

West Coast District Health Board

# Focus on Patients

QUALITY ACCOUNTS 2015



Buller Health Staff Nurse Stephen Head, right, checks the oxygen saturation levels of patient Kevin Case of Hector.

## Quality means focusing on patients

What is quality? How does a quality experience impact every day on our patients? How do we record and demonstrate that we provide quality healthcare? How do we gauge where we need to do better?

These are questions every DHB staff member asks themselves on a regular basis. And we need to make sure we're sharing the answers.

The annual Quality Accounts is one mechanism to provide a snapshot in time of our performance in terms of the quality of the healthcare we provide, how we progress with continuous quality improvement, and how we monitor quality and safety. It's a document that shows how we have worked to achieve Ministry of Health Targets

- meeting most of the Government expectations and making significant progress in the targets we did not achieve.

And it's a way to tell the stories of how we've been ensuring quality is at the forefront of all our work as we aim to make the West Coast Health System a leader in rural healthcare.

This year, we have looked at how our strategic priorities and quality initiatives are aligned to the Health Quality and Safety Commission's quality objectives, and how well

we have done in meeting these objectives. Specifically, these are:

- Improved quality, safety and experience of care
- Improved health and equity for all populations
- Best value from public health system resources.

And locally we have added

- To provide learning and development opportunities for current and future staff.

Within these pages our people talk about how we are working towards these objectives.

Collectively, our intention is to deliver our vision of a truly integrated health system that keeps

people well in their own homes by providing the right care, in the right place, at the right time, by the right person.

We only achieve this by taking a 'whole of system' approach where everyone in the health system works together. All those who work in the West Coast health system play an important role in ensuring we deliver safe, high quality health services.

Every Coaster can have an expectation that we will be continually striving towards this goal. And they have their own part to play by taking responsibility for their own health, making good choices about lifestyle and diet, and using the excellent health services

available to them.

Please feel free to take this copy of our Quality Accounts and share it around. We are proud of what we're achieving, and we promise that we will continue on our path to provide quality healthcare experiences.

We welcome your feedback on this document and our health system.

Please contact us on:

[communications@westcoastdhb.health.nz](mailto:communications@westcoastdhb.health.nz)

**David Meates**

Chief Executive, West Coast District Health Board

**Stella Ward**

Chair, West Coast Clinical Board

# Exciting Māori health initiative in Buller

An innovative partnership project focused primarily on providing early intervention for Māori smokers and ex-smokers is achieving broad health benefits in the Buller.

The West Coast Primary Health Organisation (PHO) and Māori health provider Poutini Waiora have initiated a joint project with Buller Health Medical Centre and the West Coast DHB Respiratory Nurse Specialist to provide screening spirometry tests for all Māori smokers and ex-smokers 45+ years old.

The purpose of the project is to detect early disease in smokers who are not showing signs of any illness, or ex-smokers with significant history, so that they have the opportunity to receive early intervention, and to promote smoking cessation in this at-risk group.

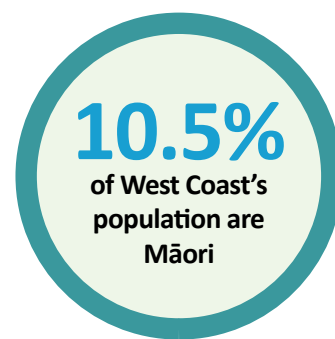
The Community and Public Health Māori Smoking Cessation



service Aukati Kai Paipa are on hand at these clinics for those who want to quit smoking. They provide a variety of approaches to assist whānau with cessation.

Through these collaborative relationships, people are offered increased access to screening, treatment and follow-up for themselves and their whānau.

A secondary goal is to offer holistic care (a whānau ora approach) while people are already engaging, to promote wellness and self-management, by checking other



important health information and offering other services whether these be health or otherwise. Some examples include heart and diabetes checks, cervical smears, immunisations, enrolment with PHO programmes through general practice or other services.

Of the 13 whānau who were seen in the first clinic in July 2015 at the Poutini Waiora office in Buller, four were provided with nicotine replacement therapy and seven were given brief cessation advice.

Three whānau who were unable

## Smoking

Smoking is the single biggest preventable cause of illness and death in New Zealand. While rates are slowly decreasing, there is a long way to go before New Zealand achieves the 2025 smoke free goal (less than 5% smokers).

34.2%

of Māori smoke regularly<sup>1</sup>



19.2%

of non-Māori smoke regularly<sup>1</sup>



Nationally, 32.7% of Māori and 12.6% of non-Māori smoke regularly<sup>1</sup>

to attend the clinic were visited at home by the two respiratory nurses from the West Coast DHB and

Poutini Waiora Kaiarataki (health navigator), resulting in some great relationship-building. One of these success stories is someone who had not engaged with health services for 20 years, and is now regularly seeing the GP and nurses. That client is receiving treatment and fostering relationships with different health providers, who are assisting them and their whānau. Another person returned to a clinic with a friend in tow, encouraging them to have their own screening spirometry.

Other Poutini Waiora initiatives will also promote spirometry testing, including the Wellness & Wellbeing programme currently underway with 21 kuia & kaumatua signed up.



For more information, contact:  
Poutini Waiora  
[enquiries@poutiniwaiora.co.nz](mailto:enquiries@poutiniwaiora.co.nz)

## KEY AIMS

The West Coast District Health Board has four main goals when we are caring for our community. The stories in this newspaper have been written to let you know how we are all doing. Each story covers one or more of these aims - the logos here are to indicate each story's area(s) of focus.



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

## ACC claim process assisted

A new streamlined process means ACC treatment injury claims can now be lodged in a more timely manner, giving patients quicker access to any ACC entitlements.

The Quality Facilitator and ACC Revenue Coordinator have combined forces to streamline the process for lodging ACC Treatment Injury claims when an "adverse event" occurs within the West Coast DHB.

Adverse events are when things go wrong for a patient while in the care of any treatment provider. Most often they relate to injuries sustained during the course of treatment. Many of these treatment injuries are eligible for ACC funding assistance. In the past the process could be confusing and sometimes led to unnecessary delays in claim lodgement, and impacted on quality



patient care.

The West Coast DHB now has a solid process to actively manage, monitor and review treatment injuries which occur in our health system.

Treatment providers receive education on treatment injuries and can feel confident they will know what to do when a treatment injury is identified. They are able to easily access the information they need to lodge claims.

They will know what to tell their patients and have a designated person to assist them. And it also ensures the DHB receives the correct ACC funding.



For more information contact:

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or Vicki Piner,  
Quality Facilitator, [vicki.piner@wcdhb.health.nz](mailto:vicki.piner@wcdhb.health.nz)

## Walking in another person's shoes

Carers/support workers from aged residential care facilities, Kahurangi and home-based support services have been participating in a programme to understand the complexities of managing patients/clients with reduced cognition or cognitive abilities.

Walking in Another's Shoes enables carers and support workers to view the health system as a whole, in terms of the way it supports



patients or clients.

Through the programme, participants come to understand

that client/patients need to have a sense of belonging, self-esteem, identity and the power to choose freely. This understanding in turn helps the carers/support workers deliver more appropriate care.



For more information on *Walking in Another's Shoes* contact:  
Diane Brockbank  
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## Working together for care

The Complex Clinical Care Network is establishing new processes to help people improve their ability to function independently.

The Complex Clinical Care Network is a team made up of different healthcare professionals which works to ensure clients receive a focused, collaborative and restorative approach to their care. Some of the initiatives they are working on include enhancing discharge planning, reducing



hospital admissions, organising aged residential care admissions and improving ongoing home care packages.

Clients referred are complex due to their many health problems, and sometimes an inability to understand what's going on for them. To support them and their whānau, the CCCN focuses on an integrated family healthcare service with teams of nurses including practice nurses, district nurses

and doctors, pharmacists and other community-based health professionals.

The expansion of the CCCN services has led to the service looking to recruit an Allied Health Lead Falls Prevention & Supported Discharge and Clinical Nurse Lead/Fracture Liaison health professional.



For more information on the Complex Clinical Care Network contact:  
CCCN Manager Diane Brockbank  
[diane.brockbank@westcoastdwb.health.nz](mailto:diane.brockbank@westcoastdwb.health.nz)





The view looking northward to the new Grey Base Hospital and Integrated Family Health Centre entrance.

# New Coast health facilities draw closer

The West Coast is getting much closer to the reality of new healthcare facilities in Greymouth and Westport.

The planning design stages have been carried out over the past few years by the West Coast DHB, together with the Ministry of Health, to bring to life a new Grey Base Hospital and Integrated Family Health Centre [IFHC].

The facility is a multi-purpose development, to be built adjacent to the existing site, which will provide the community with a quality medical facility for both primary and secondary care. The design is based on delivering a better model of care, which the DHB has been progressing, enabling more flexible and efficient use of spaces.

This process has involved extensive engagement with a wide range of people including nurses, doctors, allied health professionals, dedicated maintenance staff, administrators, managers and transalpine partners in Canterbury.

The existing Grey Base Hospital on site will remain fully operational until completion of the new hospital



and IFHC, expected to be in March/April 2017.

### Buller

In Buller, work continues on the development of a new Integrated Family Health Centre. Design services are being led by Warren & Mahoney architects, and they have been engaging with clinicians to ensure the design is fit for purpose.

Clinical teams continue to prepare new ways of working to fit the model of care required for the new facility.



For more information, contact:  
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Looking at the new Grey Base Hospital from Waterwalk Rd.

# Grey pharmacies excited about healthy future

Changes to pharmacy services in Greymouth will be beneficial for patients first and foremost, Greymouth pharmacists say.

Olsen's and Mason's Pharmacies are combining their strengths to operate the new Greymouth Integrated Family Health Centre (IFHC) Pharmacy which will be next to the new Grey Hospital, which is expected to open in mid-2017.

Olsen's pharmacist Julie Kilkelly says the new community pharmacy will be very handy for people.

