it will place me in a stronger position to ensure that we can provide better health care to Māori and do so with greater cultural awareness.”



If you are interested in getting involved in the Takarangi Cultural Competency Framework programme, contact Megan Tahapeehi, megan.tahapeehi@westcoastdwb.health.nz or Kylie Parkin, kylie.parkin@westcoastdwb.health.nz

FACT FILE

Our population is diverse

By 2026, 14.4% of our population will be Māori.

12%
are Māori

3.6%
are Asian

1.2%
are Pacific

KEY AIMS:

Best value from public health system resources

Improved health and equity for all populations

Improved quality, safety and experience of care

To provide learning and development opportunities for current and future staff



West Coast health facilities update

The new Grey health facility, to be known as Te Nikau Grey Hospital and Health Centre, is really starting to take shape as the look and feel of the building is now evident. The facility will provide the community with a quality health centre for both primary and secondary care.

The design enables delivery of the agreed West Coast health system model of care which the West Coast DHB has been progressing. It also means more flexible ways of working to deliver integrated health services in an efficient and sustainable way. The move to our new facility is more than simply providing health care in a new location; it is a chance to redefine our entire patient experience with all that a new facility can offer.

Staff are also anticipating maximising the opportunities the new facility will offer including the ability to deliver clinical services utilising new work spaces, new equipment and information technology. For example, a new general X-ray machine, sterilising machines, theatre equipment, examination lights as well as a new phone system, security system, nurse call system and Wi-Fi should all act to improve quality and efficiency for both the staff and enhance the patient experience.

The 8500 square metre facility includes 56 inpatient beds, three operating theatres, radiology, laboratory services and a new health centre to provide primary care and outpatient services. Other clinical services include urgent care, a 24/7 Emergency Department, critical care unit, paediatric and maternity services as well as planned and acute medical and surgical services and older persons' health.

Fletcher Construction Company Ltd is now making good progress on the facility with practical completion expected in the first quarter of 2019. West Coast DHB

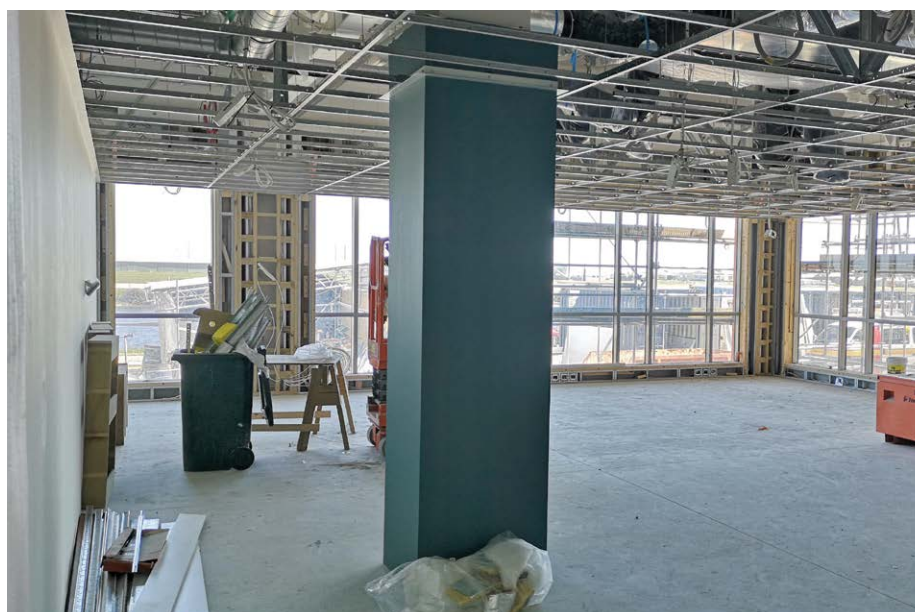
is now planning and working on the commissioning of the building, equipment installation and the migration from the existing hospital to the new facility. West Coast DHB wants to ensure that every aspect of the move is well planned and well executed.

With more people on site daily, traffic can be busy, so please take care driving in the area. Staff and visitors are also reminded to please follow all traffic management and parking closures on the hospital campus, which will be well signposted.

For Buller, West Coast DHB remains committed to bringing to life a fit-for-purpose facility and will continue to engage with staff and community to progress the development of a design that meets both clinical and project requirements. In October, a newly revised concept plan, which includes two additional beds and adult dental services, was endorsed following user group engagement with services affected by the change. Next steps include an approval process followed by continuation of the design process into preliminary and detailed designs of the facility.



