



Maternity services transformed



Changes to make West Coast District Health Board maternity services safer for mothers and their babies, and better for staff, are turning heads across New Zealand DHBs.

A 2013 review noted a number of serious adverse events, workforce shortages, over-reliance on locums and closing planned birthing in the Buller Kawatiri Birthing Unit due to safety concerns and workforce issues.

“We are so proud of how far our services have come since that review,” Chief Executive David Meates says. “The 2013 clinical review created a ‘burning platform’ for change. We wanted a safe and consistent maternity service for women and their babies. We wanted a better environment and processes for our staff and for the West Coast self-employed midwives. We also wanted to provide our services more efficiently.”

Changes implemented included creating a cohesive and supported maternity team including DHB staff and self-employed midwives, with a “one team” philosophy; developing a rural sustainability package for self-employed midwives; and the development of new roles to support the wider maternity team.

The DHB developed an innovative facility management contract to enable planned birthing to be available again at the Kawatiri Birthing Unit, with more emphasis

on multi-disciplinary education and clear transport protocols. Leadership and communication were improved, and the DHB strengthened transalpine linkages with maternity services at Canterbury District Health Board.

“Clinical outcomes have improved significantly. Fewer women now have interventions like inductions, women are accessing care earlier in their pregnancies, and we have a vast reduction in serious adverse events,” Mr Meates says.

Now the DHB has no trouble recruiting community-based self-employed midwives to the Coast, so women on the Coast have improved access to continuity of care. The new model of care has led to significant savings and far fewer locums employed.

“We are really proud of how far we’ve come, working together with West Coast midwives and staff to provide better services for the mums and babies of the West Coast,” Midwifery Clinical Nurse Manager Chris Davey says.



For more information on Coast maternity services, contact, chris.davey@westcoastdhb.health.nz

**REBIRTHING
A VITAL
WEST COAST
SERVICE**

A West Coast DHB Maternity Review ushered in myriad transformational changes, resulting in a high quality maternity service which is accessible, innovative and sustainable.

KEY AIMS:

The West Coast health system has four main aims in terms of caring for our community. Each article in this publication covers one or more of these aims - the logos to the right are to give you a guide as to which aims are relevant to each story.



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

TAKING THE OPPORTUNITY

A QUICK WORD

Message from West Coast District Health Board Chief Executive and the Chair of the Clinical Board:

Healthcare is about the people our services are focused on. How we achieve the best outcomes and juggle the needs of Coasters within our means is an ongoing process that needs to keep bringing us back to our core reason for being.

We want our people to be as well as they can in their own homes, by providing the right care, in the right place, at the right time, by the right people with the right experience. And if our Coasters move into other forms of care, like rest homes, we still have a duty of care to ensure they are being looked after and encouraged to maintain their own health and independence as much as they can.

Our annual *Focus on Patients: Quality Accounts* is a snapshot in time of our performance in terms of the quality of the healthcare provided on the Coast, how we are doing in terms of quality improvements, and how we monitor quality and safety. This publication shows our performance against Ministry of Health targets – whether we are meeting Government expectations and making significant progress in the targets we did not achieve. But it also tells the stories of our patients, including some in their own words. Have we met or exceeded their expectations, where could we have done better?

Once again we have looked at how our quality initiatives are aligned to the Health Quality & Safety Commission (HQSC) quality objectives, and the stories in these pages record 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
- To provide learning and development opportunities for current and future staff.

We achieve these objectives by working together as a health system. Every Coaster can have an expectation that we will be continually striving towards these objectives. And they have their own part to play by being engaged in their own healthcare, 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.

David Meates
Chief Executive, West Coast DHB

Stella Ward
Chair, West Coast Clinical Board



Health services took part in the West Coast Agfest 2016 held in Hokitika, with many positive outcomes. Over the event's two days, 100 flu vaccinations were given to 64 men and 36 women, four of whom identified as Māori, eight as Pacific Islanders, and 38 of whom were having a flu vaccination for the first time. Also, 83 health checks were completed for 60 men and 24 women, which resulted in eight people being referred to a GP, two people supported to enrol with a medical practice, and nine people were given brief advice about smoking cessation support.



Medical Lab Technician Anthea Andrew uses a Coagucheck test on a patient.

Coaguchecks save time for patients

“Coagucheck” devices designed to provide some lab test results at the bedside have been introduced throughout the West Coast.

DHB Lab Manager Eileen Chappell says the device goes to the patient instead of the patients needing to visit the lab in Grey Base Hospital.

“These devices measure an INR which is the test required regularly by patients on Warfarin treatment. Previously patients had to have a blood test, samples had to be sent

to Grey Base for analysis, and depending on where you lived it could mean the result was not available until the following day,” Eileen says.

“The flow-on effect for patients was that a clinic would have to contact them the following day to make any alterations to Warfarin medication.”

The test is now performed by finger prick and the patient and clinician or nurse has the result within seconds. Dosage is altered there and then, saving time for patients and the health system. The finger prick also works better for many patients who find the



blood tests difficult.

“The laboratory at Grey Base Hospital uses this device for our regular patients and it is taken into the community, including rest homes and to home visits.”

Training is provided to rural nurse specialists who learn how to collect good quality samples and perform routine quality control on the device.



For more information about Coagucheck devices, contact Lab Manager Eileen Chappell eileen.chappell@westcoastdhb.health.nz

Better life without smoking

Story written by Grey Valley resident
Alana Tait

My partner Bryan and I are happy to gloat about successfully quitting smoking.

We live pretty remotely in the country with my partner managing a 700 cow farm on the West Coast, we have a 11-month old baby and another baby due in a few weeks, life can get pretty stressful. (Editor's note: Since this photo was taken, Tipene Edmonds joined the family in early August).

The way our smoke-free journey started was simple. A nurse at the hospital emergency department asked me if I wanted to quit smoking and I said yes. Simple. Here we are three months later, smoke-free, happier, healthier, richer.

We had a lot of reasons to give up smoking. Our main reasons were for our babies, the cost was just getting ridiculous and it's just not sociable anymore, so we had no reason to be smoking.

It was hard at times to break the habit but I believe with the help and support of Jeanette (smoke-free lady) and the rewards incentive with food vouchers or fuel vouchers it makes it a lot easier.

Having the support of my partner quitting with me was great and we used the lozenges a



i Smoking cessation services on the Coast are available through the DHB at Westport (03 788 9238) and Greymouth (03 769 7488), Community and Public Health in Greymouth (03 768 1160), or ask about Coast Quit at your local medical centre/health clinic. Also inquire about the rewards programme to encourage pregnant smokers to quit, including fuel and supermarket vouchers.

HAPPIER FAMILY:
Bryan Edmonds, baby Rawiri and Alana Tait.

lot throughout the process. I would recommend seeking help from the quit smoking team and having as much positive support as possible as the key.

The benefits of giving up smoking were way more than we



expected. We are less tired and have a lot more energy than we used to, we are saving \$250+ a fortnight by not smoking, we do spend a little bit more on food but it's so much better plus that's what the vouchers are there for!

We have to set an example to our

kids so they can grow up healthy and strong and live to see their grandchildren as we hope now to do after giving up.

Bryan is of Māori descent and knows all too well the statistics, and did not want to be part of those statistics. For this he can be proud, because the percentage of Māori that smoke is huge!

We always thought that smoking was a stress release for us but we worked out after giving up that it was causing stress on its own, trying to find time to go outside for a smoke or driving into town to get a packet of smokes.

Life is so much better; words cannot explain the relief that comes with quitting the habit.

New endoscopy tower improves view

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

The equipment replaces technology that was about eight years old. It is used to visualise areas of the stomach and bowel to look for potential health problems

Grey Base Hospital Theatre Nurse Manager Wendy Stuart says along with the new endoscopy tower, a new gastroscope and colonoscope have been obtained, and further scopes will be ordered annually, as older technology is retired.

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



lifespan of between five and eight years," Wendy says.