"People being discharged from hospital or seeing a doctor at the IFHC will be able to get their



medication or see a pharmacist on site," she says.

Mason's pharmacist Lindy Mason agrees the location will be useful for both patients and DHB staff.

"The planned pharmacy will be located close to general practitioners based in the new IFHC, but also near outpatients and emergency areas. The hospital's own pharmacy will continue to service patients in the wards. Being located next to

each other will enable a higher level of communication and sharing of resources. The goal is a seamless transition for patients between hospital and community care," Lindy says.

Those who are based in Greymouth CBD will still be able to visit a full retail pharmacy for prescriptions, repeats, or the usual range of retail items available.

"Greymouth has been lucky to have pharmacists who have stayed on the Coast and provided continuity of healthcare throughout many changes of prescribers. Our pharmacists have been committed long term to their communities,

including Reefton. Pharmacy services to Reefton will not be affected by changes occurring in Greymouth, and residents there can expect Mason's Healthcare to provide quality care and service into the future," Lindy says.

The three community pharmacy owners, Julie Kilkelly, Kerri Miedema and Lindy Mason, along with their staff pharmacists, pharmacy technicians and pharmacy assistants will be rostered to ensure continuity of care at IFHC and central Greymouth sites.

"Together we look forward to offering a satisfying and innovative environment for both staff and

customers," Kerri says.

The IFHC community pharmacy will be focused on dispensary medicines, will provide a range of retail items to meet the needs of customers of the IFHC, hospital staff, patients and visitors, and have its own consulting room, so people can talk to a pharmacist in private.



For more information, contact:  
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## Maternity Services Review Implementation

# Significant progress in maternity services

Over the past year the West Coast DHB has committed significant resource to enable transformational change for maternity services.

The changes have been driven from a May 2013 Maternity Services Review, which provided recommendations to improve the safety and quality of maternity care provided to the West Coast community.

Key outcomes from the implementation of recommendations from the Maternity Services Review include:

- Increasing consumer engagement and confidence in the service
- Increasing continuity of care for women and their babies
- Assuring a stable midwifery workforce on the Coast
- Assurance of primary maternity services in Buller for women and their babies.

## Lead Maternity Care Midwives [LMCs]

To improve continuity of care for women, the DHB has changed the model of midwifery care provided on the Coast.

The DHB moved from employing caseloading midwives to contracting self-employed Lead Maternity Care [LMC] providers, based in the community. As a result, five new LMC midwives have been recruited and retained across the West Coast during 2015.



Mum Miriama White with one-day-old son Te Ngawari Mason at Grey Base Hospital's McBrearty Ward in October.

## Kawatiri Birthing Unit reopens for planned birthing

Kawatiri Birthing Unit in Westport reopened for planned birthing in March 2015. The DHB wanted a high quality, accessible and sustainable maternity service for pregnant women and their families within the Buller district. Maternity provider "The Haslett Partnership" (Correen and Alan Haslett) now

facilitates a safe and sustainable model of facility coverage, to meet the needs of women and their babies in Buller.

Additional key focus areas to achieve a safe and quality service in Buller and enable the re-opening of the Kawatiri Birthing Unit for planned birthing, included:

- Provision of multidisciplinary education

## Feedback requested

Since June 2014 West Coast women have been sharing their thoughts on maternity services via the "We care about your care" maternity services feedback form.

The "We care" form is provided to women by their Lead Maternity Carer (LMC) when they're discharged. Responses can be made in writing, or electronically by accessing the Feedback page through the DHB maternity web pages: [www.wcdhb.health.nz/maternity](http://www.wcdhb.health.nz/maternity).

Feedback responses are collated and reported monthly to the DHB Maternity Quality Safety Group who monitor maternity services. Any suggestions for improvement

are reviewed and, where possible, implemented.

Responses from submitters have provided the DHB with the opportunity to gauge how West Coast women feel about maternity services and how the DHB can better meet their needs. The DHB is able to review trends in maternity care and put resources into the areas where they are required. Some trends include: Women increasingly accessing the Find Your Midwife site ([www.findyourmidwife.co.nz](http://www.findyourmidwife.co.nz)) to choose their LMC; mothers deciding not to attend pregnancy and parenting education classes with their second and subsequent babies;

Westport women in particular are speaking highly of the facilities and services provided at the Kawatiri Birthing Unit.

The DHB is delighted that overall approximately 96 percent of West Coast women are highly satisfied with the maternity services they receive. However, the DHB will continue to look at quality improvement and welcome any further suggestions for improvement from West Coast mothers.



For more information contact: Quality Facilitator Hospital Services Vicki Piner [vicki.piner@wcdhb.health.nz](mailto:vicki.piner@wcdhb.health.nz)

# Peer support helps West Coast mums breastfeed

Mum4Mums are women who have breastfed their own children and completed training with the West Coast Primary Health Organisation (PHO) to increase their breastfeeding knowledge. These volunteers are passionate about supporting women in their breastfeeding journey and have a range of personal experiences to draw from. The casual nature of peer counsellor programmes means they can provide breastfeeding support that is more accessible.

Casual Mum4Mums conversations at the likes of playgroups, churches, and family gatherings go a long way to normalise breastfeeding (they can also be contacted more formally or through referrals).

During the 1940s and 50s, breastfeeding rates began to decline, a custom that continued until the late 1960s when just 47-48 percent of infants received any breastmilk. Since then, the tide has been turning and the benefits of breastfeeding are now widely accepted.

The PHO has recently completed a survey to evaluate the effectiveness of the programme.



The results, currently being assessed for publishing, were astoundingly positive. Not only are Mum4Mums influencing other

women around them, but their own breastfeeding improved and continued for longer than it would have otherwise.

The basics of breastfeeding include good latch/positioning along with an understanding of how milk supply works (the more baby is fed, the more milk

there will be). If the mum has an infection or a more complicated situation, Mum4Mums do not hesitate to refer to the breastfeeding advocates for advice, or to encourage a mum to contact their midwife or general practice team. A lot of the time, mums just need encouragement to keep

## As a result of the M4M training:

- 71% said they breastfed longer.
- 95% had increased confidence in their breastfeeding knowledge.
- 100% actively used their newfound knowledge to help and encourage other mums in their breastfeeding journey.
- At least 486 women had been given support.

breastfeeding, and support so they can overcome challenges they may be facing.



For more information contact: Mum4Mum coordinator Erin Turley [erin.turley@westcoastpho.org.nz](mailto:erin.turley@westcoastpho.org.nz)



# Patients receive text reminders

In August 2015 the West Coast District Health Board started sending out reminder texts to patients with specialist appointments in an effort to improve the numbers of Coasters turning up.

Where the DHB has not received confirmation from a patient that they will attend an appointment with a specialist, up to three days prior to the appointment, patients now receive a text reminder that they need to confirm. They are then able to text “yes” back to confirm, or ring the hospital to arrange an alternative time.

After confirmation they will attend, patients are also sent a text to remind them to come to the appointment. These reminders have been set up where the DHB has a contact mobile number.

Nurse Manager Clinical Services Julie Lucas says the text reminders were implemented to help people remember their appointments.

“We all get busy and it’s easy to forget appointments. Text reminders work well for dentist and hairdresser appointments, so we thought we would try and offer this service for our patients. We want to make sure people have as many



chances as possible to be well. This means taking the opportunity as soon as it’s presented to be seen by a specialist,” Julie says.

People can contact the DHB if they do not want to receive the reminders. It is helpful to ensure the DHB has your latest contact details.



Where people have changed phone numbers, or want to update other contact details, they can phone the Grey Base Hospital, 03 769 7400, Monday to Friday during business hours.



## Radiology focused on patient improvements

The West Coast DHB’s radiology department has made several changes to improve quality, safety and experience of care for its patients.

The upgraded technology in a new CT scanner installed at Grey Base Hospital in October 2014 produces much better images with much less radiation.

Collaboration with Canterbury DHB regarding protocols and scan techniques is ongoing.



**Other improvements include:**

- Working with other departments to make more effective use of CT scans to reduce need for surgical procedures
- Increasing flexibility to manage last-minute patients, some who

- turn up without appointments after 4pm
- Building a set of steps to help patients access the equipment easily



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Charge Medical Radiation Technologist  
Jason Lister  
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## IT tool means patients don’t miss out

The Patient Dashboard information technology (IT) tool introduced in November 2014 is significantly improving outcomes through highlighting patient needs and improving the quality and quantity of clinical information recorded.

Patient Dashboard uses a colour-coded traffic light system to alert clinicians to check specific patient information and follow up identified tasks that can mean better service to patients and improved outcomes. It has been especially helpful in highlighting when patients are due for their cardiovascular disease assessment or need their smoking status updated.

Together with our skilled workforce, this tool has resulted in more cardiovascular risk assessments completed, more recording of significant clinical information, more follow up health care to the patient, and more



**Some Facts:**

- We’ve had a significant 14% increase in the number of people being screened for cardiovascular disease since using patient dashboard.
- Almost 900 more people were enrolled in the Long Term Conditions Programme this year than last.

enrolments in the Long Term Conditions programme.



For more information, contact:  
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# More Māori mums and tamariki helped

Participation is increasing in the Mana Tamariki Mana Mokopuna project initiated by Dr Melissa Cragg to focus on the wellbeing of young Māori mums or mums-to-be and their tamariki (children).



Mana Tamariki Mana Mokopuna enables young Coast mums to share their experiences of pregnancy, parenthood and access to education and services.

A project manager organises discussion forums, training and mentors. As at August 2015, 59 mums were engaged and participating in korero (discussions) that have been improving health literacy, linking them with other mums, providing advice and information for mums such as safe sleeping, breastfeeding, smoking cessation and screening services. Mums range from 17 - 28 years old, and between them there were more than 70 tamariki.

A closed group Facebook page has been set up so mums are able to share and discuss anything they want.

This has also proven to be a great portal for sharing health-related news such as when B4 School Checks are happening in local communities.