Please also check West Coast DHB's [Facebook](#) page and [website](#) for regular updates on this project. For more information, contact Facilities Coordinator Karen Robb, karen.robbs@westcoastdhb.health.nz



Medical records storage



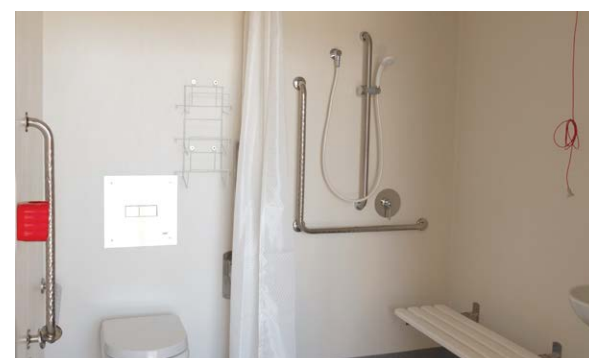
Single patient room set up with bedhead and ensuite



Birthing room showing view birthing pool & framing for bedhead



Infusion room



Ensuite bathroom



Scaffold slowly coming down on the outside of the new Te Nikau Grey Hospital & Health Centre

West side of Te Nikau Grey Hospital & Health Centre facility



TIMELAPSE



KEY AIMS:

Best value from public health system resources

Improved health and equity for all populations

Improved quality, safety and experience of care

To provide learning and development opportunities for current and future staff

A decade of Walking in Another's Shoes

Ten years ago, West Coast DHB introduced an initiative to support rest home staff to improve wellbeing and enhance care for residents living with dementia.

Today, this initiative is transforming dementia care in residential care facilities and home-based support services throughout the country. "Walking in Another's Shoes" is a training programme based on a person-centred approach. It aims to enable aged care staff to see the whole person beyond the dementia, and to adopt different ways of supporting people living with dementia.

The idea at the heart of the programme is asking the question: "What is it like to walk in the shoes of a person living with dementia?" The training runs over eight months, with one workshop each month involving group work, discussion, and role playing. In between the workshops, each student gets one-on-one sessions with the course facilitator. Robyn Naish, Dementia Educator Coordinator, says that dementia creates difficulty with communication. "This training helps those



working with people living with dementia to have a much better chance at understanding and meeting their needs. When this happens it is a win-win situation and everyone feels good," she says. "We are a small community so we have been able to extend this training to other agencies like Pact, IDEA Services and Enliven New Zealand where it is becoming increasingly usual for there to be people living with dementia accessing these services." Some of the feedback from students in "shorthand" includes:

- "To remember my routine can be flexible"
- "Look at the bigger picture, there must be a reason"
- "Treat the client as a whole person"
- "Working with families - I enjoyed this new awareness"
- "Not to judge, be more understanding"
- "The emphasis on living with dementia".



Left to right: Enrolled Nurse Heather White, Caregiver Jodi Scrivens, Enrolled Nurse Wendy Rosanowski, and Caregiver Lyn Schahinger receive their certificates after completing the "Walking in Another's Shoes" training programme

"It does my heart good to know that people living with dementia have a chance to lead full and productive lives," says Robyn.

What is it like to walk in the shoes of a person living with dementia?

i If you are interested in learning more about this training programme, contact Robyn Naish, Dementia Educator Coordinator, robyn.naish@westcoastdhb.health.nz

Empowering inpatient nursing staff

Over the past few months, nursing staff in the Morice, Barclay and Complex Care Unit wards have been working on a new approach to integrate service provision. The initial focus has been on the best way to merge the three wards into one inpatient ward which will be located in the new Greymouth health facility - Te Nikau, Grey Hospital & Health Centre. Randy Gopalla, Clinical Nurse Manager – Inpatient Wards says that the approach is based on the philosophy that through reflective processes, personal experience can inform practice. "In other words, when we actively reflect on our experiences we have the ability to scrutinise what we know and use the learnings to improve our service delivery." The nursing staff have focused on whether or not they

are empowered enough to use reflection practices to actively inform positive outcomes. This process has involved asking two key questions: Firstly what does nursing empowerment look like and secondly, what kind of power do our nurses need to comfortably contribute to change processes? "Throughout this process, we have identified empowerment as the key component for providing the necessary tools to support each other to reach our goals as well as those of the West Coast DHB. The reality is that if our staff feel empowered we are able to deliver better health outcomes for our patients," says Randy. "The key elements of our nursing empowerment approach include ensuring nursing staff have control over the content, context and competency of their

Nursing Empowerment Summary



| Structural Empowerment | Psychological Empowerment | Positive Work Behaviours and Attitudes |
|------------------------|---------------------------|--|
| Opportunity | Meaning | Job Satisfaction |
| Information | Confidence | Commitment |
| Support | Autonomy | Trust |
| Resources | Impact | Low Burnout |
| Formal Power | | |
| Informal Power | | |

nursing practices. Ultimately we want our nursing staff to be able to act according to their knowledge and skills, show strong nursing leadership and to engage in professional development opportunities." Nursing staff are currently

working on motivational factors that can contribute to positive competition within the ward. In the long term, it is expected that our nurses will be in a stronger position to continue giving their best when delivering quality health care to the West Coast community.

i For more information, contact Randy Gopalla, Clinical Nurse Manager – Inpatient Wards, randy.gopalla@westcoastdhb.health.nz

FACT FILE

Our population is ageing

Our population is older than the New Zealand average. By 2026, one in four people (24.4%) will be older than 65.