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

On the days when these colonoscopy and gastroscopy procedures are arranged, it is important that people attend their appointments. If patients cannot attend, it is preferable that they let the hospital know (03 769 7400) several days beforehand, so another patient might be able to use that appointment time. As much notice as possible is helpful as our patients are required to prepare for procedures with a special diet and medication in advance.

People who are diagnosed with bowel cancer, and receive treatment when it is at an early stage, have a 90 percent chance of long-term survival. If there is a delay in diagnosis and treatment, and the cancer may become more advanced, it is harder to cure. This is where the

new DHB equipment comes in as it provides better tools to detect the likes of bowel cancer early on.

Common signs and symptoms of bowel cancer include:

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

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

i For more information, contact Theatre Nurse Manager Wendy Stuart
wendy.stuart@westcoastdhb.health.nz

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



Auditing safe sleep practices of infants

South Island DHBs have adopted a Safe Sleep Policy for infants from birth to six months and the West Coast DHB is leading the way.

The most common cause of death in the first year of life is Sudden Unexpected Death in Infancy (SUDI). Implementation of safer sleeping practices has reduced New Zealand infant deaths from 200 to approximately 40 per year. However suffocation remains the most common cause of unintentional injury death in the first year of life and is a major contributor to SUDI.

The peak age of death is in the second month of life. Infants living in deprived circumstances are 8.5 times more likely to die of SUDI than infants living in the least deprived settings. Māori infants are five times more likely to die of SUDI than those of other ethnicities.

The West Coast DHB is talking



The West Coast DHB is providing advice to new parents about safe sleeping practices.

to the families of our littles and providing information that highlights the best safe sleeping practices. These are outlined in the brochure “Keep Your Baby Safe during Sleep”.

The Policy includes auditing



between five and 10 infants every three months in both maternity and paediatric units; ensuring all relevant documentation is current; and staff are well trained about measures to make every sleep a safe sleep.

Some of these include making sure the baby is in their own bed for every sleep (and close to parents/caregivers at night); making sure baby is on their back for every sleep; keeping baby smokefree; breastfeeding; and immunising on time.

The DHB places little cards about safe sleep practices on the side of each baby's cot; provides smoking cessation advice; provides breastfeeding support; discusses safe beds and pepi pods; and the audit makes sure women are well-informed and there's consistency in their understanding of messages.

The West Coast DHB was the first South Island DHB to complete its first three-month audit of the policy's implementation. Enrolled nurse Janette Greaney has been appointed safe sleep champion.

“It's a great way of checking that we are giving safe sleep a high priority and the staff are very supportive of these audits. One of the reasons it's working so well is that we've delegated someone to carry them out,” acting Clinical Midwifery Manager Linda Monk says.



To talk to someone about Safe Sleep, contact Midwifery Educator Linda Monk, linda.monk@westcoastdhb.health.nz

Theatre team improves communication

The West Coast DHB Theatre team has been working with the University of Auckland on a Health Quality and Safety Commission of New Zealand (HQSC) initiative to improve communication in the operating theatres.

Theatre Nurse Manager Wendy Stuart says the programme has been rolled out for operating theatres following a workshop attended by the entire team, including on-site surgeons, anaesthetists, nursing staff and anaesthetic technicians.

“It is an enhancement of the World Health Organisation's Surgical Safety Checklist with a focus on communication. All staff who attended have been extremely positive and we are now entering the audit phase to ensure our practice is acceptable and meeting the expectations of HQSC,” Wendy says.

The team was also preparing to move to the next phase which encompasses using a briefing and debriefing session at the beginning and end of each operating day.

“The goal is to improve outcomes for our patients, and the more we are communicating, that better those outcomes will be,” Wendy says.



For more information, contact Theatre Nurse Manager Wendy Stuart wendy.stuart@westcoastdhb.health.nz

Health Disability Action Plan launched

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

Canterbury and West Coast District Health Boards Chief Executive David Meates says the plan has been developed over the past year in consultation with groups that support and advocate for people with disabilities.

That consultation helped define priority actions for the coming year, and for over the next decade.

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

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

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

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



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

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

the increase, the rate of disability is expected to rise too.

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

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

“I would say the health system is well on the way to delivering that,

but it is excellent it has a plan to make sure people are not in any way discriminated against or made to feel embarrassed or humiliated in needing help,” Margaret says.



To download a copy of the action plan, visit the DHB website (www.wcdhb.health.nz) and search for Health Disability Action Plan or pick up a printed copy from around the DHB's facilities.



Margaret Woollett shares her views of the health system.

New focus on family health

Two new Poutini Waiora employees have the health of mums, babies, children and wider whānau on their “to do” list, and they are very keen to make a difference.

Gemma Rae has just been appointed Mama and Pepi Kaimahi (worker) and Cody Frewin appointed Tamariki Ora nurse, and they say the roles will very much complement each other.

“We’re very much working under Te Whare Tapa Wha – the four pillars of health – mental, physical, spiritual and family health. I’m there to do Well Child checks, but I don’t go in just with these eyes on. And quite often Gemma will be there with me working with mum, dad, nan and others so they can support the relationship between mama and pepi (mother and child),” Cody says.

Gemma is of Ngāti Whatua descent and was born on the Coast. She has been recently working with the Mana Tamariki Mokopuna (MTM) project with 67 young mums, many of whom don’t have their own mothers or other support. She is able to answer many of the questions that come up for young mums, particularly as she has personal experience with five of her



own children. “Before I started as the MTM coordinator, I was one of these mums. It’s hard enough when you do have

family here. But often these mums want to be able to ask someone things like: ‘is it normal for my baby to cry for hours on end’, and ‘who will show me how to breastfeed because I’m struggling.’

Cody was born in Whakatane but her great great grandparents were from Waimangaroa. Both women feel a real connection to the Coast.

Cody’s last role was district nursing and home based support for the DHB in Buller. She is still based in Westport, and loves the outdoors. Her past lives include a science degree, working as a probation officer, working for the Department of Conservation, as well as in maternity and mental health.

The women will range from Karamea to Haast, and that entails working collegially with other agencies, in the same way Māori health provider Poutini



Cody Frewin and Gemma Rae are keen to make a difference.

Waiora works, Te Kaihautu (Chief Executive) Carl Hutchby says.

“Poutini Waiora provides services under the korowai (mantle) of Whānau Ora, and works collaboratively and in partnership with the West Coast DHB and other government departments and non-government organisations.”

Very important to Poutini Waiora is working with iwi in their

own homes.

“It’s such a privilege to be welcomed into somebody’s home. You don’t take it lightly,” Cody says.

“Quite often they’ll get their information from other young mums, and sometimes they don’t know what they don’t know! When Cody and I visit, it’s a chance to talk to them about the things they can do to stay well, how to access

services and what is available,” Gemma adds.

Clients can self-refer, or get in touch through their GP or midwives.



To get in touch directly, contact Gemma or Cody at Poutini Waiora 03 755 6572

IV fluid storage and ordering reorganised

A hospital pharmacy initiative which involves orderlies, stores, nurses and pharmacy staff is improving efficiencies around the ordering and storage of IV fluids.

Pharmacy Manager Mohamed Osman says the previous system used up a large amount of storage space and required too much manual handling – about an eight step system. Stock was also being left unattended in a potentially hazardous area (transit bay).

“It’s particularly important as we will be moving to the new facility and our floor area is about half the size, so we needed to be looking at ways to be more efficient with our space,” Osman says.

Objectives were to:

- Save time
- Save space
- Increase safety
- Eliminate hazardous risks
- Increase efficiency
- Decrease resources required


The new system has fulfilled these objectives, saving about 70 hours previously dedicated to ferrying stock, and ensuring that IV fluids can be ordered online.

Orders are now able to be made in smaller amounts, as larger quantities don’t need to be kept on site.

“With the help of staff across the hospital, we’ve achieved real efficiencies, saved time and money

and eliminated risks. It’s been a really useful initiative and we have managed to save 25m² of pharmacy storage, which will be hugely significant in the new hospital,” Osman says.