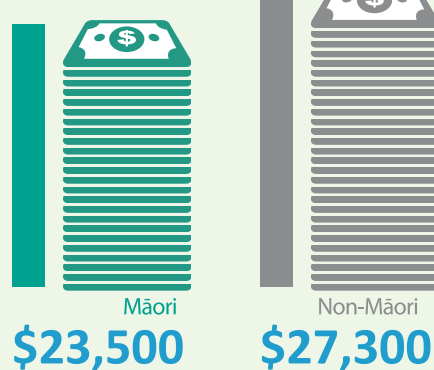
## Why we target Māori health

Research tells us Māori generally have poorer health status than non-Māori. As we aim for equitable health outcomes across our population, we monitor these differences and look at the reasons behind them and ways to address them. The West Coast DHB has a Māori Health Action Plan and a Public Health Plan, which are companion documents to the Annual Plan. These documents set out key actions to improve population health and reduce inequities, including work to influence the broader factors that affect health.

A programme is currently being developed in partnership with Community and Public Health and the West Coast Primary Health

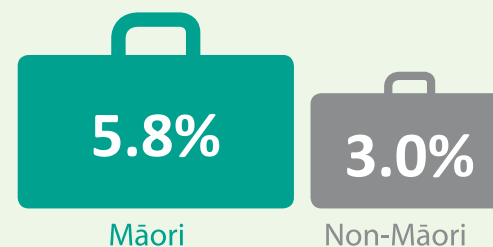
### Income

Median income for West Coast Māori is several thousand dollars less than for non-Māori.



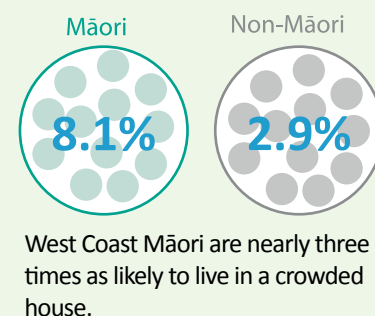
### Unemployment

The Māori unemployment rate is nearly two times that of non-Māori on the West Coast.



### Household crowding

Living in a crowded house is proven to increase the risk of catching and spreading serious infectious diseases.



West Coast Māori are nearly three times as likely to live in a crowded house.

nutrition, cooking on a budget, physical activity, and growing your own kai (food).  
The Mana Tamariki Mana

Mokopuna initiative aims to involve these mums in the design, development and implementation of:

- An innovative new initiative that is more responsive to the needs of tamariki and their whānau on the West Coast
- A new model of care that provides continuity for tamariki and their whānau across services
- A whānau ora focused service with a holistic approach to whānau and tamariki health and wellbeing; and
- A community-based workforce programme that is whānau ora focused and aims to improve whānau and tamariki health and wellbeing outcomes

Outcomes from this group will be used to change services to make them better meet the needs of our population. This project will run over three years.



For more information contact: Māori Health Portfolio Manager Kylie Parkin  
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## Online system standardises nursing practice

An online nursing resource intended to improve evidence-based nursing practice in the South Island is now operational on the West Coast.

Lippincott Clinical Procedures will be available online in all South Island District Health Boards, and to the wider health system over the next few months.

Lippincott Procedures provide access to step-by-step guides for more than 1300 evidence-based procedures and skills in a variety of specialty settings online. They can be accessed from any hospital workstation or via a mobile iPad app, both online and offline.

Offline access will enable nurses in remote regions or with unreliable internet connections to still retrieve procedures and information.

When fully implemented, access to Lippincott will be available 24 hours a day, seven days a week to all nursing staff across the South Island health system.

Once introduced across primary

care, community services, aged residential care services, non-government health organisations and relevant tertiary education providers, clinical procedures will be delivered in the same way whether in a hospital or community setting.

West Coast District Health Board Director of Nursing and Midwifery Karyn Bousfield welcomes the new resource.

"It makes sense for us to be using the same procedures across the South Island – it makes things a lot simpler in particular when teaching students or on the occasions when staff from other districts are working at the WCDHB. This will definitely improve patient safety outcomes," Ms Bousfield says.



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## Community models changed for better patient care

People who receive community nursing care on the West Coast are benefiting from service improvements to ensure their needs are better met and they are empowered to manage their own wellness.

District nursing is developing a model of care to work more collaboratively with home-based support services across the Coast. This development will complement the existing multi-disciplinary team approach to maintain healthcare delivery in the home and strengthen the quality of services the patient receives to support them in the community.

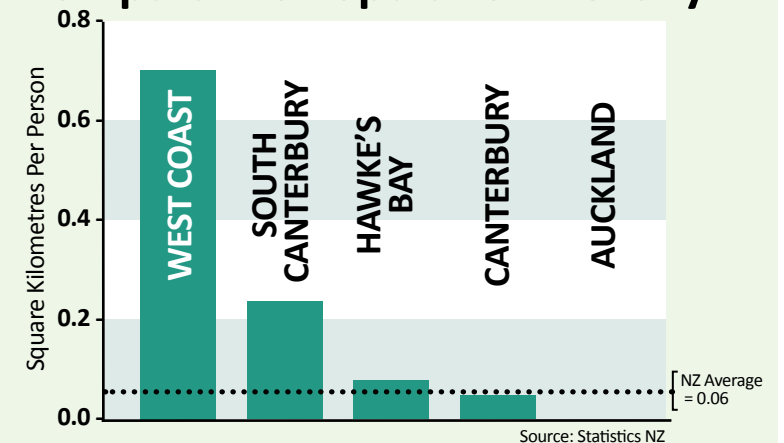
As more care is delivered in the community, more resources are also being put into these teams, to maintain best practice in the delivery of healthcare in the home.

Staff are organised so part of the time they work in home-based support services and part in district nursing. This provides more continuity of care, while ensuring registered nursing oversight.

Shared files allow access for all health professionals working with a particular patient, meaning patients are less likely to be asked the same questions over and over.

As more people want to stay well at home, district nurses are learning new skills to make that happen.

### Comparative Population Density



One such example is being able to offer IV therapy at home alongside a course of long term antibiotics, where in the past this was done with the patient in a ward environment.

Complex wound care is also managed now in the community, along with many other advanced cares that were previously only available to patients in hospital.

Public health nursing teams carry out vital work building relationships with families who may be struggling to access healthcare and referring them to services that will help improve their children's health.

These nurses work with early childhood centres, playgroups, schools and community agencies, as well as other services within and outside the DHB to provide immunisations, WellChild services, before school checks, health education, youth assessments, and child and family advocacy.

Public health nurses are also targeting child obesity, oral health, continence, personal hygiene, growth and development and behavioural support.



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# Pharmacists support general practices

West Coast community pharmacists are improving outcomes for patients by working in a general practice for two hours a week to provide medicines advice and information to staff and patients.

Community pharmacists have always been part of community-based healthcare teams and have a close working relationship with their local general practices. The Pharmacist to General Practice Programme started last year, when pharmacists focused on improving each practice's medication records of patients.

Their input has resulted in changes to ensure regular medicines are correct, including giving specialist advice on medicines, for example stopping medicines due to the risks of kidney failure. Advice to practice staff on appropriate medicines and dosages to prescribe are also a common feature. The programme has reduced time wasted checking a patient's regular



medicines, has ensured patients are prescribed only the medicines they need and potentially reduced hospitalisations from adverse medicine-related events.

The pharmacists expect to extend their activities to providing advice to patients while at the practice, as well as being part of the care planning process with patients, their doctors and practice nurses.



For more information contact:  
Pharmacy Lead Danny Wu,  
[danny.wu@vodafone.co.nz](mailto:danny.wu@vodafone.co.nz)



Occupational Therapist Tara Jopson shows patient Dawn Gurden how to use a rehabilitation aid.

## New team approach helps patient outcomes

People with cardiovascular disease, stroke, respiratory illnesses and diabetes are among those benefiting from a new team approach in Grey Hospital's medical ward.

The previously stand-alone Assessment, Treatment and Rehabilitation (AT&R) service has been incorporated into the ward, improving outcomes for inpatients, enhancing patient flow rates and ensuring that national health strategies set out in the West Coast District Health Board's annual plan are met.

The service integration means consultants, resident medical officers, nursing staff, clinical nurse specialists and the multi-disciplinary team are working collaboratively, bringing a combined approach to all medical, Critical Care Unit and AT&R patients.

The care experienced by patients in these areas has improved because of the quality systems and processes that have been introduced.

The new way of working aims



to ensure fewer admissions, and early intervention management via the referral system to maintain and improve health targets in these areas:

- Cardiovascular disease (people are seen sooner for angiography in liaison with the South Island Alliance Group)
- Stroke (faster access to thrombolysis or thrombolytic therapy, a treatment to dissolve dangerous clots in blood vessels, improve blood flow, and prevent damage to tissues and organs)
- The management of long term conditions
- Smoking cessation advice (increased input via General Manager of Māori Health and Kaiawhina support offered to all Māori)

Falls and medication errors are

documented daily on the ward quality board. This is displayed publicly to allow transparency for patients and their families.

Daily assertive board rounds quickly identify the level of care patients require. Staff work with patients on preventing "deconditioning", through early mobility and Activity of Daily Living programme. This starts on admission to ensure the patients return to their usual everyday activities in a timely manner.

Staff are also helping patients achieve shorter lengths of stay in hospital, supporting discharges with wrap around services provided by the Complex Clinical Care Network.



For more information contact:  
Clinical Nurse Manager Medical (Morice) Rosemary Kennedy  
[rosemary.kennedy@westcoastdhb.health.nz](mailto:rosemary.kennedy@westcoastdhb.health.nz)

## Joint allied health and nursing group collaborates

An Allied Health and Nursing Leadership and Innovation Group was set up in 2015 to work collaboratively on:

- Developing, delivering and innovating the holistic model of care for the West Coast Health System
- Assessing, managing and celebrating change as we transition to new facilities, and
- Creating a vibrant and well-coordinated leadership team that is well engaged, to take an enterprising approach to the delivery of clinically and financially sustainable patient-centred services.