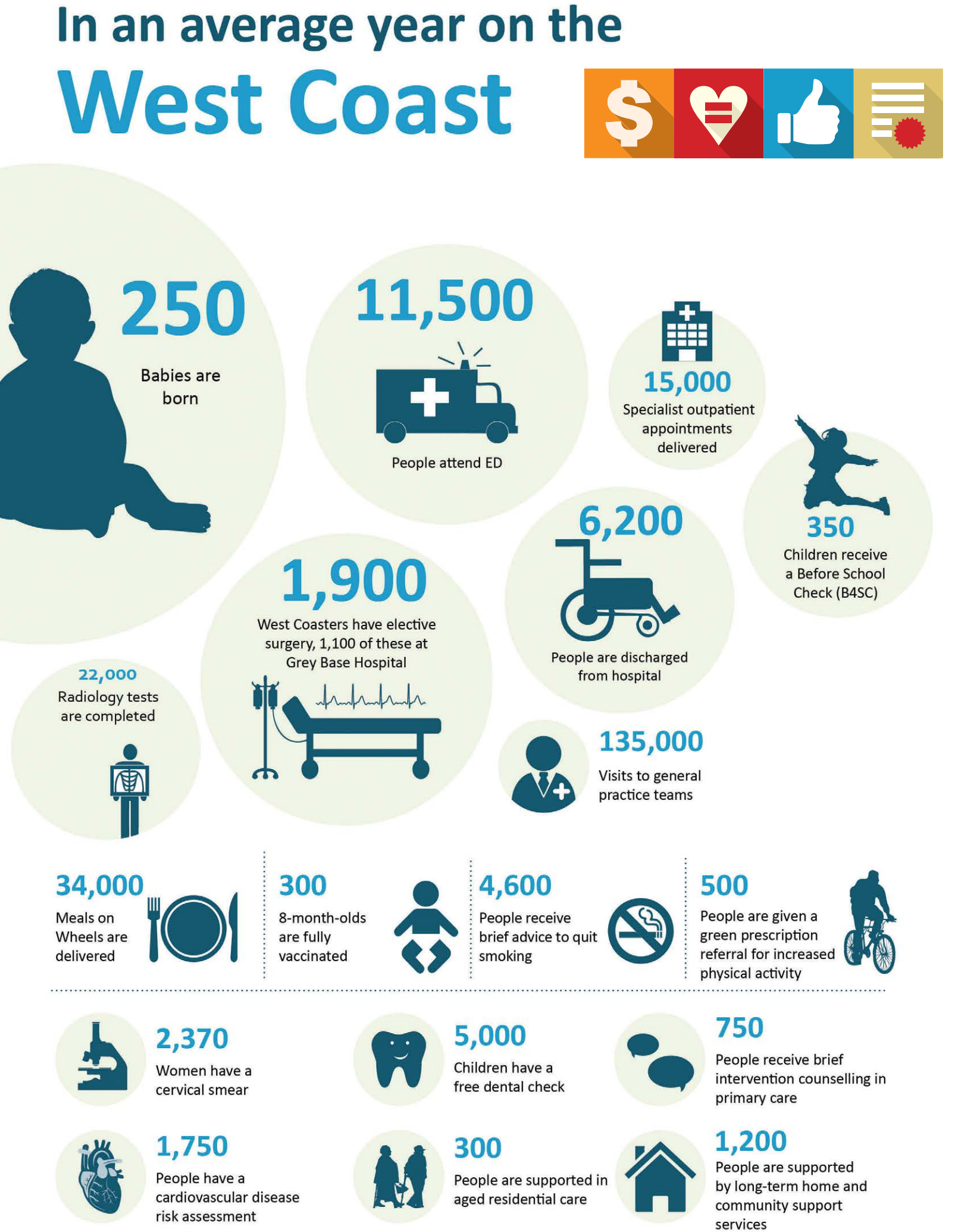
West Coast Alliance highlights key achievements

Since 2011, West Coast DHB and West Coast Primary Health Organisation have committed to working more closely together to plan and deliver health services across the West Coast. Initially arising out of the “Better, Sooner, More Convenient” strategy, the West Coast Alliance is the formal agreement between the two organisations to work together.

The Alliance has evolved and grown over the years with Poutini Waiora now recognised as a key strategic partner and more recently representatives from the DHB Consumer Council have joined the various workstreams. This year’s work plan has led to a number of changes in the way health care is delivered across the Coast. These changes have included:

- The commencement of weekly respiratory clinics at Buller Medical to provide a full respiratory review for all patients with asthma or Chronic Obstructive Pulmonary Disorder
- Closer collaboration between the nutrition services and a small increase in resource, resulting in the establishment of an informal clinician to clinician referral process so that West Coast residents receive the correct level of support
- A review of service delivery coordination of Gateway Assessments alongside the Ministry for Children – Oranga Tamariki, Ministry of Education and Canterbury DHB resulting in the establishment of a new transalpine model which is working well for whānau and all stakeholders
- The transition of Community Dementia services, from hospital-based mental health to the community-based Complex Clinical Care Network
- Pharmacists contributing to the integrated care of complex patients through the Complex Clinical Care Network, and through regularly meeting with general practice teams.

The Alliance Leadership Team (ALT), which includes leaders from across the health system with specific and relevant competencies and perspectives provides governance to the work. Their core aim is to deliver better health outcomes by exploring new service delivery approaches that provide healthcare in the community and closer to people’s homes. As a team, they regularly reflect upon and consider the health and social needs of people on the West Coast and the West Coast population with a particular emphasis on health equity. The ALT’s close relationship with the Alliance partners, gives the team a great platform on which to make decisions on a ‘best for patient, best for system basis’.



* All figures are based on the average across the last three financial years as reported in the DHB’s 2017/18 Annual Report.

This is especially important given the exciting future ahead for the West Coast Health System with new

facilities on the horizon coupled with the provision of excellent health care in the rural context.