 For more information, contact West Coast DHB Pharmacy Manager, mohamed.osman@westcoastdhb.health.nz



Sorting out storage woes

An Allied Health project to clear and sort storage areas has resulted in much easier access to equipment that works.

Occupational Therapist Tara Jopson says there were a number of issues with the storage, including that it was housed in multiple locations on different levels of the Grey Base Hospital; that there were large amounts of excess and broken equipment taking up space; and that it was difficult to find and access equipment quickly.



An Allied Health team set to work and removed the equivalent of three skip-loads of furniture, equipment,

toys and rubbish and one skip-load of metal.

Items were donated to local charities and schools, others sold or recycled. Only 20% of items needed to be consigned to landfill and more than 50 pieces of equipment were written off.

Simultaneously, the team has

begun a review of current and required stock, aiming to meet patient needs while choosing equipment with reduced maintenance cost.

Future plans include creating one level access storage space for all Allied Health, with essential and working equipment stored in an easily accessible and sorted manner.



For more information, contact Occupational Therapist Tara Jopson, tara.jopson@westcoastdhb.health.nz

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DHB a finalist in Leading Light Awards



This year the West Coast DHB entered the Development West Coast Leading Light Awards and was a finalist in the Not for Profit section.

Making the decision to enter was easy, according to Mark Newsome who was General Manager Grey / Westland at the time.

"The West Coast DHB plans, funds and delivers comprehensive health services to the 33,000 people on the West Coast, from Karamea to Haast, in conjunction with transalpine arrangements with the Canterbury DHB.

"Our passionate staff of about 1100 people work closely with other health providers and NGOs to ensure we are putting our patients at the centre of our care, encouraging innovation, and improving outcomes for particularly vulnerable Coasters.

"We are very proud of our achievements, particularly in the area of improvements to maternity services. We have innovative projects happening all the time and our staff are entirely dedicated to their work and their communities. Entering the awards was a chance for us to tell some of our own stories and applaud the hard work of our staff," Mr Newsome says.

The awards ceremony was held in October and the DHB offers its congratulations to the Old Ghost Road trail, a great little enterprise that took out the Not for Profit category.



For more information, contact, Senior Communications Advisor Lee Harris
lee.harris@westcoastdhb.health.nz



Midwifery Educator Linda Monk wearing the "red hat" and Theatre Nurse Manager Wendy Stuart.

Hat used to sort midwives in theatre

A simple red hat is now helping patient outcomes by simplifying the process of which midwife is in charge during theatre.

In February this year communication was hindered during an emergency Caesarean section as theatre staff were unclear who was the midwife in charge of the woman.

Often in a Caesarean section

operation there are two midwives, the birthing woman's Lead Midwifery Carer (LMC) and a core midwife. It can be hard to distinguish the core midwife from the rest of the staff in theatre. On this day the theatre staff asked the LMC if she had contacted the paediatrician and the LMC responded thinking the core midwife had done it. As time went on theatre staff became aware that they had been communicating with the wrong midwife and the



paediatrician was delayed. While for this case there was a good outcome, delayed communication could have impacted negatively as the baby needed resuscitation.

When the maternity team debriefed about the issue they were able to find a very simple solution. Red Hats in Theatre was born. The core midwife (who is responsible for the woman when she is in a DHB facility) wears a red theatre hat so she is easily detectable in

the theatre. Theatre staff know that the person wearing the red hat is the person they should be communicating with as the core midwife.

This simple but effective initiative is working very well to improve communication and ultimately provide safer care for mothers and babies in theatre.



For more information, contact Maternity Quality Safety Coordinator Vicki Piner, vicki.piner@westcoastdhb.health.nz

Falls Prevention Service initiated across the Coast



A Falls Prevention Community Service started in May aims to reduce falls in the community so West Coasters can maintain individual independence.

An initiative of the DHB's Complex Clinical Care Network (CCCN), the service's Clinical Lead is Celia Smith, who has a professional background as a physiotherapist and is based with the CCCN team in Buller Hospital.

People can be referred to the service through CCCN, and the criteria includes:

- Fear of falling



Celia Smith

- Increased falls
- Unsteady gait
- Loss of confidence
- Over 65 years old if NZ European

- Over 50 years old if Māori or Pacific Islander.

On receiving a referral, Celia makes an initial visit to assess the person's

needs and to develop an appropriate programme to improve strength and balance.

The CCCN is an integrated network that wraps care and services around the client and their family/whanau to support them to live well, stay well and get well. The aim of the CCCN restorative model of care is to maximise independence and function.

In addition to falls prevention, other clients who should be referred to the CCCN include:

- Anyone struggling to cope in their own home
- Anyone with an abrupt decline in function
- Frail elderly
- Those who are unsafe at home
- Those whose families are unable to support them.



For more information on CCCN, contact CCCN Manager Diane Brockbank, diane.brockbank@westcoastdhb.health.nz

New stop smoking service for Māori

Since mid-year, the Community and Public Health team has been delivering the new West Coast Stop Smoking Service replacing the existing Aukati KaiPaipa service for Māori.

West Coast Medical Officer of Health Dr Cheryl Brunton says the team was pleased to be working with Healthy West Coast Alliance partners to provide the new smoking cessation model to meet the needs of all smokers in the West Coast District.

“The new service provides an opportunity to have a more integrated, coordinated and cohesive stop smoking service for the West Coast. The model has a patient-centred approach aimed to get the best cessation outcomes for the individual,” Dr Brunton says.

Key partners are Poutini Waiora, West Coast DHB and the West Coast PHO, all members of the Healthy West Coast governance group.

Dr Brunton says the new service is more flexible, aimed at meeting individual needs and circumstances and recognising that not one size fits all. The free service includes free nicotine replacement therapy (NRT), along with a mixture of face-to-face and other support such as group sessions.

The new Stop Smoking Service is available for all people who want help to quit but with a priority on increased access for Māori, Pacific and pregnant women.

Other West Coast services which offer smoking cessation advice are continuing.



For referrals and more information, please contact 0800 456 121



In an average week on the West Coast



+ represents the 2014 calendar year. All other figures are for the 2014/15 financial year and are based on the DHB's Annual Report.
* includes telephone consultations.

Patient feedback changes breast cancer pathways



The cancer nurse coordinator role is all about quality improvement for patients who receive a diagnosis of cancer.

During the past couple of years, Cancer Nurse Coordinator Andrea Reilly has been a conduit between primary, secondary, and tertiary



Susan tells her story in her own words on a video available on the West Coast DHB website.

cancer services on behalf of the patient and clinicians. One example of Andrea's work was initiated by Westport breast

cancer patient Susan Dobson. Susan questioned some of the avoidable delays in getting her treatment underway. Andrea

started looking into the current Breast Symptoms clinical pathway in HealthPathways. HealthPathways (West Coast) provides general practice teams with information to consistently assess and manage medical conditions, as well as the criteria for requesting health services in the West Coast DHB. The clinical pathways are developed and agreed by general practitioners, hospital clinicians, and a wide range of other health professionals involved in the care of West Coast patients. As a result, changes were made to the breast symptoms pathway, including:

- Mammograms can now be ordered by GPs

- Patients can get results from their GP
 - Increased support and information provided to patient early.
- As a result, these are the outcomes of those changes:
- A general surgeon appointment not required
 - Reducing time until treatment starts
 - Reducing anxiety for the patient.



For more information, get in touch with Cancer Nurse Coordinator Andrea Reilly, andrea.reilly@westcoastdhb.health.nz

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Improved quality, safety and experience of care

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Fletcher Engineer Sam O'Donnell and Health & Safety Advisor Bernadette Olsen check steel cages lined up on the new Grey Health facilities site.

West Coast facilities developments underway



Building is well underway in Greymouth and decisions about Buller's new health facilities are now much closer.

Over the past few years the West Coast DHB, together with the Ministry of Health and the West Coast Hospital Redevelopment Partnership Group, has put in a significant amount of work to bring these facilities to life. The Minister of Health announced in May 2016 an additional \$9.7 million for the new Grey facilities, taking the Grey redevelopment budget to \$77.8 million.