The Leadership and Innovation



Group meets monthly and is chaired by Director of Nursing & Midwifery Karyn Bousfield and Associate Director of Allied Health Lara Bakes-Denman.



For more information, contact:  
Director of Nursing & Midwifery Karyn Bousfield  
[karyn.bousfield@westcoastdhb.health.nz](mailto:karyn.bousfield@westcoastdhb.health.nz)  
or Associate Director Allied Health Lara Bakes-Denman  
[lara.bakes-denman@westcoastdhb.health.nz](mailto:lara.bakes-denman@westcoastdhb.health.nz)

### Projects initiated by the group include:

- PROJECT 1: Education plans are to be developed and implemented to ensure training meets individual, unit and organisational needs. This coordinated approach will streamline and strengthen the health workforce.
- PROJECT 2: Aims to develop, implement and evaluate a new discharge planning approach for the medical ward designed to improve the patient's care experience.
- PROJECT 3: Aims to improve the physical health of people with a diagnosed chronic mental illness. This is a joint initiative between West Coast DHB primary and secondary health service providers.
- PROJECT 4: Aims to introduce an interdisciplinary meeting that focuses upon the holistic care being provided to people with a mental illness. This is a joint initiative between West Coast DHB primary and secondary health service providers.



# We're performing well against the health targets



Health targets are important health priorities which all DHBs work towards nationally. They are published every quarter, and as at the end of 2014/15, we met all except two, narrowly missing these by eight and two patients respectively.

David Meates, West Coast and Canterbury DHB chief executive, was pleased with the results.

"They reflect the continued efforts of the West Coast health system to provide outstanding healthcare for the people of the West Coast."



Full information on the West Coast DHB's Health Target performance can be found on the West Coast DHB website ([www.wcdhb.health.nz](http://www.wcdhb.health.nz)) and on the Health Targets pages of the Ministry of Health's website ([www.health.govt.nz](http://www.health.govt.nz)).



Shorter stays in

Emergency Departments

**TOP IN NZ**

**99.7% were seen within 6 hours**

Target: 95% of patients will be admitted, discharged or transferred from ED within 6 hours.



Improved access to

Elective Surgery

**1721 West Coasters had elective surgery**

Target: Deliver at least 1592 elective surgeries.



Better help for

Smokers to Quit

**98% of hospitalised smokers received help to quit**

Target: 95% of smokers attending hospital receive help and advice to quit smoking.



Better help for

Smokers to Quit

**90% smokers who saw their GP received help to quit**

Target: 90% of smokers seeing their GP receive help and advice to quit smoking.



Shorter waits for

Cancer Treatment

**50% of patients were seen within 62 days**

Target: 85% of patients receive treatment within 62 days of being referred with a high suspicion of cancer

Result: While just eight patients behind target, we have some work to do to improve this service and how to count it.

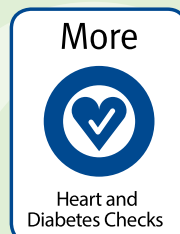


Increased

Immunisation

**85% of 8-month-olds fully immunised**

Target: 95% of 8-month-olds are fully immunised  
Result: Our small population has an impact on this target! Only two children were overdue for their immunisations and 98% of the consenting population were immunised.<sup>1</sup>



More

Heart and Diabetes Checks

**91% of West Coasters have had their CVD risk assessed**

Target: 90% of the eligible population have had their CVD risk assessed in the last 5 years<sup>2</sup>

<sup>1</sup> This target includes those families that choose to opt-off their children from the National Immunisation Register (NIR) and/or decline immunisation. Because we have a small population, this has a bigger impact on our final result. As 16.6% of the eligible population are in this category, it is impossible to meet the 85% target currently.

<sup>2</sup> CVD stands for cardiovascular disease.

## Resuscitation services flourish

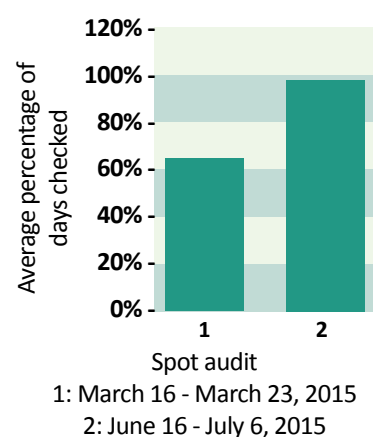
This year there's been a number of successful resuscitations both in the community and hospital – including a non-medical staff member successfully resuscitating a spouse at home after receiving basic Cardiopulmonary resuscitation (CPR) education.

The 2014 – 2015 period has been an exciting year of unprecedented growth and development for the WCDHB Resuscitation Service, which has achieved a number of milestones with measurable benefits for DHB staff and the West Coast community. In this short timeframe, this service has significantly increased the number of advanced and basic resuscitation training opportunities for all WCDHB staff.

The DHB's capacity for providing New Zealand Resuscitation Council advanced courses has grown from three certified instructors providing an average of four courses annually to five instructors teaching 8-10 courses. In total 133 staff have been trained in this timeframe and course feedback ranks well above the national average. The addition of CPR as mandatory training has meant 471 staff are now educated to a basic level. Medical refreshers, in situ clinical scenarios, and



**Figure 1**  
Average frequency of emergency equipment checking at Grey Hospital



maternal emergency training via the PROMPT, STABLE, and Neonatal Life Support courses have also been planned/delivered.

The WCDHB Resuscitation Committee was established in 2014, and includes transalpine representation to enable expert, evidence-based guidance regarding

local resuscitation: equipment, practices, response systems, and training.

The committee has worked closely with the Resuscitation Service Leader to conduct a service-wide audit/stocktake of existing emergency equipment and associated practices. It has also provided recommendations for improvement and purchasing, including standardisation of most emergency equipment.

Regular auditing of equipment and checking practices has also commenced at Grey Base Hospital and resulted in dramatic improvements across all services (see Figure 1). A number of policies have been initiated to support staff with developing performance. Additional systems have been implemented to monitor the type, frequency, and outcomes associated with clinical emergencies occurring on the Coast, with an annual report due in December 2015.



For more information contact: Resuscitation Service Leader  
Brittany Jenkins  
[brittany.jenkins@westcoastdwb.health.nz](mailto:brittany.jenkins@westcoastdwb.health.nz)

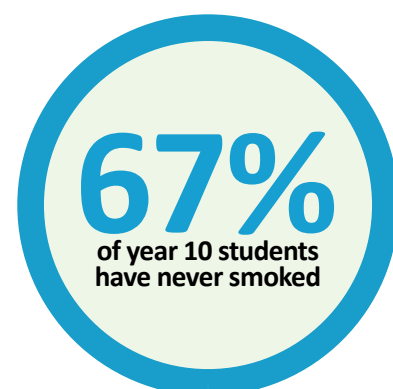
## Becoming Smokefree

Ten years out from Smokefree 2025, the new Tobacco Control Plan 2015 - 2018 reflects the work being done and the challenges ahead. The plan's purpose is for more smokers to quit successfully, especially among the most disadvantaged, and to promote increased public support for tobacco control policies.

Advice and encouragement to quit smoking is now standard practice with patients in hospital and across the general practices. A range of easily-accessed cessation services continues to be available to West Coasters, including Aukati Kaipapa (through Community and Public Health), Coast Quit (through medical centres and pharmacies), and the DHB specialist Stop Smoking Service (with staff in Greymouth and Westport), along with the national Quit Line telephone/internet service.

Helping smokers to quit is half the battle; the rest is about de-normalising smoking and making tobacco progressively less accessible to non-smokers who otherwise might be tempted to start. Health promotion workers have a key role promoting smokefree environments in domestic and public places, educating retailers and monitoring compliance, and advocating for action on tobacco control measures such as plain packaging.

Specific health promotion and cessation projects within the wider



field include continuation of the smokefree pregnancy incentives programme (commenced in November 2014); support for the nation-wide Stoptober campaigns, 2014 and 2015; continuing with a more targeted approach to the disproportionately high smoking prevalence among Māori residents on the Coast; and for the year ahead, promoting smokefree homes and cars in households with young children.



For more information contact: West Coast Smokefree Services Co-ordinator, West Coast Primary Health Organisation, John Caygill,  
[john.caygill@westcoastpho.org.nz](mailto:john.caygill@westcoastpho.org.nz)



# Baby Friendly Hospital Initiative achieved

Grey Base Hospital's McBrearty Ward has earned a new trophy, and in doing so has been recognised as up there with the best baby-friendly hospitals in the world.

New Zealand Breastfeeding Authority Executive Officer Julie Stufkens and Baby Friendly Hospital Initiative (BFHI) Coordinator Dianne Powley visited Greymouth earlier this year to present a trophy and BFHI certificate.

At the ceremony, Julie acknowledged the huge effort put in by staff to achieve BFHI status. This World Health Organization initiative is carried out around the world, as part of their primary intervention strategy to improve



McBrearty staff and self-employed midwives, from left: Lian Pansino (LMC), Chris Davey, Dawn Kremers (LMC), Bev Sinnott (enrolled nurse/lactation consultant), Linda Monk (midwifery educator), Maja Rissel (LMC), Lesley Beckwith (registered nurse).

breastfeeding.

BFHI-accredited hospitals are a long way ahead in terms of standard of care for babies and mothers, Julie said. This was the West Coast DHB's fourth

accreditation.

Grey Westland General Manager Mark Newsome said it had been a tough 12 months with a lack of staff, overheating problems and changes in the

way staff work as a result of the Maternity Review. He thanked Clinical Midwife Manager Chris Davey and the team for all the work they had put in to achieve the accreditation.