For more information about the West Coast Alliance, contact Jenni Stephenson, Alliance Programme Coordinator - jenni.stephenson@westcoastdhb.health.nz

Palliative care team increases its public profile

Over the past year, the West Coast Palliative Care leadership team has been busy making changes to improve public awareness of this vital and growing area of healthcare.

Community Palliative Care Physician Dr Amanda Landers says there are myths about dying that the team is really keen to address, such as that “palliative care is only provided in hospitals” and “pain is part of dying.” Strategies to change these perceptions include creating a patient story video, the development of a palliative care logo and encouraging palliative care professionals to take on study as part of their professional development. The team has also introduced to the Coast Te Ara

Whakapiri – a research-based set of principles and guidelines for people working in palliative care. The Palliative Care team feels honoured when a patient shares their story. Tracey Russell wanted to share her experience of the palliative care she received in the community, and created a short and very inspirational video with the team. Sadly, Tracey has since passed away, but her story lives on as a valuable teaching tool. The video, “[Tracey Russell tells her story of palliative care](#)” can be viewed on [YouTube](#). Eighteen health professionals and family members participated in various categories of the 2018 Buller Marathon, wearing t-shirts featuring the new West Coast Palliative Care logo which was developed as a way of encouraging people to engage with and look for more information about palliative care.



West Coast Palliative Care

“The t-shirts, paid for by the Buller West Coast Home Hospice Trust, continue to be a valuable way of increasing the team’s visibility in the community, and have been used again at the Relay for Life in Hokitika,” says Amanda. The team set up visual displays at both events showing how specialist palliative care works, biographies of the team members, and patient stories.


Te Ara Whakapiri, a care plan for those in the last days of life created by the Ministry of Health, is currently being implemented nationwide, including on the Coast. The plan provides guidance for holistic and culturally-appropriate care at end of life wherever it is provided. Palliative care professionals expect it will also be a valuable tool for family/whānau members caring for their loved ones at home. Further details are available on the Ministry of Health website - [health.govt.nz](#) Education remains an important aspect of palliative care, with three successful study days held this year. These days had a holistic focus and covered multiple disciplines, with attendees coming from a variety of healthcare services. Topics included spiritual care, occupational therapy and non-malignant palliative care. Willem Vink, a highly experienced Nurse Practitioner from Canterbury DHB has recently joined the West Coast Palliative Care

team. Ministry of Health innovation funding helped the team employ Willem part time. He is involved in a project to help Coast staff gain further experience in palliative care through working in other regional locations via the West Coast Experience of Palliative Approach (WEPA) programme. Opportunities like this increase the team’s skill base and improve patients’ experience of palliative care.



For further information, contact Sandy Hartwig, Palliative Care Nurse Specialist, sandra.hartwig@westcoastdhb.health.nz and Nicky Featherstone, Clinical Nurse Specialist Palliative, nicky.featherstone@westcoastdhb.health.nz (Greymouth), Jan Wiechern, Palliative/Oncology Clinical Nurse Specialist, jan.wiechern@westcoastdhb.health.nz and Alison Lobb, District Nurse, alison.lobb@westcoastdhb.health.nz (Westport)

Grey District Nursing ‘Meet and Greet’ discharge planning




West Coast DHB nurses have gone back to basics to ensure patients have access to the necessary post-hospital care and support. Nurses on the West Coast have employed a good old-fashioned ‘meet and greet’ approach to engaging with patients prior to discharge from hospital, in order to introduce them to the District Nursing Service. Clinical Nurse Manager Cheryl Hutchison says these interactions give nurses the opportunity to provide the best possible care to the patient once they have been discharged. “The meetings give us the chance to chat one-on-one with the patient about their needs and allow us to focus on a seamless discharge transition that is inclusive of the follow-up care they require when they are back in their community.” The Grey District Nursing team uses the IDEAL discharge planning



District Nurse Raeleen Holden and Registered Nurse Harsh Thind completing handover of ‘meet and greet’ patients

Educate the patient and whānau, in plain language, about the patient’s condition, the post-discharge process, and next steps in the patient’s care. **Assess** how well doctors and nurses explain the diagnosis, condition, and next steps in the patient’s care to the patient and whānau. **Listen** to and respect the patient and whānau goals, preferences, observations, and concerns. Using this model helps alleviate any anxiety and concerns experienced by patients and their whānau, as they know that post discharge on-going care will be provided. An information pamphlet for any services they will need to access is also provided to the patient. This engaging approach to post-hospital patient care sees West Coast DHB, community and secondary services working together for the best patient outcomes and care near to home.



For more information, contact Cheryl Hutchison, cheryl.hutchison@westcoastdhb.health.nz

- model to support this process. The key elements of the IDEAL model are:
- Include** the patient and whānau as full partners in the discharge planning process.
 - Discuss** with the patient and whānau the five key areas to prevent problems at home:
 1. Describe what life at home will be like
 2. Review medications
 3. Highlight warning signs and problems
 4. Explain test results
 5. Make follow-up appointments.

FACT FILE

We’re very rural
Driving from Karamea to Haast is the same distance as Palmerston North to Auckland.



