



Palliative care services upgraded

P5



Cultural competency taught

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New DEXA scanner

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Nurse an emerging leader



Open for Leadership Award winner district nurse Jessie Gibbens (centre) with DHB Director of Nursing Karyn Bousfield (left), Health Quality & Safety Commission Chief Executive Dr Janice Wilson and colleagues in Hokitika.

In July this year, the West Coast health system celebrated young Hokitika district nurse Jessie Gibbens who won the first WCDHB Open for Leadership Award.

Flying to Hokitika to present the award, Wellington-based Health Quality & Safety Commission

Chief Executive Dr Janice Wilson said the awards recognise, celebrate and share the work of emerging health care leaders who have made a difference to patient care.

Jessie was nominated by her team, who described her consistent leadership skills and behaviour as inspiring both junior and senior staff alike to reflect on their clinical practice.

Her prizes include a trophy, certificate and a free place at a



Health Quality & Safety Commission event of her choice.

Jessie said she was honoured to receive the award.

“I feel very humbled to have been nominated, let alone win. I want to say a huge thank you to all of my workmates who continue to encourage and support me in furthering my practice, and also my family.

“I really enjoy working in Hokitika with great mentors and the

I’m looking forward to continuing to grow in my nursing career, and bringing new ideas to my community and the DHB

Jessie Gibbens

diversity and challenge of district nursing. I’m looking forward to continuing to grow in my nursing

career, and bringing new ideas to my community and the DHB,” she said.

The Open for Leadership awards are part of the HQSC’s ongoing partnership work with health providers to build capability and leadership, and share best practice.


Quality and safety capability and leadership are essential for providing seamless and safe care of consumers/patients, and the West Coast DHB is committed to this, General Manager West Coast District Health Board Philip Wheble said.

KEY AIMS:

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




Best value from rural health system resources



Improved equity for all populations



Improved quality and safety



Celebrating and supporting our health system people



A QUICK WORD

Message from West Coast DHB Chief Executive and Medical Director, Patient Safety & Outcomes:

How are we doing in terms of delivering the best available care for our West Coast population, at the right time, right place, by the right people?

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

The Focus on Patients draws together examples of initiatives undertaken by our staff throughout the year. Alongside these stories about improvements, we give you tables that show how we are doing against the Health Targets, and where we need to focus more resources, or think differently.

Healthcare is the responsibility of everyone who lives on the West Coast. We all have the potential to improve outcomes for ourselves by making good choices about exercise and what we eat, and by getting along to our general practice team or other health professionals as soon as we have an inkling that something might be amiss. But this publication specifically looks at how the health system works together, in an integrated way, to make a difference.

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

1. Value for money
2. Improved equity for all populations
3. Improved quality and safety
4. Celebrating and supporting our DHB people

Please feel free to take this copy of our Focus on People: Quality Accounts and share it around. The West Coast Health System has come a long way over the past seven years to better meet the needs of our community. The Coast partnership with Canterbury continues to support health services on the Coast. While we are proud of what has been achieved, we remain committed to continuing to improve the quality of health services throughout the Coast.

David Meates
Chief Executive,
West Coast DHB

Dr Vicki Robertson
Medical Director,
Patient Safety &
Outcomes



Ned Tauwhare

Making the most of life

Ned Tauwhare's story is not uncommon on the West Coast. He started smoking because his mates were, when he was around 20 years old, and he was "10 feet tall and bullet proof".

He was a very heavy smoker who had tried many times to give up, especially when he was diagnosed with asthma in his late 50s.

When he did manage to give up, Ned started to put on weight. As someone who had always taken pride in his appearance, that was difficult and sent him back to smoking.

On the 12th attempt, he did eventually succeed, with the encouragement and support of whānau.

Ned was diagnosed with emphysema and COPD – Chronic Obstructive Pulmonary Disease.

The doctor went through his history and informed Ned that if he wanted to see his grandchildren grow up, he would need to make some changes.

"At the end of the day, it was up to me. There's too much to live for."

Recently, Coast Māori health provider

Poutini Waiora set up a programme for people with COPD, led by a respiratory nurse specialist and physiotherapists.

Twice a week for eight weeks participants worked out in the Grey Base physio gym.

While it was hard work, Ned approached the programme in a positive frame of mind.