This funding ensures that service and design requirements for the new health centre remain unchanged, following extensive engagement with a wide range of people. The engagement included nurses, doctors, allied health professionals, our dedicated maintenance staff, administrators, managers and our transalpine partners in Canterbury, to design the new facility.

The facility development in Greymouth reached a remarkable milestone when Fletcher Construction Company started on site in May 2016.

The facility will be fit for

purpose and built next to the existing site, which will provide the community with a quality health centre for both primary and secondary care. The design enables delivery of the new model of care which the DHB has been progressing. It also means more flexible ways of working to deliver integrated health services in an efficient way.

The 8500 square metre facility includes 56 in-patient beds, three operating theatres, an integrated family health centre to provide primary care, and outpatient services.

Other clinical services include urgent care, 24/7 emergency department, critical care unit, paediatric and maternity services as well as planned and acute medical and surgical services and older persons' health including assessment, treatment and rehabilitation services.

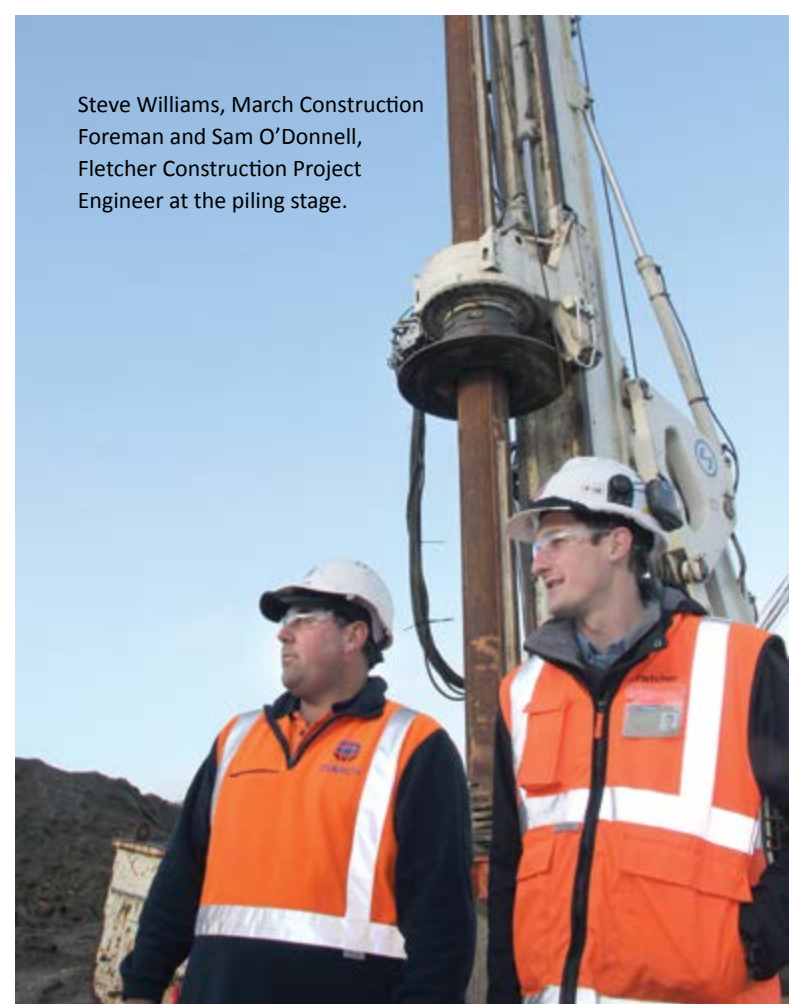
The existing Grey Base Hospital on site will remain fully operational until completion of the new facility, expected to be in 2018.

For Buller, the Minister of Health and the Minister of Finance have approved the Buller Integrated Family Health Centre [IFHC] redevelopment moving forward. The agreed scope budget remains \$8.1 million.

The West Coast Hospital Redevelopment Partnership Group are now providing project governance to oversee the Buller development alongside the Grey project. The Hospital Redevelopment Partnership Group recommended that a joint Ministry of Health project team and West Coast DHB project team work together on a number of steps which are required to progress the Buller IFHC. This work is currently underway and the team is committed to bringing the Buller IFHC to life.



For more information, contact Facilities Coordinator Karen Robb, karen.rob@westcoastdhb.health.nz



Steve Williams, March Construction Foreman and Sam O'Donnell, Fletcher Construction Project Engineer at the piling stage.



An early view of the site being cleared.

Photo: Stu Drake, Garden City Helicopters Ltd



Fletcher Construction General Manager Greg Pritchard, Hospital Redevelopment Partnership Group Chair Cathy Cooney and West Coast District Health Board Chair Peter Ballantyne on site at the end of May before clearing started.



A daily sight over the first few months of building the new Grey Health facilities - digger at work.



The building site from above.

Photo: Stu Drake, Garden City Helicopters Ltd



Steve Williams, March Construction Foreman and Sam O'Donnell, Fletcher Construction Project Engineer with one of the piling casings.



Workers building the fence around the site.



The first diggings on the new Grey Health facilities site.

Quality initiative saves space and time

A major reshuffle, a lot of thinking, some brawn, and a few new shelves are making all the difference to district and community nursing staff in Buller.

Registered nurse Diane Longstaff works in the community on a daily basis as a district nurse. When she's at her home base at Buller Health, space can be pretty tight. Recently Diane had a bit of reflection time at the end of a late shift, and came up with a "lean thinking" project to reorganise storage spaces.

Four Buller Health rooms have now been repurposed, the first specially designated for a flexi-office that can be used for consults and has a whiteboard booking system for all clinical nurse specialists and district nurses.

The current clinic room is being freshened up, with a new drugs safe installed in a location easier for staff to access, and enough shelf space to enable nurses to access supplies without having to leave a patient alone in the room.

The small storeroom has been repurposed by rearranging shelving and shifting a large bench out of



another room, so it can be used for kit preparation and dressing supplies.

And the big storeroom has also had a reshuffle, with shelves repurposed from elsewhere so all the continence products are available in one place, along with storage space for cardiac respiratory nurse specialists, diabetes nurse specialists and public health nurses. There's even some room for Home Based Support Service files.

Diane says she wanted to have the limited storage spaces functioning better, for all the different teams using them.

"It seems to be working much better, and staff have been saying how much they appreciate it. There's been a lot of hard work, and we've had great help from the maintenance team," she says.



For more information, contact Buller district nurse Diane Longstaff, diane.longstaff@westcoastdhb.health.nz



Diane Longstaff

Patient warmth contributes to healing

Grey Base Theatre staff have been putting new emphasis on keeping patients warm for their peri-operative experience, with improved outcomes.



Theatre Nurse Manager Wendy Stuart says an audit of patient temperatures pre-operatively, intra-operatively and post-operatively showed that some patients were arriving to theatre for surgery in a hypothermic state, and experiencing hypothermia intra-operatively.

"Vast amounts of research have shown that patients who are hypothermic do not do so well post operatively in regards to wound healing, and experience cardiac and coagulation complications. It seems some patients were cold from their travel to the hospital and arriving in a hypothermic state. After the purchase of under-patient heating devices (similar to electric blankets) we have been able to reduce the occurrence of intra-operative hypothermia, thus improving patient care."



For more information, contact Theatre Nurse Manager Wendy Stuart, wendy.stuart@westcoastdhb.health.nz



New interactive hospital dashboards available

Collaboration with Canterbury DHB's decision support has enabled new data tools for hospital service managers on the West Coast.



The series includes a dashboard each for inpatients and emergency activity, as well as hospital capacity viewable at a glance in a bar chart format and an image showing where patients are in the ED.

Planning and Funding Team

Leader Phil Wheble says feedback so far has been positive with the tool giving "very convenient" access to data and enabling integrated planning.