Theatre team excels in surgical safety checklist auditing

West Coast DHB theatre teams have proved themselves to be some of the best in the country when it comes to making use of the World Health Organization’s (WHO) Surgical Safety Checklist, which forms a key part of the Health Quality & Safety Commission’s (HQSC) Safe Surgery Programme.

Implemented in 2016, the Safe Surgery Programme aims to improve teamwork and communication in the operation room by leveraging the WHO’s Surgical Safety Checklist as a teamwork and communication tool. The programme also monitors the impact the checklist has on theatre team culture and patient outcomes and West Coast DHB has shown how effective this can be.



Nurse Manager – Perioperative Services, Wendy Stuart explains that each theatre team meets prior to the day’s surgeries commencing and carries out the ‘start of list briefing’.

“This is an opportunity for the team to introduce themselves, prepare for the day’s surgeries, check the anticipated duration of surgeries, make necessary changes to the surgical list and make plans to mitigate any events that may occur. Every case on the surgical list is then discussed to confirm patient identity and plan the procedure, including the anaesthetic plan and any specific issues relating to the individual patient.”

Once the start of list briefing is completed the surgical list can commence. For each individual case, the Surgical Safety Checklist is carried out in the following three distinct stages:

1. Sign in – Theatre team signs in prior to the procedure and



introduces themselves to the patient, confirming: identity, site of operation, side of body and the procedure. The team then gains consent.

2. Time Out – Before an incision; team members come together to confirm planning for the case; patient identity, site of operation, side of body and the procedure, patient consent,

allergies, any anticipated adverse events, the anaesthetic plan and the equipment required.

3. Sign Out –The final stage, before the incision is closed, the procedure is reviewed and checked. There is an instrument count, specimens are labelled, any equipment issues and post-operative concerns are identified, and

the patient’s recovery plan is confirmed.

Every DHB in the country, regardless of size and population, is required to have 50 occurrences of the Surgical Safety Checklist per quarter audited by an independent HQSC trained auditor. Each occurrence is scored in relation to the degree of engagement by the

team and the way items on the checklists are covered.

“West Coast DHB theatre teams consistently achieve the required number of audits, and this is due to the checklist being well respected and understood by staff for every case,” Wendy proudly states.

“It is a real credit to the theatre teams on the Coast that even with a small team and a lower number of procedures than larger DHBs, the targets are still achieved.”

At the conclusion of the surgical list, the end of list debriefing takes place. This has become a key part of each day where all team members review the day’s list, discuss what went well, what could be improved and suggestions for improvement are made.

“As a result of the Surgical Safety Checklist process more team members are calling a stop to proceedings prior to any of the checklist stages commencing if they feel any members of the team are not fully engaged, impacting positively on the safety culture of our organisation. The process has led to a more engaged theatre team and we’re looking forward to the West Coast continuing to punch above its weight when it comes to our audit targets.”



For more information, contact Wendy Stuart, Nurse Manager – Perioperative Services, w.stuart@westcoastdhb.health.nz

West Coast General Practices achieve Cornerstone accreditation

To ensure best practice and continual improvement to patient services all West Coast General Practices opted to undertake full CORNERSTONE accreditation. CORNERSTONE is an assessment programme run by the Royal New Zealand College of General Practitioners (RNZCGP) that assesses practices using the Aiming for Excellence quality standard.

Aiming for Excellence sets out specific criteria practices need to achieve to enable them to become teaching practices. Areas covered include patient experience and equity, practice environment and safety, clinical effectiveness and professional development.



West Coast Primary Health Organisation Executive Officer Helen Reriti says that, South Westland Area Practice and Lake Brunner Clinic are the last of our General Practices to gain accreditation. This accomplishment is the result of hard work by staff at both practices and means all West Coast General Practices have now obtained this quality standard.

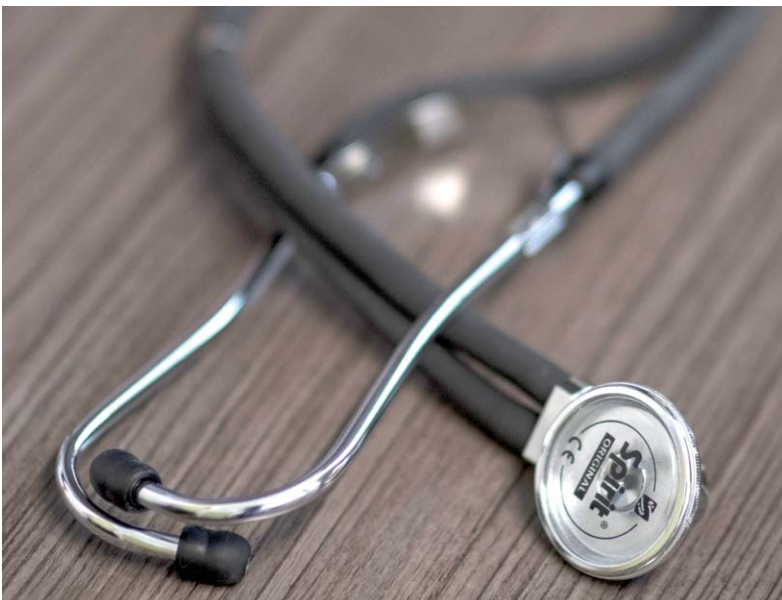
“We are very proud of this outcome as it means that we are now better placed to deliver best

practice services to our Coast community.”