For more information contact:  
Clinical Midwife Manager Chris Davey  
[chris.davey@westcoastdwb.health.nz](mailto:chris.davey@westcoastdwb.health.nz)  
or phone 03 769 7400 ext 2881

## Strengthened services for older people in Buller

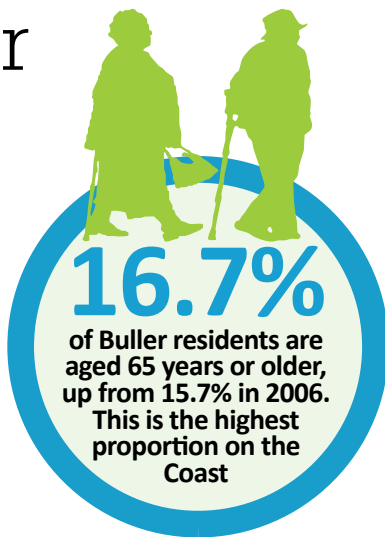


Former Charge Nurse Ngaire Cropp, and wheelchair bus drivers, brothers Noel and Ellis Palmer, record their memories of Kynnersley Home for a memorial book about the former rest home.

Following months of community conversations about the future of older persons' health in Buller, the West Coast District Health Board has started strengthening community services, and closed its Westport rest home facility, Kynnersley Home.

The DHB had talked to hundreds of Buller folk to understand what services needed to be planned for older folk, noting declining rest home occupancy and more people electing to stay in their own homes for longer.

Private provider O'Connor Home is expanding its capacity to deal with hospital-level aged residential care. Both DHB aged residential care facilities (Kynnersley Home and Dunsford Ward) in Westport are in a poor state of repair. No further government funding is available for building or fixing Buller aged care facilities.



In terms of strengthening community services, the DHB is establishing a new Flexible Integrated Rehabilitation Support Team.

Work is underway with other agencies to look at issues with housing in Buller. The DHB is also working on issues such as social isolation, transport and better integration of services.

**HANDS CAN BE DANGEROUS**  
CLEAN HANDS KEEP BUGS AT BAY

IMAGE COURTESY OF ITALIAN ARTIST GUIDO DANIELE [WWW.GUIDODANIELE.COM](http://WWW.GUIDODANIELE.COM)



# Heart and diabetes checks promoted on road trip

West Coast Primary Health Organisation (PHO) took to the road this February to promote increasing heart and diabetes checks.

PHO Executive Officer Helen Reriti says there were a number of motivations behind the road trip: “We were keen to get messages out to our farming community, especially the men. We kicked off the promotion during February which is our month of health promotion around ‘heart health’




and coincides with national advertising campaigns. “The PHO has been bottom of the league table for more heart and diabetes checks – one of the government health targets – for a while and we needed to try a different medium for the messages, anything that will catch someone’s attention. That’s why we chose hay bale wrappers,” Helen says. Hay bales, once stacked, sit around until ‘fed out’ in July, so the message is

*“...we needed to try a different medium for the messages... that’s why we chose hay bale wrappers.”*  
*Helen Reriti*

there for a good period of time. Health promotion coordinator, Anne Hines and Executive Officer Helen Reriti, took a day out and road-tripped to just south of Hokitika, inland via Jacksons through to Rotomanu, Moana and back into Greymouth. “We had already had a chat to the local farming community via Katie Milne, the WC Federated Farmers president. So we drove around and when we found hay bales we popped in and had a chat to the farmer and got permission to spray paint their bales.” One farmer had just sold all his bales but kept two, strategically

placing them right beside the state highway in his paddock at Serpentine (just south of Kumara Junction). Helen says costs were minimal – staff time, petrol, getting the stencil professionally made and the paint. “It really took on a life of its own after that, we have had lots of comments and positive feedback.”

 For more information contact: WCPHO Executive Officer Helen Reriti [helen.reriti@westcoastpho.org.nz](mailto:helen.reriti@westcoastpho.org.nz)

## ON A LEARNING CURVE



A staff clinical training session in South Westland early in 2015.



## Monitoring tool enables health system check-up

The Māori Health Plan Monitoring Tool enables the health system to improve access to Hauora Māori (Māori health information). The tool shows “real time” data, which means the West Coast DHB is able to quickly see the state of Māori health in comparison to that of non-Māori. General Manager Māori Health Gary Coghlan says the tool also identifies where there are areas of concern. “It also shows where we are doing quite well in comparison to other DHBs. We can now better ascertain trends, compare all types of health information and where need be, design work plans and programmes to address any inequities uncovered,” Gary says.

## System integrated to benefit patients

The West Coast DHB is working hard on integrating its health services to create a seamless experience for patients, wherever they enter the system. An integrated system is where communities see only one health system that is easy to navigate and minimises unnecessary delays. To make this happen, the DHB is endeavouring to support staff with up-to-date information no matter where they work. Staff are encouraged to be proactive in the care they provide. Work is underway to provide more community care for people in their




own homes. And the “transalpine” service between Canterbury and the West Coast is aimed at ensuring all Coasters receive quality care at all levels. At some point in people’s lives they may receive care from a self-employed midwife, have a Before School Check, get immunised, receive messages about giving up smoking, see nurses, doctors, need care in their home or even need hospital-level care.

Whether these services are called primary or secondary care is neither here nor there for the people of the West Coast. What Coasters want is health advice, support and services. Ways that the DHB knows the integrated system is working for the community to provide the right care at the right time, closer to home include:

- Reduced waiting times for a routine GP appointment. Figures across the Coast show average times of 2.2 days.
- Reducing the amount of patient travel required to receive care, through the use of technology

such as telemedicine.

- Reducing the time it takes to have a first specialist appointment when needed. The West Coast has consistently achieved 100% of patients waiting less than the 120 day national target for a first specialist appointment.

 For more information contact: Planning and Funding Team Leader, Philip Wheble, [philip.wheble@westcoastdhb.health.nz](mailto:philip.wheble@westcoastdhb.health.nz)

 For more information contact West Coast DHB General Manager Māori Health Gary Coghlan [gary.coghlan@westcoastdhb.health.nz](mailto:gary.coghlan@westcoastdhb.health.nz)



As a baby Johnny gets enrolled with the community oral health service...

Jenny needs more specialised treatment, so her therapist talks about the options with her parents caregivers!

Johnny needs a filling so an appointment is organised at a Hub Clinic. His parents/-caregivers need to come too!

When Johnny is a pre-schooler, the community oral health service will invite his parents/-caregivers to bring him to a local school for a check-up

Jenny is new to the Coast, her parents/caregivers ring 0800 TALK TEETH to enrol her...

Their teenage sisters and brothers register with their community dentist (one free check-up per year)

When Jenny starts school, she gets a community oral health service check-up when they visit her school

# COAST KIDS' TEETH

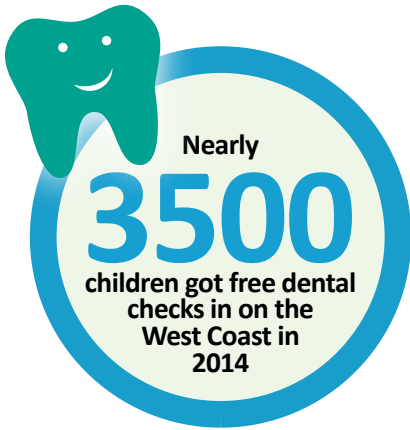
Need more advice? Don't wait! Contact the team on 0800 TALK TEETH (825583)

# Improvements for school dental services introduced

Changes to the delivery of school dental services on the Coast will result in fewer youngsters with undiagnosed oral health issues, Clinical Director of Oral Health Services, West Coast and Canterbury DHBs Dr Martin Lee says.

The West Coast DHB has introduced a new assessment service based on a specially fitted-out dental van. The highly mobile dental van unit will enable a larger number of children to get their dental assessments on time so that any potential problems will be picked up earlier.

Using what is known as a hub and spokes model—the schools being the spokes and local dental facilities the hubs—the new service sees all preschool and primary aged children assessed by dental therapists at their local school. If the assessment shows treatment



is needed, then the youngster is referred to a hub site. Previously, the mobile dental

service was provided by large dental trailers that have to be towed around by truck. The truck and trailer units require a specialist driver and are expensive to run, especially to the smaller and more remote schools.

“By comparison,” Dr Lee says, “the van can be driven by staff with a normal driver’s licence and are more mobile, meaning we can get around schools much more efficiently. It also takes the demand off the two clinic trailers so that they can be used, as originally intended, as a mobile hub to provide treatment for those children whose assessments

show they need follow-up care.”

The DHB has also upgraded the dental facility at Hokitika Primary School and at Westport South School.

“We are confident that families will see an improvement in service as a result of these changes.”

**i** For more information contact: Clinical Director of Oral Health Services, West Coast and Canterbury DHBs Dr Martin Lee [martin.lee@cdhb.health.nz](mailto:martin.lee@cdhb.health.nz)

# Group aims to reduce opioid harm



The West Coast Opioid Collaborative project group is focusing its energies on reducing harm resulting from the prescribing of opioid-based medicines following surgery.

Opioids are medications aimed to relieve pain. The group are introducing a number of clinical measures and practices to reduce constipation caused by opioid medication. These include: prescribing laxatives when post-operative opioids are charted for a patient; improved recording of bowel activity; and educational literature for both clinical staff and patients, to raise awareness about ways to prevent what can often be a debilitating post-operative complication.

The West Coast Opioid Collaborative multidisciplinary group includes Pharmacist Consultant Osman Mohammed, Quality and Patient Safety Manager Paul Norton, Anaesthetist Dr Will McIlvaine, Resident Medical Officer Dr David Short, Surgical Staff Nurse Stephanie McRae, and Clinical Nurse Manager Rosalie Waghorn.

Consumer feedback on project outcomes will be channelled through the West Coast DHB Consumer Council for comment during the course of the project.

**i** For more information contact: Quality & Patient Safety Manager Paul Norton [paul.norton@westcoastdwb.health.nz](mailto:paul.norton@westcoastdwb.health.nz)



Robbie Weston (5) and Santa talk via the mobile telemedicine cart.

# Community support for children

Children’s and maternity units at Grey Base Hospital receive great support from the community and in particular, through the Countdown Kids Hospital Appeal.