"I really enjoyed the speakers every week about a whole range of health issues. And the exercise – we were introduced to different types of exercises and were not rushed into anything. I found when I went home I was doing those exercises again."

Halfway through the programme, participants were asked if they were getting anything out of it and what they wanted to do when the programme finished.

Together with Poutini Waiora nurse Angela Orr, Ned approached Poutini Waiora General Manager Carl Hutchby to see what could be offered as a follow up.

Carl agreed to fund a short-term gym membership programme for Māori with a long-term chronic condition, and about 12 people consistently attended twice a week for two hours.

"I realised it wasn't enough for me and decided to take out a membership myself," Ned says.

"They asked me why I was joining. It wasn't about losing weight or getting fit,

although that was part and of it. It was mostly about helping manage my health condition."

About the same time, he persuaded his teenage grandson who, Ned says is a borderline diabetic, to join as well.

Now the pair have been going to the gym together four or five times a week.

Ned has lost 13kg, and is continuing to work towards his goal weight (just another 9kg to go). His grandson has lost 12kg and is also on track.

"I was pretty pleased about that," Ned says.

He turns 70 in December and is pleased he will be around for the big whānau celebration.

"The last two winters are the first time I haven't had to use prednisone since getting asthma. Getting exercise consistently has made a real difference."

His doctor is "pretty chuffed" with his efforts.

"When I think back to the guys I grew up with, half a dozen of them would have smoked. And half of those are dead. The best advice is, don't start."



For more information, contact Poutini Waiora, enquiries@poutiniwaiora.co.nz

Online access for some Coast patients

West Coast patients of Reefton Health, Greymouth Medical Centre, Buller Medical and Coast Medical now have access to booking their own appointments, ordering repeat prescriptions and a few other tasks online.

The West Coast Primary Health Organisation has been looking at how to install patient portals since 2014, when the Government prioritised patients having online access and provided \$3 million to assist in the introduction of portals.

On the West Coast the myPractice



patient portal, Health365, is being introduced slowly, with the rollout staggered through to June 2018 to limit the extra work put on to practice staff who sign up patients to use the online patient portal.

PHO executive officer Helen Reriti says virtual consultations using the patient portal are not being offered at this stage, but may be considered in the future.

Having 24/7 online access means patients can book appointments or repeat prescriptions at any time of the day. The

Greymouth Medical Centre recently merged with Rural Academic General Practice, and phone lines had been very busy as a result. The introduction of patient portal access has helped alleviate some of the busy-ness.

West Coast PHO practices provide primary care to 29,729 patients via 14 clinics between Karamea and Haast.



For more information, contact the West Coast Primary Health Organisation, phone 03 768 6182. Or talk to your general practice.

DHB general practices achieve Cornerstone accreditation

All West Coast DHB general practices have been undergoing Cornerstone accreditation this year. Cornerstone is a process of quality improvement, where certain criteria must be met every year during a four-year cycle to maintain professional standards.

Reefton was the first of the DHB practices to successfully attain Cornerstone in March this year with Grey Medical, Rural Academic General Practice (now merged with Grey Medical) and Buller (including the Karamea and Ngakawau clinics) also successful in June. South Westland Practice is due to have onsite accreditation assessment in November.

Cornerstone sets a standard of excellence for practices to follow for the best possible service to patients including showing that they are contributing to safer care and a better experience for patients, committed to ongoing quality improvement and encouraging teamwork in the practice.

The teams worked on 36 quality indicators covering patient experience and equity, practice environment and safety, clinical effectiveness and professional development. Two auditors visited the practices looking at processes, facilities, policies, procedures and meeting with the teams.



From 2018, practices will retain their accreditation by participating in annual reviews rather than on a three-year cycle to make sure standards are being maintained. Lead Practice Manager Deb McCarthy says staff in the practices spent many hours working towards the accreditations.