Benefits of CORNERSTONE accreditation include safer care and better patient experience, a commitment to ongoing quality improvement, stronger teamwork, better clinical processes and on-going access to professional development opportunities. Practices maintain accreditation by completing the annual programme to ensure that they continue to meet the required professional standards.



More information is available on the RNZCGP website: www.rnzcgp.org.nz



KEY AIMS:

Best value from public health system resources



Improved health and equity for all populations



Improved quality, safety and experience of care



To provide learning and development opportunities for current and future staff



Team recruited to reduce pressure injuries

Canterbury and West Coast District Health Boards have recruited the first group of Pressure Injury Prevention Link Nurses, as part of a broader strategy funded by the Accident Compensation Commission (ACC) to reduce the incidence and severity of pressure injuries across Canterbury and the West Coast.

Pressure injuries are commonly known as bed sores, pressure ulcers, pressure sores and decubitus ulcers, and are mostly preventable.

“Pressure injuries have a devastating impact, not only on patients, residents and their families but also on staff and the healthcare system as a whole,” says Dr Nick Kendall, ACC’s Treatment Safety Manager. “For some patients, pressure injuries can take months or even years to heal, causing pain, distress and major disruption to their lives and livelihoods. ACC is pleased to be working with the Canterbury and West Coast communities to make the prevention of pressure injuries a priority.”

Each year it is estimated 55,000 New Zealanders sustain a pressure injury, with 3,000 people developing a pressure injury so serious that muscle, bone or tendon may be exposed. Pressure injuries cause physical pain and discomfort, result in admission to hospital, longer hospital stays and in some cases, can even lead to death. In addition, treatment of pressure injuries is estimated to cost New Zealand \$694 million each year.

“Data indicates that many more people are admitted to hospitals already experiencing pressure

injuries than develop them while in hospital,” says Susan Wood, Director of Quality and Patient Safety, Canterbury and West Coast DHBs. “While we need to prevent pressure injuries in our hospitals, we are also focusing on community prevention and raising awareness of the risk factors and management strategies to prevent pressure injuries in the community and all health care facilities.”

The newly recruited Pressure Injury Prevention Link Nurses will be trained to teach, promote, monitor/undertake surveillance, and motivate their healthcare colleagues to deliver best practice in the prevention and management of pressure injuries.

ACC funds and supports this pressure injury prevention initiative that will:

- empower patients and their families to prevent pressure injuries
- refocus attention on the basics of care, which includes skin assessments, making sure people keep moving when lying or sitting, are eating well and keeping their skin clean and dry
- refine and update pressure injury information across the community



Left to right: Dr Nick Kendall (ACC Treatment Safety Manager), Sean Bridge (ACC Senior Injury Prevention Specialist), Helen Pilcher (RN Med/Surgery), Tena Wilson (RN District), Rosalie Waghorn (Quality and Patient Safety Manager), Jo Tiller (Clinical Nurse Educator), Susan Wood (Director of Quality and Patient Safety, Canterbury and West Coast DHBs)

- support Link Nurses to become pressure injury prevention clinical leaders
- establish an online forum for all health care professionals to come together to share ideas, resources, expertise and information to reduce the devastating impact of pressure.

More information - www.relievethepressure.org.nz

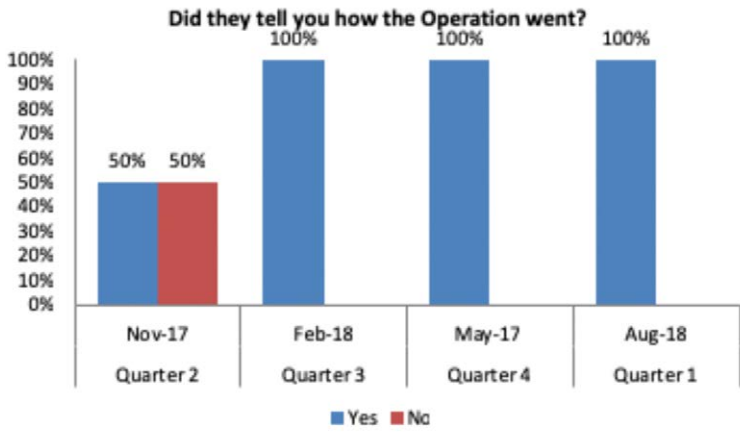
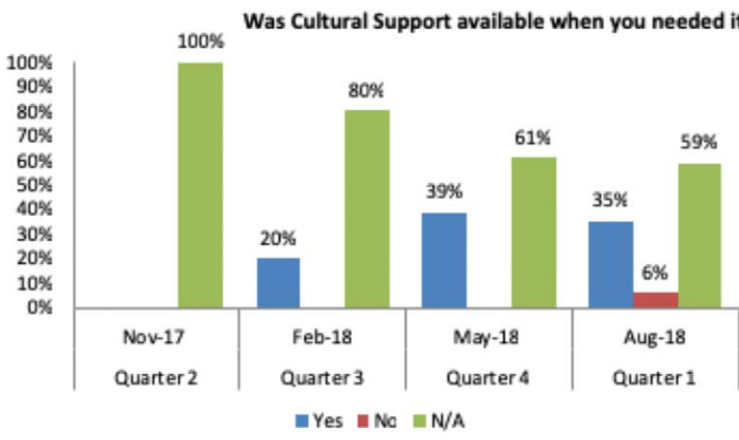
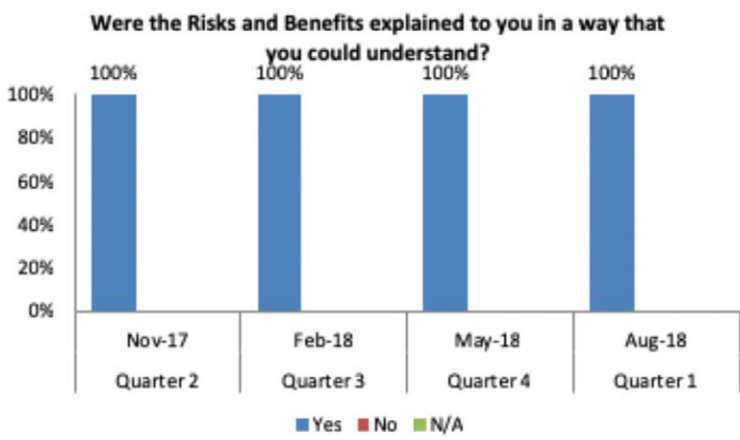
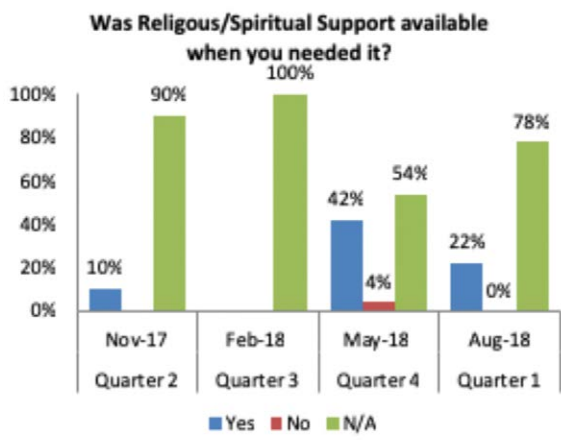