"It has merged many reports into one, without having to load individual reports. It also is highly interactive, allowing you to filter, sort and delve into the data at the click of a button. This saves a lot of time, makes it much easier to visually see trends, is self-servicing

"... [it] saves a lot of time...is self-servicing with the user in control, and means trends and relationships can be compared with one easy click..."

with the user in control, and means trends and relationships can be compared with one easy click," he says.

The DHB will increase the use of such dashboards, eventually displaying them on large screens throughout the new hospital.



For more information, contact Interim General Manager Grey/Westland Phil Wheble, philip.wheble@westcoastdhb.health.nz

Profile provides planning tool

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

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

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

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

Buller Interagency Forum Chair



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

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

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

“The Profile confirms the reality of our challenges, and provides us with information that will help us plan for the future together more strategically. We all want a brighter future for our residents. We now have a benchmark and can work with Government and non-Government



The Buller Community Profile was launched earlier this year.

agencies to enhance services.”

The agencies involved have now started to work on actions identified as a result of the plan being published.



For more information, contact Kathleen Gavigan General Manager Buller, kathleen.gavigan@westcoastdhb.health.nz

Fracture follow-up clinics improve patient waiting times



A trial follow-up clinic of booked appointments for patients with simple fractures who do not need operations has been reducing patient waiting times significantly.

Nearly all simple fractures managed conservatively (without an operation) require regular follow-up for the first one to two months following injury. The Grey Base Emergency Department has long provided the follow-up on a walk-in basis, often involving long waits for the patient.

Earlier this year weekly clinics with rural hospital medicine specialists were instigated, and have now diverted over 250 patients from the acute emergency department, saving unnecessary triage, (reducing nursing workload) and reducing waiting times.

Rural Hospital Medicine Specialist Dr Andrew Laurenson says the clinic has been so successful it has now been extended to a second weekday when clinic space permits and there is scope to expand the patient groups seen to include follow-up for other conditions.



Clinical Nurse Specialist Leanne Chinery (left) and Rural Hospital Medicine Specialist Dr Andrew Laurenson with patient Lynne Cannon in a Grey Hospital follow-up clinic.



For more information, contact Grey Hospital Operations Manager Hamish Brown, hamish.brown@westcoastdhb.health.nz

KEY AIMS:



Best value from public health system resources



Improved health and equity for all populations



Improved quality, safety and experience of care



To provide learning and development opportunities for current and future staff



Projects work on preventing healthcare-associated infections

Admission to hospital exposes patients to potential harm through healthcare-associated infection, and the West Coast DHB is committed to minimising this risk through three specific projects.

Clinical Nurse Specialist Infection Prevention and Control Julie Ritchie

says safe hand hygiene practices significantly reduce the risk of infection. These practices include frequent hand hygiene observation and audit, maintaining the DHB's hand hygiene quality plan, and encouraging charge nurse managers to champion hand hygiene along with frontline ownership.

Patients are at risk through the use of a central line (a catheter inserted into the arm), which introduces a potential track for infection: central-line-associated bacteraemia (CLAB). Practices are in place to minimise this risk both at insertion and during ongoing use, with processes audited continuously.

Reporting and feedback of performance results has been a useful tool to drive improvement.



Individual DHB Report - West Coast

	Number of procedures	Number of SSI	Primary procedures	Prophylaxis "On time"	%	Cephazolin or Cefuroxime as prophylaxis	Correct dose	%	Alcohol based skin preparation	%
Surgeon 1	2	0	2	2	100	2	2	100	2	100
Surgeon 2	11	0	11	11	100	11	11	100	11	100
Surgeon 3	2	0	2	2	100	2	2	100	2	100
Surgeon 4	2	0	2	2	100	2	2	100	2	100
Surgeon 5	1	0	1	1	100	1	1	100	1	100
Surgeon 6	4	0	4	4	100	4	4	100	4	100
Total	22	0	22	22	100	22	22	100	22	100

National Orthopaedic Report January - March 2016

Table showing DHB performance related to reducing surgical site infections in orthopaedic surgery

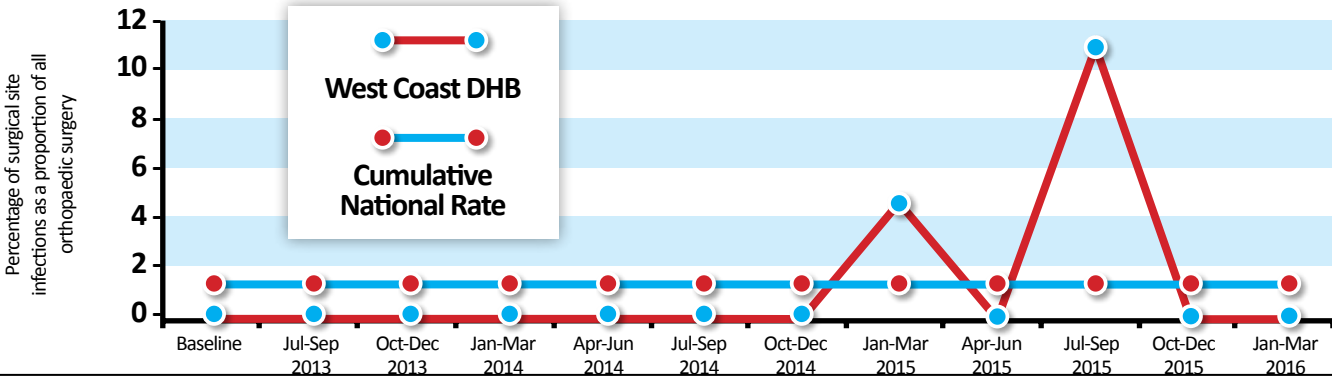
The national Surgical Site Infection Improvement Programme provides DHBs with guidance on how to reduce surgical site infections (SSI) risk for patients. It does this via a bundle of clinical practice interventions including antibiotic prophylaxis (right antibiotic, dose and time), correct skin

preparation, and clipping (not shaving) the surgical site. West Coast DHB, along with all DHBs nationally, has also implemented the Surgical Site Infection Improvement Programme's standardised approach for collecting and reporting data about SSIs in orthopaedic surgery.

i For more information, contact Clinical Nurse Specialist Julie Ritchie, julie.ritchie@westcoastdhb.health.nz

Rate over time 2013-2016

The graph at right shows the West Coast DHB's SSI rates since early 2013. The spikes in infections for the West Coast DHB equates to five infections in total for the entire period on the graph.



West Coast palliative care study shows promising results

A study to evaluate the current specialist palliative care service has shown promising results for informing future service development on the West Coast.

In 2010, the West Coast District Health Board identified the need for more targeted palliative

care education, strengthening and formalising relationships with neighbouring regions, creating an after-hours service, ensuring sustainability and contact with palliative medicine specialists.

This year's study by Dr Amanda Landers, Palliative Care Physician, Nurse Maude Hospice Palliative Care Service, and Danielle Smith, Health Navigator, West Coast Primary Health Organisation, was undertaken to check how the

services were going. A survey questionnaire was filled in by 146 nurses, medical practitioners, pharmacists, and allied health practitioners employed in a variety of workplaces including primary care, aged residential care, acute services and private practice.

The results showed the specialist palliative care team were easy to access. Perceived issues centred around lack of communication, too much emphasis on the biomedical model and the need for more education targeted at families.

"Recent innovations such as regular multidisciplinary team meetings have strengthened the current service, however focusing on the issues highlighted by this survey will improve equity of access in a co-ordinated and culturally appropriate manner," Dr Landers says.

Dr Landers intends to finalise an article about the study and submit it for publication in a relevant health journal.



i For more information, contact Clinical Nurse Specialists Palliative Care Sandy Hartwig sandra.hartwig@westcoastdhb.health.nz or Alison Stewart alison.stewart@westcoastdhb.health.nz

Plunket provides free parenting and pregnancy education

First-time parents are now encouraged to sign up for Plunket's free Pregnancy and Parenting Education as soon as their pregnancy is confirmed.

From 1 January 2016 Plunket

has been delivering free district health board-funded pregnancy and parenting education on the West Coast.