Both Parfitt (children’s ward) and McBrearty (maternity) units have been involved since 2008 and have received more than \$360,000 to date from Countdown Kids.

From the 2014 funding, Parfitt Unit purchased three electrical paediatric beds; three new cots in funky colours of orange, yellow



and purple; a breast pump; and a special milk warmer to ensure the babies’ milk is warmed to the right temperature.

Parfitt Ward Clinical Nurse Leader Dot O’Connor says one of the biggest recent purchases from Countdown Kids is the mobile

Telemedicine Clinical Cart.

“This allows us to dial-in directly into any medical specialist for advice on the care of a sick child. It provides invaluable support to both the health professionals and the families of the sick child.”

The local Parfitt Kids Charity recently gave out their 2500th gift bag. Parfitt Kids provide an

**i** For more information contact: Parfitt Ward Clinical Nurse Leader Dot O’Connor, [dorothy.oconnor@westcoastdwb.health.nz](mailto:dorothy.oconnor@westcoastdwb.health.nz)

age-appropriate gift bag to each child admitted to the children’s unit, or visiting the emergency department, labs or seeing a medical technician. The parent of the child also receives a bag of toiletries. These bags just make the stay for each child and their parent(s) a little bit more comfortable.



# Patient stories teach valuable lessons

Patient stories are a powerful tool for reminding healthcare professionals of the importance of person-focused care.

The impact of that care and the effect it has on the person is important when we seek to understand how well we are doing our jobs and in some cases how we could do our jobs better.

These patient stories can be about when things go well and why, so when the story is told, healthcare providers recognise and learn why it went well and how to utilise this in their everyday work. Other patient stories can be about when things go



wrong or mistakes are made, and the impact this has on the person or their family/whānau and loved ones. With these stories we recognise and learn how and why things went wrong and what it means to the people affected. These stories teach healthcare professionals valuable lessons in how to improve the care they provide, so that quality of care is optimised.

One such story is based on the treatment provided to Matt Gunter. Matt was a young, fit and healthy teenage boy who lost his life following surgery to remove his appendix. This was an avoidable tragedy, and while we

Matt Gunter.



have learned the clinical reasons why this occurred and how to improve our care so that it never happens again, we also wanted the patient story told so we can better learn the full lessons from this tragic event.

Matt's mother Heather has

worked with us to produce a DVD that tells the story of Matt, what happened and what it has meant to Heather and her family to lose Matt in this way. It is an open and honest story told by Heather, of the things that went wrong, and reminds us that we should always remain vigilant in our practice. Every moment we provide care, we need to remember the importance of the person we are caring for.

This video will be compulsory viewing for all members of our healthcare teams at the West Coast District Health Board.

**i** For more information contact: Director of Nursing and Midwifery Karyn Bousfield [karyn.bousfield@westcoastdhb.health.nz](mailto:karyn.bousfield@westcoastdhb.health.nz)

# National improvement initiatives

The Health Quality & Safety Commission (the Commission) drives a variety of national improvement initiatives to address key areas of healthcare-related harm.

The current campaign, Open for better care, focuses on four priority areas:

- Falls
- Perioperative harm
- Healthcare associated infections (HAIs)
- Medication safety

As part of this, we monitor quality and safety markers (QSMs) in our DHB annual report to help us understand how we're doing.

Source: Open for better care campaign charter. [www.hqsc.govt.nz](http://www.hqsc.govt.nz)

### FALLS

**95% of patients 75+ received a falls assessment**  
TARGET  
90% of inpatients aged 75+ receive falls assessment

A fall can be life-changing for an older person and their family/whānau. Falls occurring in hospital are a critical area for improvement. While there is no single solution to reducing falls, an essential first step is to assess each individual's risk of falling, and act accordingly.

### HAND HYGIENE

**83% compliant with good hand hygiene**  
TARGET  
80% rate of compliance with good hygiene practice.

Hand hygiene remains one of the most important markers for reducing HAI and antimicrobial resistance. This marker is key to improving the quality and safety of patient care.

### SURGICAL SITE INFECTIONS

**100% of hip and knee replacement patients had cefazolin**  
TARGET  
95% of hip and knee replacement patients receiving cefazolin >2g

Preventing SSIs reduces potential patient harm as well as substantially reducing costs to patients. Cefazolin is used to prevent infection in routine hip and knee replacements.

### Healthcare associated infections

**100% of hip and knee replacement patients had appropriate skin prep**

Healthcare associated infections (HAIs) are acquired during treatment, and are a big problem worldwide. They can be life-threatening, especially for patients with serious pre-existing conditions. HAIs are among the most common adverse events of care, with up to 10% of patients admitted to modern hospitals acquiring one or more during their stay.

### Perioperative Harm

**94% of surgeries used all three parts of the WHO checklist**  
TARGET  
90% of the time, all three parts of the WHO surgical safety checklist are used.

Performing safe surgery relies on surgical team members combining technical expertise with non-technical skills such as communication and teamwork. Communication and teamwork failure is at the core of nearly every medical error and adverse event, including surgical events. By following a few critical steps, health care professionals can minimise the most common and avoidable risks endangering the lives and well-being of surgical patients.



## Strategic Disability Action Plan developed

After several months of engagement with West Coast users of disability services, a Strategic Disability Action Plan has been set up to improve health services for them.

Canterbury & West Coast DHB Service Development Manager Kathy O'Neill visited the Coast several times in 2015, presenting at a series of forums, together with the Federation for Disability Information Centres.

The engagement helped Kathy formulate the plan, which is available on the West Coast DHB website.

Priority areas for action include the following:

- An integrated and co-ordinated response to the needs of people with disabilities
- Accessibility of buildings and facilities
- Promoting disability awareness
- Communication
- Integration of services
- West Coast District Health Board as an employer

The DHB's Planning and Funding team will report back quarterly on progress to the DHB's Disability Support Advisory Committee.

**i** For more information contact: Disability Lead, Planning & Funding, West Coast & Canterbury DHBs, Kathy O'Neill [kathy.O'Neill@cdhb.health.nz](mailto:kathy.O'Neill@cdhb.health.nz)



# Kaumātua encourage health initiatives

West Coast kaumātua have committed to a role as whānau health promoters at a recent Arahura Marae wellbeing and flu vaccination hui.

Thirty elders from Te Runanga O Ngati Waewae and Te Runanga O Makaawhio heard about flu, pregnancy and infant vaccinations from West Coast DHB Immunisation Coordinator Betty Gilsenan and Westland Medical Practice Manager Nigel Ogilvie.



Several kaumātua received their flu vaccinations, and discussed other health resources displayed by the West Coast Māori Health Provider Poutini Waiora, the West Coast Primary Health Organisation, and Community and Public Health. Some also had their blood pressure

taken by Poutini Waiora staff.

Community & Public Health Māori health promoter Diana Panapa says one of the main objectives of the day was to empower the kaumātua as health promoters in their whānau and community.

Further hui will focus on topics including arthritis, diabetes, dementia and other health issues.

“We now have a list of wellbeing/health areas that Kaumātua are

interested in and alongside our partners we will be developing a project plan around how best to respond to them,” Diana says.

Those that attended were very positive about the initiative.

“It is definitely our role as kaumātua to encourage and support our whānau and mokopuna to look after their health,” Ena Pu says.

“As kaumātua we need to set an example for the next generation

and lead the way to better health,” Barbara Vaea added.

**i** For more information, Community & Public Health Māori health promoter Diana Panapa  
Phone 03 768 1166 or email [diana.panapa@cdhb.health.nz](mailto:diana.panapa@cdhb.health.nz)

# Community & Public Health tackle alcohol issues

**Reinforcing new breath and blood alcohol limits**

Community and Public Health (CPH) staff have been working with West Coast Police to raise awareness of the new lower blood & breath alcohol limits that came into force late last year. CPH staff assisted Police at two alcohol checkpoints in Westport and two in Greymouth in the lead-up to the 2014 Christmas break.

Drivers were provided with a leaflet about lower alcohol limits as well as a ‘Not Beersies’ water bottle or a ‘Yeah Nah’ pen or keyring. This promotion was a good way to talk to people about the lower alcohol levels for drivers and to encourage people to choose non-alcoholic drinks if they are driving. It also provided a good opportunity to liaise and work with local police staff. The ‘Not Beersies’ message (created by the Health Promotion Agency) was well-received by drivers.



The Topp Twins do their stuff at the Wild Foods Festival.

Licensing Agency (Council liquor licensing inspectors) and the Police to assess applications for liquor licences and to ensure monitoring and compliance. The Sale and Supply of Alcohol Act also states in section 295 that these agencies have a duty to collaborate.

To formalise and strengthen their existing collaborative working relationship the agencies on the West Coast have decided to create a joint agreement that captures their common goal of reduction of alcohol-related harm. It will detail, amongst other things, the responsibilities of each agency, how they work together, share information and training and commitment to joint monitoring and enforcement.

**Kumara Races**

CPH facilitated a planning meeting with Police and the Kumara Race Committee several months before the January 2015 event. A supply of condoms and Good Memories No Regrets posters with messages about Safe Drinking and Safe Sex were also distributed to local hotels prior to the event. Health messages were shared on race day via posters at the course, a ‘Not Beersies’ graphic in the programme and messages over the big screen in front of the grandstand.

A CPH staff member worked with Police later in the day at a



checkpoint operation where drivers were screened for any alcohol consumption. More than 340 drivers were stopped and only about six of those driving vehicles had consumed any alcohol. None of the drivers was over the new lower alcohol limits. It was clear that many of the drivers had been designated as the driver well before the event. Most drivers also seemed to be aware of the new limits.

At the annual Kumara Races debrief meeting in early March, the decrease in alcohol-related incidents was noted.

**Wildfoods Festival**

CPH carried out joint monitoring of alcohol outlets at this year’s Wildfoods Festival in March with the Police and the Westland District Council’s new district licensing inspector. They also monitored licensed premises in the town on Saturday evening.