General Manager Philip Wheble spent time in a wheelchair on World Spinal Cord Injury Day



National patient experience survey results

Each DHB undertakes a quarterly survey of patients who have been in hospital overnight during a specific period of time. We value the feedback from our patients, as the results help us to track our performance and see what trends are appearing that we might need to work on. These graphs show the results for specific questions asked during the last four patient surveys undertaken by West Coast DHB.



Raising healthy West Coast kids

Parents know how difficult it can be to get children eating the right foods. In New Zealand we are facing an increase in health issues connected to unhealthy weight in adulthood so it's important we set up great eating habits early on.

The B4 School Check programme offers a free health and development check for 4-year-olds. It aims to work with children and families to identify and address any health, behavioural, social, or developmental concerns which might impact on a child's development.

Service Development Manager Planning and Funding Jenni Stephenson says that as part of the B4 School Check programme, all children have their height and weight measured and the nurses talk



with families about setting up good habits for life. "The B4 School Check team ensures all Coast children who need support are referred for help. This can be a referral to a dietitian for advice about what to eat, or a referral for mum or dad to an 'Appetite for Life' course which promotes lifestyle changes that help people to lose weight slowly, maintain weight loss and feel good throughout the process."

"Some people only need a handful of tips to help them



head in the right direction. The 'BeSmarter' tool, developed by Waikids and Sport Waikato, is being used by our B4 School Check team to do just that. The simple-to-follow format helps families focus on one habit at a time from nine core goals that support a healthy lifestyle."

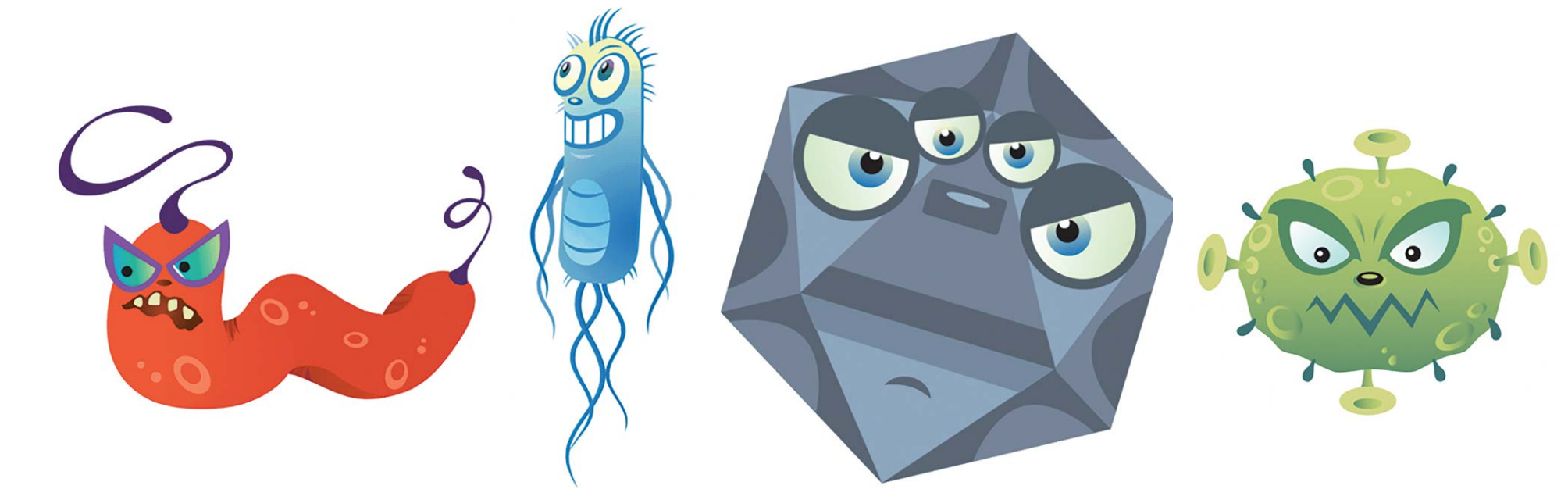
"Healthy eating support is also provided by Community and Public Health's nutrition health promoters in partnership with the Heart Foundation to West Coast's early