Plunket won the contract for the West Coast to develop a range of course delivery options to meet the diverse needs of expectant parents. In line with the Ministry of Health specifications, they are



particularly focused on reaching first-time parents, those living in remote areas, Māori, Pacific, Asian parents, parents under 24 years, and those with limited comprehension of the English language.

The new services place more emphasis on how parents can keep healthy during pregnancy and

support through to six weeks after the baby is born.

Plunket is continuing to improve access to education for parents through the use of technology. It provides online access to pregnancy related information, and booking option. There are plans to offer online education programmes for more remote areas in the future,

which will help increase access to pregnancy and parenting education.



For more information or to book a class with Plunket, visit the website plunketppe.org.nz or ring 0800 291 658.

New virtual service helps South Westland

A new service offering greater access to booking general practice appointments in South Westland was trialled successfully and has now been embedded after issues have been ironed out.

In the past, people have sometimes struggled to contact services in South Westland to book appointments at a time convenient for them. South Westland area staff receive thousands of phone calls a year, and sometimes have to deal with multiple callouts at night and on during the weekend, for health matters that are non-urgent. The sole Rural Nurse Specialists had also found it difficult to focus on patients when the phone rings constantly.

The West Coast District Health Board has now contracted tele-triage services provider Homecare Medical to provide support for patients and staff, Interim General Manager Grey/Westland Philip Wheble says. Homecare Medical is a New Zealand company with hubs in Dunedin, Christchurch, Wellington and Auckland.

"The Homecare Medical virtual medical receptionist phone service means greater access for our community to book appointments, and reduced after-hours burden on our staff," Philip says.

Homecare Medical registered nurses continue to provide support outside those hours and, when appropriate, transfer the call through to one of our South Westland nurses.

"Of course people continue to ring 111 if they have a medical emergency," he says.



For more information, contact Interim General Manager Grey / Westland Philip Wheble, philip.wheble@westcoastdhb.health.nz



DHB supports studying Māori health workers

Māori health workers from a variety of West Coast health organisations were recently supported by the West Coast DHB / Health Workforce NZ Hauora Māori fund to undertake training through the Tipu Ora programme.

The programme enables participants to upskill in their areas of work, and eight West Coast participants gained the Certificate in Hauora Māori formal qualification, with two participants completing the Level 6 Diploma in Hauora Māori.

"Enrolling in this programme showed a real commitment from the participants to gain a qualification that enhances their work for Māori and opens up pathways into different aspects of hauora in specialised areas such as social work, mental health, community and social services," DHB General Manager Māori Health Gary Coghlan says.

"I commend all the graduates. This strengthens our West Coast workforce capabilities and I have no doubt it will reflect in improved health and other measures for Māori."



For more information, contact General Manager Māori Health Gary Coghlan, gary.coghlan@westcoastdhb.health.nz



Māori Mental Health Pukenga Tiaki Sunny Panapa at Rehua Marae in Otautahi graduating with a 2016 Diploma in Hauora Māori.

Staff collaborate to improve patient pressure injuries

A multi-disciplinary project based on avoiding pressure injuries is indeed seeing improved outcomes for patients over several months.

Bringing together occupational therapy, physiotherapy, nursing and dietetics, the Pressure Cares project team has been successfully introducing education, equipment, and clear, accessible policies and procedures.

One outcome was a report about the state of the DHB's



mattresses, using new asset management software designed by Arjo-Huntleigh to check three key aspects of the DHB's mattresses; Age, Foam Condition, Cover Condition e.g. delamination, rips and staining.

The quality initiative recommends a replacement regime over five years, which will ensure patient comfort and prevent pressure areas.

"It's a thorough report which gives us a really good base for

forward-planning replacements. These staff completed this audit and report over and above their normal workload. It shows how staff working across disciplines and regions can work together to produce professional material," Nurse Manager Clinical Services Julie Lucas says.

The baseline information would also save a huge amount of time in terms of future audits.

One of the key organisers behind the report, Occupational Therapist Tara Jopson, says the audit is part of the bigger pressure care project

taking place DHB-wide.

"Since the beginning of this project we have seen an increased awareness of pressure care needs on wards. As a result, there have been positive patient outcomes - earlier identification and prevention of pressure injuries especially for high risk patients," Tara says.



For more information, contact Occupational Therapist Tara Jopson, tara.jopson@westcoastdhb.health.nz

KEY AIMS:

Best value from public health system resources



Improved health and equity for all populations



Improved quality, safety and experience of care



To provide learning and development opportunities for current and future staff



Assistance provided for eligible patients to access services

The West Coast DHB spends some \$1.3million annually to assist eligible people with transport and accommodation costs under the National Travel Assistance (NTA) scheme.

While not necessarily covering all costs of travel and accommodation that patients may incur, it nevertheless provides a considerable help to many of our resident population who meet the national eligibility criteria for NTA assistance in the face of additional costs of accessing services they are referred on to by DHB Specialists for further ongoing care.

There are a range of community-based transport initiatives that now operate within the West Coast region to directly help support patient access to services.

Buller Red Cross set up a community health shuttle service between Westport and Greymouth in October 2012 with financial support from West Coast DHB towards its running costs. This is run on a regular basis by Red Cross volunteers, with booking coordinated by Buller REAP.

The Buller Red Cross shuttle service is free of charge to patients, although donations to Red Cross are always welcome. It is well embedded and enjoys good



patronage. There remains capacity for the service to transport more people to appointments at Grey – contact Buller REAP on (03) 789 7659.

In the Grey district, St John also launched a free community health shuttle, which began in mid-2015 to assist people in Greymouth and surrounding areas up the lower Grey Valley who are struggling to get to health appointments.

West Coast DHB also worked with St John to set up a

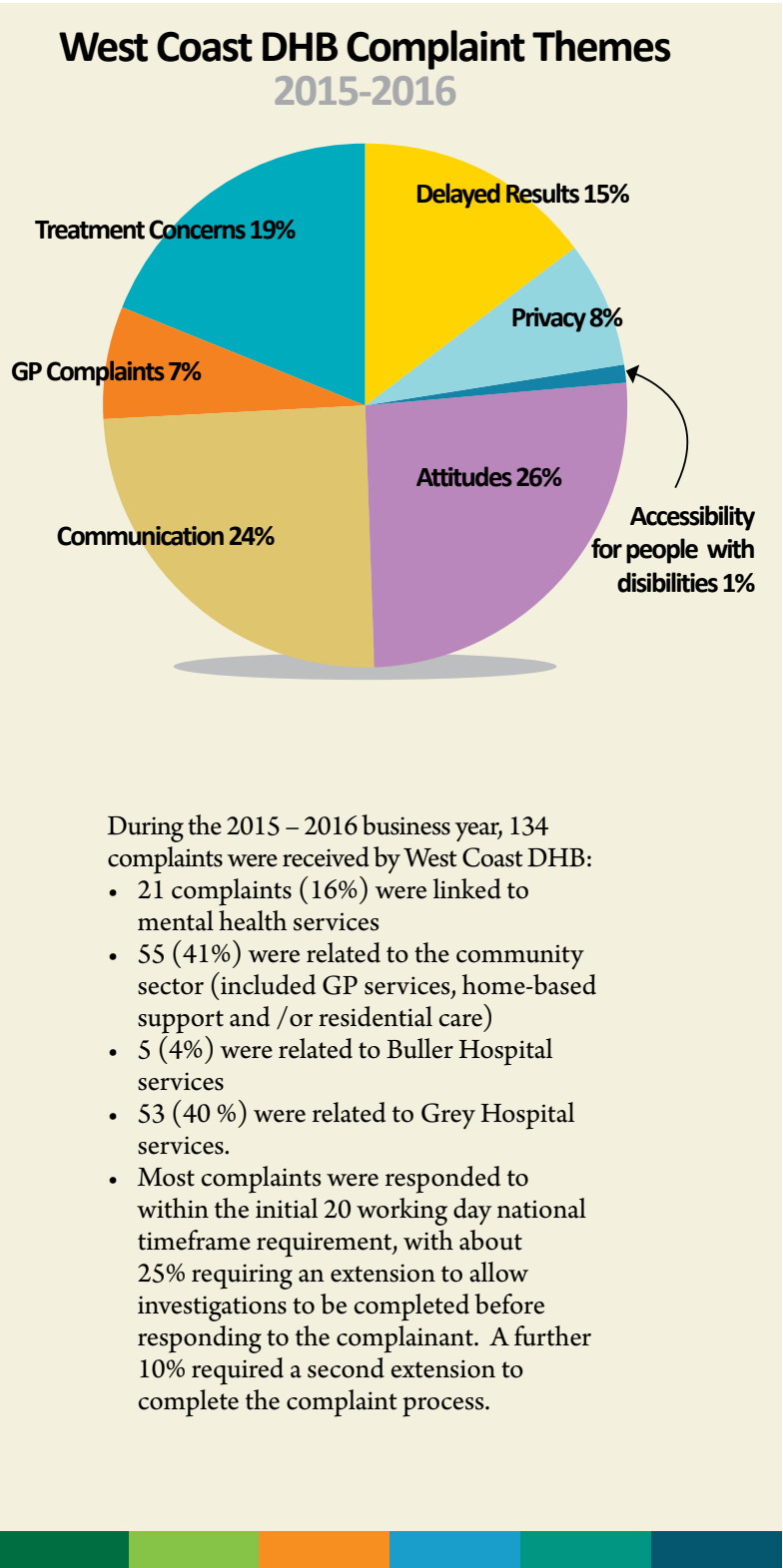
regularly scheduled non-acute patient ambulance transport to Christchurch. This new service arrangement has helped immensely in terms of rostering St John and DHB staff on duty for our non-emergency patient transfers; assisting with planned repatriation of patients discharged from Christchurch back to Grey Base Hospital; and in reducing the overall number of ambulances transfers having to be made on a daily basis from previous patterns.