The event had a positive atmosphere with much less observable alcohol-related harm and disorder than the previous year. In particular, there were very few obvious instances of intoxication at the event itself. This trend has been continuing for the past two years.



The various alcohol-related harm reduction measures that have been put in place over the years continue to have an impact.

CPH has, as usual, been involved in the festival debrief and looks forward to continuing to work with the organisers and others to reduce alcohol-related harm at and around the event.

**Healthy West Coast Workstream**

During 2014/15 the Healthy West Coast/Public Health workstream committed to improving the quality of alcohol data being captured through Emergency Department admissions.

This is a long-term quality project but work has begun by increasing the visibility of data that is being captured by clinical staff in ED. Work will continue in preparation for the introduction of Ministry of Health mandatory questions to be rolled out by June 2016.

**Liquor Licensing and Combined Agency Agreement**

The Sale and Supply of Alcohol Act 2012 assigns roles and responsibilities to the Medical Officer of Health, the District

**i** For more information contact: Community & Public Health West Coast Team Leader Claire Robertson  
[claire.robertson@westcoastdwb.health.nz](mailto:claire.robertson@westcoastdwb.health.nz)

# Secret shoppers help improve services for youth

A secret shopper project has provided insight into the experience that West Coast young people have with our health services.

During December 2014 and January 2015 two groups of young people (age 13-23) made a series of visits and phone calls to services commonly used for this age group across the Coast. The shoppers enquired about making an appointment or tried to seek advice about a health concern. They



then rated the services on their “youth friendliness” (welcome of the staff, feel of the environment, information given, privacy and overall impression) and completed a questionnaire to capture their experience. Shoppers visited areas away from their “home” services due to their concerns

about confidentiality in their small communities, and some worked in pairs for moral support.

Results highlighted generally good responses in terms of personal welcome, friendliness and the perception that shoppers had been listened to and taken seriously. Suggestions included: improving the provision of leaflets and information particularly relevant to youth health (to avoid having to ask

questions in awkward situations); making areas more colourful; and making services available at more convenient times such as evenings and weekends.

**Youth Friendly training**

Following on from the survey, Dr Sue Bagshaw from The

Collaborative Trust (a trust for research and training in youth health and development) provided administration staff, retailers and clinicians from across the health system with skills and information around being more responsive to the needs of young people accessing services.

**i** For more information contact: Planning & Funding Project Manager Jenni Stephenson  
[jenni.stephenson@westcoastdwb.health.nz](mailto:jenni.stephenson@westcoastdwb.health.nz)



# Fresh vision for Māori mental health

**Man on a mission**  
Mal Robson this year brought a load of government and DHB experience to lead the West Coast DHB's Māori mental health team.

Mal's career spans many years and roles within the Department of Corrections: volunteer community support in the Wellington Hospital mental health inpatient unit; Cultural advisor/ trainer where he was particularly interested in working with clinicians to translate and apply cultural training into working with Māori; Kaiwhakahaere (Operations Manager) Transcultural Mental Health Services for Capital and Coast District Health Board; and an interim chief executive role for a national disability service, Te Roopu Taurima O Manukau.

Born in Kaitia and of Te Rarawa/Nga Puhi/Ngati Kahungunu descent, Mal moved to Greymouth with partner Jackie Richardson, who is also working



at the DHB as Quality Facilitator Mental Health Services.

Mal hit the ground running in his 20 hours a week position and is coming to terms with the West Coast's unique geographical spread and the challenges it presents.

He is interested in how the DHB and in particular the mental health service engages with Māori to deliver services across the region.

"We need to look at how Māori mental health is seen and perceived by its community and if there are any barriers to the uptake and provision of services. This may also include how the service is connected with primary care."

To this end, Mal has been working closely with Māori health provider Poutini Waiora to establish a foundation for continuity of care from and through the DHB back to the community for Māori Mental Health clients. Mal has also connected with Māori mental health services in Christchurch Te Korowai



Mal Robson, left, and his partner Jackie Richardson.

Atawhai to maintain the Trans Alpine link.

Significant for Mal is how the DHB collects health outcomes data relating to Māori, and how this informs the design and delivery of

services for the region.

The Māori mental health services team comprises Mal, with three full time Pukenga/Tiaki (community support workers) and two kaumātua/taua to provide cultural

and practical support.

**i** For more information contact: Maori Mental Health Manager Mal Robson [mal.robson@westcoastdhb.health.nz](mailto:mal.robson@westcoastdhb.health.nz)



Gerontology Nurse Specialist Helen Rzepecky and PHO health navigator Danielle Smith discuss "Conversations that Count" with Tony Fortune of Reefton, at Grey Base Hospital earlier this year.

## Improved services for dementia patients

The West Coast Dementia Service has been through exciting changes that have improved services for elderly with complex needs.

Inpatient services for patients suffering complex dementia-related issues were previously only able to be delivered at Kahurangi, a unit at Grey Base Hospital—which sometimes resulted in a waiting list and limited resources. In response to this, funding was provided to local rest homes which has enabled them to provide care for their residents that previously could not have accessed a secure facility.

Services in Westport have also



increased thanks to O'Connor Home opening its 10 bed secure dementia wing in 2014. This means that Westport families can have their family members closer to home once they are stable, as well as use the secure beds in a way that better meets the needs of older people with complex needs.

Outpatient dementia services are pleased to have established a multidisciplinary team to ensure that the right care is being provided in an integrated way to better meet

patient needs. The team includes Alzheimers Canterbury, a DHB social worker, a Gerontology Nurse Specialist, a Mental Health Community Nurse and a supporting Families worker and works closely with the Complex Clinical Care Network Team (CCCN) who provide assessment and care coordination.

**i** For more information contact: Kahurangi Clinical Nurse Manager Paula Mason, [paula.mason@westcoastdhb.health.nz](mailto:paula.mason@westcoastdhb.health.nz)

## Working to prevent suicide

Every week, on average 10 people die in New Zealand as a result of suicide. Many more are treated in hospital after a suicide attempt, having seriously harmed themselves.

Suicide is devastating for all those affected and a tragedy for our community as a whole, and although the suicide rates nationally have reduced in recent years, we still need to focus on reducing this further. The Ministry requires that all DHBs develop and implement a plan for the next two years to prevent suicide wherever possible, and also to ensure that a coordinated response is provided in the event of a suicide in the region.

People who take their own lives usually do so as a result of a complex range of factors. Because these factors can be so wide-ranging, the actions to prevent suicide also need to be wide-ranging. Consequently the West Coast District Health Board has written a Suicide Prevention and Post-vention plan focused on working with other stakeholders such as police, health promotion, general practice teams, education and welfare agencies to achieve the following goals:



suicidal behaviours

- Reduce access to the means of suicide.

A small Suicide Prevention Action group has been working for the past 18 months on several initiatives to increase awareness in the community and to give people the skills to identify and support people who may be at risk of suicide. These activities include providing to 116 nurses and front line staff advanced training in assessing immediate risk factors for suicidal behaviours. We have also facilitated a further 110 people in the community to participate in online training to enable them to identify and help suicidal people.

A register of suicides in the West Coast in the last 20 years has been developed to give us baseline information so we can identify vulnerable people and prevent future suicides. Information on people who use the Emergency Department at Grey Hospital is also gathered, so we can see if they might need ongoing assistance or support.

- Promote health and wellbeing and prevent mental health problems
- Improve the care of people who make non-fatal attempts
- Improve the care of people who are experiencing mental health disorders associated with

**i** For more information contact: Mental Health Services Operations Manager Lois Scott, [lois.scott@westcoastdhb.health.nz](mailto:lois.scott@westcoastdhb.health.nz)



# Feedback gives DHB opportunity to learn

### POSITIVE FEEDBACK

“I attended Greymouth A and E department with a recurrence of pains caused by an infected gall bladder and gall stones. The staff I saw were friendly and efficient and I was pleasantly surprised at the very short waiting time before seeing a doctor. An appointment was made for the following day for an ultrasound scan. Again, the service provided was very good and the waiting time minimal. It was really good to be able to see what was going on, on the additional monitor and have things explained to me so well by the radiologist. With grateful thanks to all the staff at Greymouth Hospital.”

Overseas visitor

A new system has been introduced to manage compliments, complaints and other feedback to provide an opportunity for the West Coast DHB to learn and make improvements.

In February 2015 Patient Safety Officer Sue Duff was appointed to provide a single point of entry for complaints, compliments, feedback, adverse event and coroner report requests.

The new coordinated approach to complaints has enabled better data collection and has led to an increase in informal ‘non Health and Disability Commission (HDC)’ complaints. Sue believes this is partly due to providing consumer



users/patients with an independent avenue of contact.

“Without ‘customer feedback’ how are we to learn and provide continuous improvement? Addressing complaints is a really valid and positive means of identifying the consumer/family/whanau experience of our health service,” she says.

An online record system, Safety 1st, is now being used by staff to record complaints, compliments and feedback. The end of financial year data analysis of adverse events, HDC complaints and other complaints in the graph (right) demonstrates the increase of other complaints for 2014/15 financial year.

In 2014/15 there has been a

noticeable reduction in the number of type 1 and 2 (more serious) events (11 events compared with 25 in the previous financial year). The reduction may be because of the extensive work undertaken with the 2014/15 adverse event recommendations, Safety 1st and heightened staff awareness.

Compliments and feedback have also increased in volume. There is a new online form ‘Please tell us what you think’ which provides access to both staff and patients or others who have some contact with the DHB.