childhood centres. As a result of this work, 'Nourishing Futures with Better Kai', a fabulous new resource has been developed to help busy parents find easy, affordable options for pre-school lunchboxes."



Nourishing Futures with Better Kai is available online – www.cph.co.nz/your-health/nutrition/



Hand hygiene plays an important part in patient safety

Infection prevention and control focused on good hand hygiene is an important part of patient safety. Good hand hygiene helps stop the spread of bugs and antibiotic-resistant infections.

West Coast DHB's Infection, Prevention & Control Operational team works to prevent healthcare-acquired infections and in doing so, reduces subsequent antibiotic use.

Rosalie Waghorn, Quality and



Patient Safety Manager says the single most important thing we can do to prevent harm to patients – is to have clean hands.

"Following good hand hygiene practices is a key component for keeping our patients safe and doing so underpins all clinical activity at West Coast DHB."

"For us, it's important that our patients know that it's okay to ask staff if they have washed their hands before and after patient contact,

prior to and post a procedure and after contact with patient surroundings. These processes known as the '5 moments' form an integral part of the prevention and control of infection measures we have in place."

"Other measures range from isolation of patients who are at high-risk of infection or those that test positive for antibiotic resistant organisms, to effective cleaning and disinfection of equipment and surfaces, education, waste and

laundry management, bundles of care around intravascular devices, research, surveillance activity and audits."

Good hand hygiene is important because:

- effective hand hygiene is the simplest, most effective way to prevent healthcare-associated infections
- good hand hygiene in the home is important to prevent spread of infection within families and whānau

- reducing infections not only lessens the need for antibiotics but also reduces the opportunity for microorganisms to develop resistance and share resistance genes.

As part of this year's Patient Safety week, the Health Quality & Safety Commission produced the colourful and engaging germ characters around this article to help us get the message across - who knew pathogens could be so cute!

FACT FILE

32,600

reasons to make a difference

KEY AIMS:

Best value from public health system resources

Improved health and equity for all populations

Improved quality, safety and experience of care

To provide learning and development opportunities for current and future staff

West Coast DHB tests emergency readiness

Emergo Exercise “Paitini” was carried out on Friday, 2 November 2018 to test planning and assumptions of ‘a massive influx of patients at Grey Base Hospital Emergency Department’ during an emergency.

The exercise was held at St John’s Greymouth facility and participants included representatives from Grey Base Hospital, St John Ambulance, Primary Care and Fire and Emergency NZ.

The ‘real time’ exercise, run over two hours dealt with multiple patients being admitted into the Emergency Department as a result of an explosion on a rural property located 40 minutes from Greymouth.

The scenario provided a great opportunity for participants to test their emergency management skills and knowledge. Challenges managed by the team extended to locating and securing the necessary resources to deal with the scenario. For example, getting enough ambulances to the site to transport patients to hospital as well as ensuring adequate staffing levels were in place to manage the influx.

Good team work and communication, coupled with a wide range of skills provided for an excellent learning environment. The outcome of the scenario highlighted the fact that the team knew their roles and worked well together. Learnings from the day will be used to enhance future emergency training opportunities.

i More about the Emergo train system is available online - www.emergotrain.com/



Representatives from Grey Base Hospital, St John Ambulance, Primary Care and Fire and Emergency NZ came together to undertake the Emergo Exercise “Paitini”. These photos show participants in action during the ‘real time’ exercise

Red tray introduced to assist patients at meal times

The red tray initiative was recently introduced to Morice, Barclay, Manaakitanga and Parfitt Wards. The use of red trays at meal times helps to identify patients who have been assessed by nursing staff as needing help with their meals. Foodservice Manager Jeannie Bourke who inspired the idea says



that all food and drink for certain patients is placed on a red tray which allows staff to easily recognise who needs help at mealtimes. People needing help with eating are identified on admission and during their stay through monitoring and observation. For example, patients may need help to cut up food or to

be fed, have swallowing difficulties, require special equipment to assist them with independent eating or need food and fluid monitoring. “Using this system means that nursing staff can ensure patients with red trays have eaten and had a drink before completing the patient’s food and fluid chart.”

Red trays ready for delivery to wards



We want your feedback

If you would like to provide feedback about this publication, please contact Quality & Patient Safety Manager Rosalie Waghorn, r.waghorn@westcoastdhb.health.nz

For more information about the West Coast DHB, visit www.westcoastdhb.health.nz