Inter-hospital ambulance transfers funded by West Coast

DHB – both by road and by air ambulance – continue to be used widely for transfer of acute cases needing to be treated at tertiary care facilities in Canterbury and elsewhere around New Zealand.

 For more information, contact Peter McIntosh, Planning & Research Officer, West Coast DHB peter.mcintosh@westcoastdhb.health.nz

DHB complaints tallied



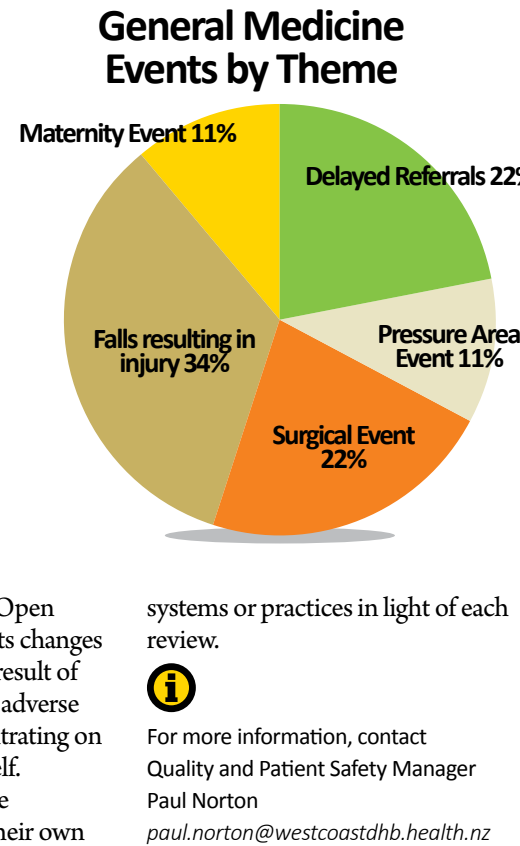
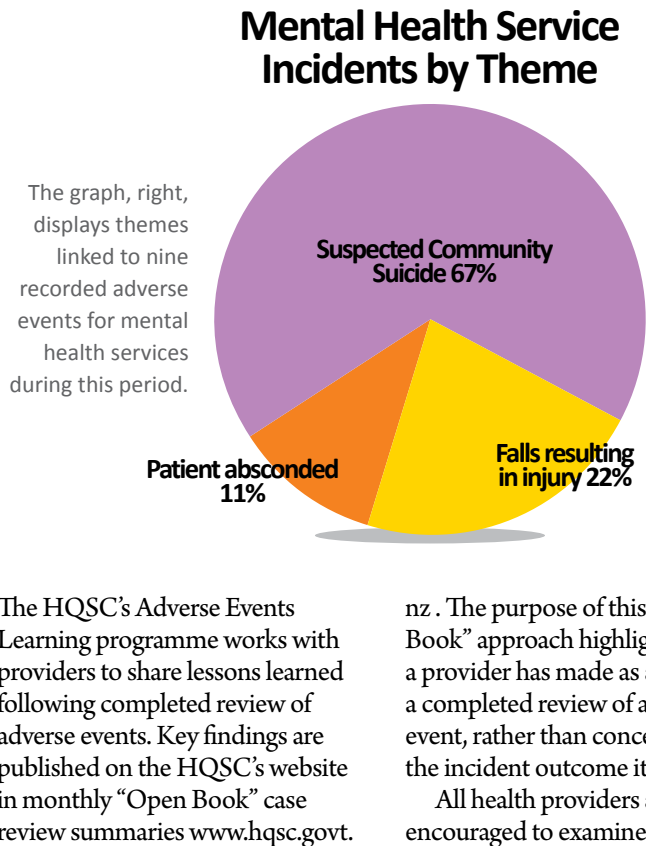
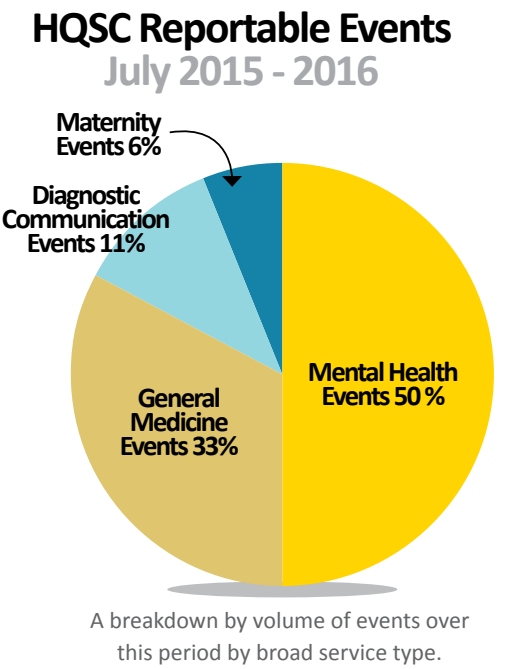
An adverse event is defined in health as an event which:

- Requires significant additional treatment, or
- Is life-threatening, or
- Has led to an unexpected death, or
- Has led to a major loss of function.

All district health board providers are required to undertake reviews of such events as and when they occur and report outcome findings to the Health Quality & Safety Commission (HQSC).

Adverse event reports comprise all incidents both inside and outside a hospital setting within the DHB service area of responsibility and accountability. This is an important step towards integrating the wider health and disability sector into the HQSC's programme to prevent harm, learn from adverse events and promote best practice among clinicians.

For the West Coast DHB in the year to the end of June 2016, 19 individual reportable adverse clinical events were recorded. All of these events required reporting to the Health Quality Safety Commission and subsequently the DHB undertook internal reviews to examine potential causes or contributing factors.



New home for cervical screening clinic

A joint venture between the West Coast’s Cervical Cancer Screening Service and Olsen’s Pharmacy resulted in a new permanent clinic room for Cervical Cancer Screening Services within the pharmacy complex.

Former West Coast DHB General Manager Grey/ Westland Mark Newsome said after the closure of the Well Women’s centre in 2015, the West Coast regional office of the National Cervical Screening Programme struggled to find a replacement facility.