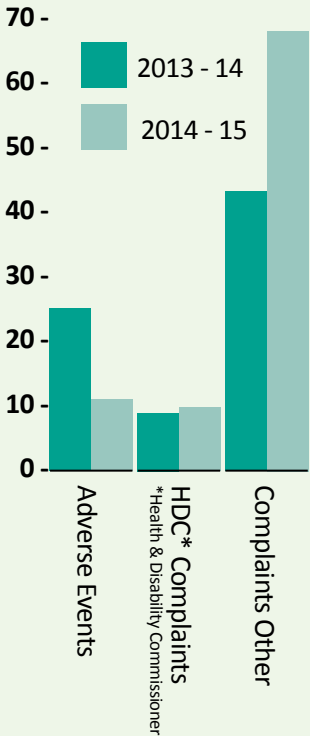
In the first six weeks of the 2015/16 financial year, 11 compliments had been received, all about specific areas and staff.



For more information contact: Patient Safety Officer Sue Duff

[sue.duff@westcoastdhb.health.nz](mailto:sue.duff@westcoastdhb.health.nz)

### COMPLAINT STATS



Studentship winners worked on several projects over the Christmas 2014/15 period. From left: students Nicole Friend, Nicole Doolan, Shannon McNoe and Bethney Teasdale assemble adrenalin kits for primary practices, to ensure consistency across West Coast DHB practices.

## DHB supports health students

The West Coast Sponsorship programme started three years ago when senior managers decided it would be helpful for the DHB to invest in the future of our health workforce.

Students committed to a health-related undergraduate career and who have resided on the Coast sometime in their life are eligible to apply.

The aim is to encourage students to think about returning to the West Coast as health professionals in the future.

### Scholarship awards

Each year Scholarship Awards worth \$500 each are granted to 20 students. Five of the scholarships are awarded to students with Māori or Pacific Island heritage.

Some of the comments made on



receiving this award have been:

“The money might not seem much to the DHB, but it will make a great difference to me.”

“Thank you, this will help me pay my tuition fees.”

### Studentship experience:

Studentships are awarded to four students annually who win a paid ‘placement’ for six weeks at the end of the study year at Grey Base Hospital.

The students take part in a variety of projects, and are given the opportunity of immersing

themselves in a range of experiences relating to health. One of the four studentships is awarded to a student with Māori or Pacific Island heritage.

Some of the comments made by the students on this programme:

“Having the projects really helps you see aspects of the hospital that you may not have thought about before.”

“Thank you for giving me the opportunity of seeing how the DHB works”.

It is hoped that in the future when a role or employment opportunity occurs, these students will be inspired to return and work in the health sector on the West Coast.



For more information contact: Sponsorship Organiser Marion Davis, [marion.davis@westcoastdhb.health.nz](mailto:marion.davis@westcoastdhb.health.nz)



Kaylee Thomson was still at Greymouth High School when she came to Grey Base Hospital with the Kia ora Hauora group last year. She’s pictured here in theatre with Kia ora Hauora Director Lee Luke at back left. Kylie is now in her first year nursing at CPIT in Christchurch.

## Maori supported into health workforce

The West Coast DHB is supporting the Kia ora Hauora national Māori workforce programme aimed at supporting Māori into the health workforce.

The programme targets both Māori students and Māori already working in health and was initiated in response to low numbers of Māori working within the health and disability sector.

A component of the Kia ora Hauora programme is the three day work placement programme which is designed to support and influence rangatahi into pursuing health career pathways.

DHB General Manager Māori Health Gary Coghlan says the work placement programme provides rangatahi with a “backstage pass” into areas within the hospital that are normally off limits.



In 2015 DHB staff hosted and supported 10 rangatahi throughout the week and took them around many

areas, including the laboratory, physiotherapy, maternity services and paediatrics, as well as outside the hospital to Community & Public Health, Poutini Waiora (Māori health provider) and general practice.

From the 2014 programme, out of seven who participated, five have gone on to CPIT to begin their nursing studies, one is in Dunedin doing the Tu Kahika programme and one is at Tai Poutini Polytechnic doing the pre-health sciences programme.



For more information contact: Maori Health Portfolio Manager Kylie Parkin [kylie.parkin@westcoastdhb.health.nz](mailto:kylie.parkin@westcoastdhb.health.nz)



# Loaned nurse learns whānau ora ways

When Registered Nurse Angela Orr was asked if she would consider a year’s transfer to Poutini Waiora, she really didn’t know anything about the Māori health provider.

The DHB approached the former Hannan Ward nurse after Poutini Waiora General Manager Moya Harrison-Beach proposed the idea of a secondment to Poutini Waiora.

By the time she had been there for a couple of months, Angela was really enjoying working for



the provider in a ‘whānau ora’ way.

“We don’t just look at the medical situation of an individual, but what’s happening with the whole whānau. And we’re dealing with so many different health issues. I’m learning heaps,” she says.

Angela realised she will be able to bring back to the DHB a much better understanding of the services offered by Poutini Waiora through the experience the secondment is providing.

“There’s a broad range of health and social services blended into integrated family health. I will be working as a practice nurse at Grey



*“...we’re dealing with so many different health issues. I’m learning heaps.”*  
*Angela Orr*

Medical Centre one day a week, which will help in whānau getting to know me. It also keeps my skills up. We are looking to run a clinic in our office in Albert Mall, Greymouth during the week where people can drop in. But mostly we work with people in their homes.”

Moya says there are many challenges to being able to recruit the right fit for Poutini Waiora and in this instance a nursing position.

“Because Poutini Waiora is a Māori provider I look for staff who want to work in that space and who are willing to put aside

their own views and allow a Māori lens to guide and support what they do. A benefit of the temporary transfer is it helps break down barriers about what Poutini Waiora is or what it might be like to work for, and supports the kaupapa of the integrated family health service.

“Angela is experiencing whānau ora-based care where our focus is on empowering Māori to be in control of their self-care including health. We want to encourage healthy and successful outcomes for our clients, by weaving those outcomes into our health targets,” Moya says.

**i** For more information contact:  
Poutini Waiora Te Kaihautu (Chief Executive) Moya Beach-Harrison  
[moya.beachharrison@poutiniwaiora.co.nz](mailto:moya.beachharrison@poutiniwaiora.co.nz)

## GETTING IT JUST RIGHT



Laboratory Technician Kay Clausen talks to retired mechanic Gary Hogan at Grey Base Hospital after a quick check of his blood levels.

## Consumer Council - “Doing our bit for doing better”

Now in its second year, the Consumer Council has continued to bridge conversations between what the health system managers think they are providing and what consumers experience when they use the health system.



mind. Choices and autonomy (of competent persons) don’t cease simply because we age – this is a challenge that needs to be owned by the whole community.

Helpful updates on our changing mix of service centre plans and models of care meant Council members were well placed to take accurate messages back to our communities. Planning for, and discussions about, the new Buller Independent Family Health Centre (IFHC) and the Grey Hospital redesign have provided challenges for all of us to think about what can be done better, what matters most to us for our health needs and health care support systems, and how consumer voices can be heard in this process. It’s an ongoing conversation.

We raised a variety of “pothole bumps” for some on this journey - such as access (appointment scheduling, car parking availability, not welcoming for youth); affordability issues associated with the transalpine shared services delivered in Christchurch (travel and accommodation costs); information sharing (appropriate, timely, ensuring it is readily understood by patients/families/support persons); and connected care.

Patients often have a lot of “background life noise” occurring when they’re not well. There’s a lot to cope with. Good communication is essential for managing fears and expectations and getting the best healthcare outcome – after all, we know clinicians want to achieve this as well.

It’s always heartening to pass on good news reports of what has worked effectively for patients, especially so when these reflect new ways of streamlining services.

The Consumer Council also reported concerns about quality of rest home care for the elderly, as well as the need for wider options for residential arrangements. Our health is not just about our physical being, it’s also a state of

**Not just talk but action too**

Consumer input on West Coast DHB working groups this year included: falls prevention; stroke prevention; clinical accreditation; physiotherapy information booklets; and elder care services planning in Buller. A handbook for new Council members was also produced.

We want to hear from you!

**i** For more information contact:  
Consumer Council Chair Barbara Beckford, via Consumer Council secretary Julie Bell,  
[julie.bell@westcoastdhb.health.nz](mailto:julie.bell@westcoastdhb.health.nz)

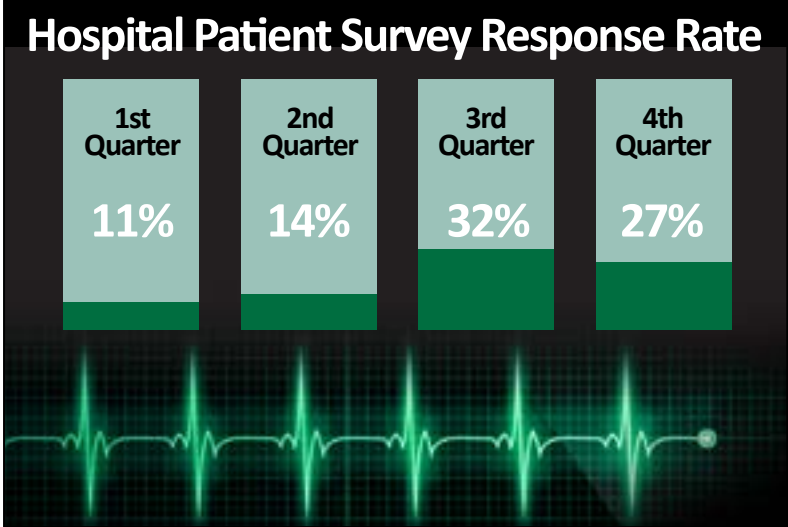
## Patient experiences help DHB

Since publishing our last Quality Accounts, the DHB has completed one full year of surveying adult patients receiving treatment in our general medical inpatient facilities.

The survey was developed by the Health Quality & Safety Commission to improve the quality of hospital care and understand how well health services are working for patients and their families.

The West Coast District Health Board is committed to providing quality healthcare and positive patient experiences.

All survey results are fed back to clinical leads for discussion and integration into clinical practice by the wider workforce. The DHB wants to ensure that lessons are learnt and appropriate quality improvement mechanisms are put in place to improve in these areas.



Quarterly reports are posted on unit quality boards for public display.

**i** For more information contact:  
Quality and Patient Safety Manager Paul Norton  
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