“The Cancer Society in Greymouth was brilliant in filling the gap with the use of one of their offices in the interim,” Mark says. “But I’m really thrilled there’s now a permanent home in the pharmacy complex to ensure the monthly Saturday free smear clinics are able to continue.”

Clinical Nurse Manager of the regional Cervical Screening service Janet Hogan says opportunities of the clinic room include an additional monthly weekday clinic, and the ability to offer one-off appointments to meet individual needs.

Olsen’s Pharmacy is able to undertake pharmacy reviews for long-term patients from this room.

The facility is health-consumer friendly and is appropriate for all. As well as the clinic room, the



Clinical Nurse Manager of the regional Cervical Screening service Janet Hogan in the new clinic.

waiting area is well stocked with information pamphlets on a broad variety of health subjects, Janet says.

Olsen’s Pharmacy owners Julie Kilkelly and Kerri Miedema are glad to be able to accommodate the

service.

“We are very pleased to be able to assist in providing a space for these clinics to occur as we see it as an essential service for women and a great example of local integration

and working together to best meet the needs of our residents,” Julie and Kerri says.



For more information, contact Clinical Nurse Manager Janet Hogan, janet.hogan@westcoastdhb.health.nz

Work experience for business students

After a chance conversation between DHB Clinical Nurse Manager Janet Hogan and Tai Poutini student Arianna McKay about limited work place experiences for business / administration students, the DHB gave three students the opportunity to put learned theory into practice in a real office setting.

Mrs Hogan manages several population-based programmes, including cervical screening, sexual health & immunisation services, all of which use database programmes. The students created a self-learning package using mock databases and health consumer details - all names used were based on flower or car



names e.g. Poppy Seed. Polytech tutor Paula Williams was delighted her students were receiving this practical work experience, supported by local organisations. Arianna was the first student to undertake the four hour programme. She said she felt well supported working in an office environment with such a great team.

Janet Hogan said “it was a privilege to be involved”, and challenged other local businesses and organisations to do the same.



For more information, contact Clinical Nurse Manager Janet Hogan, janet.hogan@westcoastdhb.health.nz

Overhaul for children’s ward documentation

Documentation has been completely overhauled this year by the Parfitt children’s ward.

Parfitt registered nurse Sarah Falvey says the documentation overhaul includes the revision and update of all care plans, patient history and discharge forms.

“A discharge plan specific to neonates has been created as well as a neonatal discharge folder which contains all information for staff and patients required while

planning babies’ discharge. A breastfeeding initiative and resource folder has also been created,” Sarah says.

Included in the refresh, the staff nursing orientation book/ programme was revised, updated and reformatted, and a patient information booklet created to provide information for patients/ parents or whanau about the services Parfitt Ward provides and information required during admission.

And lastly, current forms and charts being used have been updated (as per current policies



and procedures) and added to individual staff online document folders so they can be easily accessed by all Parfitt staff.

“These initiatives are tasks that need to be carried out as our understanding of healthcare changes, and when you’re busy you often don’t have time to put into administrative tasks. So it has been great to get everything up to date,” Sarah says.



For more information, contact, sarah.falvey@westcoastdhb.health.nz

Kawatiri mums give their feedback

In May this year mums who had used the Kawatiri Birthing Unit over the previous year or so were brought back together to get their feedback.

The feedback was then collated and analysed, to help the DHB refine its services and continue to make improvements.

To watch some of the input from mums, visit the DHB’s Facebook page, WCDHB Careers, and look for the film posted on May 6.



For more information, contact Maternity Quality Safety Coordinator Vicki Piner. vicki.piner@westcoastdhb.health.nz



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



Reefton Wellness Day successful

A Reefton quality initiative is bringing together staff who have traditionally operated separately so they can collaborate to help their patients.

The Reefton Wellness Day attracted about 70 Reefton people to call into the Black Memorial Recreation Room adjoining the hospital to get immunised earlier this year. Many then went on to have broader health checks to look at blood pressure, receive smoking cessation advice, check whether they needed any other immunisations and ask any other health-related questions.

“It was a one stop shop for the day, people didn’t need to make appointments, and as an added incentive it was free for many of the older folk who met the eligibility



criteria,” Trish says.

The general practice and hospital staff pitched in to help, and it showed that Reefton was quite capable of working in an integrated manner, Deb added.

“We wanted to work together in a proactive rather than reactive way,” Nikki says.



A video showing Reefton people explaining why they believe in flu vaccinations is available on the WCDHB Careers Facebook page.

Graham Gollan receives his flu immunisation from Ara student nurse Hikari Shibusawa, in Reefton earlier this year.



Telehealth encouraged for Coasters

By offering some patients the opportunity to be seen via video conference in Buller Outpatients, at a time that suited them, the DHB dietitian has had more time to see patients for their first specialist appointment when she is physically present in Buller.

The Dietetics service started providing appointments to Buller patients via video consultation in Autumn 2016, connecting the doctor and patient using online video conferencing technologies to communicate with each other remotely. Video conferencing involves a patient, sometimes accompanied by a nurse or other DHB staff member on one end in front of a large

screen with a camera talking in real time to a clinician at another venue.

Using video conferencing and telehealth in this way has reduced the waiting list for first specialist appointments in Buller to almost zero. Feedback from patients has also been very good - they were happy to receive treatment via video conference.

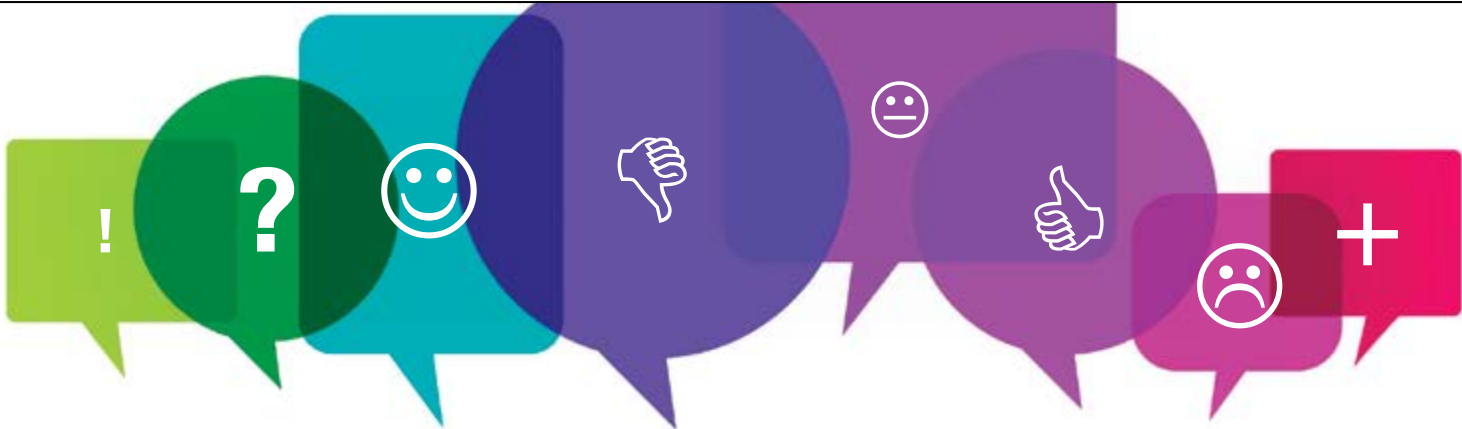
Dietitian Kimberley Browning (pictured at desk) says there are real benefits of using video conferencing.

“It allows rural patients to be connected with a health professional sooner - for instance with a speech language therapist, or a dietitian to provide the right care for that patient.”



i To find out more about telehealth, contact Emma Lacey-Williams emma.lacey-williams@westcoastdhb.health.nz

Telehealth is providing an opportunity for DHB staff and specialists to engage as if they were in the same room.



We want your feedback

If you would like to provide feedback about this publication, please contact Quality & Patient Safety Manager Paul Norton, paul.norton@westcoastdhb.health.nz

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