“It’s a tribute to these different general practices for the hard work they’ve put in – it’s not easy to get Cornerstone accreditation. What it means for the general public is that they can feel assured that these practices are very professionally managed.”

i For more information, contact DHB Lead Practice Manager Deb McCarthy, deb.mccarthy@wcdhb.health.nz

In an average week on the West Coast



Greymouth DHB general practices merge



In anticipation of the new Grey Integrated Family Health Centre opening next year, two of Greymouth’s general practices merged in July this year. The merger meant the Rural Academic General Practice (RAGP), based on the Grey Base Hospital campus, closed and all its services moved to the Grey Medical Centre on Tainui St. The West Coast DHB’s General Manager, Philip Wheble, says apart from turning up to a different building, the main benefits for patients of the RAGP were better parking, and for patients of both general practices, increased hours. The combined Grey Medical Centre is now open from 8am to

6pm Monday to Friday, including access to appointments over the lunchtime period. All current staff transferred to the combined Grey Medical Centre facility. RAGP practitioner Dr Greville Wood was positive about the merger. “It gives us an opportunity to work together and iron out any differences in the way we operate before we move into the new IFHC,” he says.

i Patients of both practices can continue to use the phone numbers they are used to. The Grey Medical Centre’s phone number is (03) 769 9300.

Some of the combined Grey Medical Centre and Rural Academic General Practice staff, left.

Student nurses offered a more supportive learning environment

Collaboration between education providers and the West Coast DHB allows different hospital practice areas to provide a more supportive clinical learning and teaching environment for our students.

The Dedicated Education Unit model of clinical teaching and learning is a partnership between education providers Ara Institute of Technology, Nelson Marlborough Institute of Technology and the DHB.

The Dedicated Education Unit supports nursing students on clinical placement, encouraging different ways of learning, including teaching from peers.

Barclay (Surgical) Ward currently has three of the seven student nurses participating within the Grey Base Hospital unit. These students learn and develop with the support of the Barclay ward staff and a clinical liaison nurse.

They also have formal support from the Ara Academic Liaison Nurse dedicated to the practice area. In Barclay, Rachel Whitcombe works part-time on the surgical ward and part-time with the students. The students get a variety of nursing knowledge and experience because of the diverse patient population and the multiple specialties that present to the ward.

All students will spend some time with the surgery admitting nurse, learning the peri-operative process. The student then goes to theatre and recovery with the patient and finally back to the ward, to follow all stages of the patient journey.

Feedback from the implementation of the Unit in 2014 has been extremely positive, borne out in the numbers of students supported through the Unit who have returned to Barclay Ward to work as new graduate registered nurses.



For more information, contact DHB Clinical Nurse Manager, Barclay Ward, Stephanie MacRae, stephanie.macrae@wcdhb.health.nz



Registered nurse Rachel Whitcombe shows student nurses Cassandra Robertson and Kaylee Thomson around a patient room in Barclay Ward, Grey Base Hospital.

Dietetics: A new way of working

Collaboration between dietetic and nutrition staff employed by the West Coast Primary Health Organisation, the DHB, and Community & Public Health has started as a workforce strengthening initiative to support this very small group of staff to meet the demands of the community.

Over 18 months the service groups have been supported by health leaders to develop an "integrated service delivery model".

Under the new model, for instance, one dietitian travels to Reefton and sees all patients eligible for primary and secondary care services given the small population, rather than a dietitian from each service travelling to Reefton to see only their patients and having half-empty clinics.

"In reality it is irrelevant to patients whether we're employed by the DHB or other services. They just need to see a dietitian who can help them," DHB



dietitian Kimberley Browning says.

Where larger volumes of patients require appointments, West Coast Primary Health Organisation and DHB clinicians now run concurrent clinics. This has reduced wait times and increased the range of people accessing dietetic services.

Supervision and education are provided locally across the services, as well as being supported from Canterbury DHB and Nelson Marlborough DHB.



For more information, contact dietetic and nutrition staff at the West Coast Primary Health Organisation, (phone 03 768 6182), at the DHB, (phone 03 769 7400) or Community & Public Health, phone 03 768 1160.

Improvements around theatre

Working towards making it better for patients in West Coast operating theatres, recovery areas and day wards, here's what staff are working on:

Endoscopy:

- Increasing the focus on minimally-invasive endoscopy (colonoscopy and gastroscopy) procedures
- Continue to replace older scopes to ensure the DHB is keeping up to date with current technology
- An Endoscopy Users Group has started and is bringing into line policies and procedures recommended by the Endoscopy Quality Team associated with the Ministry of Health
- Endoscopy Coordinator Maria Petrovics-Eden has been employed for 20 hours per week and improvements include updating the Health Info website (www.healthinfo.co.nz) so patients have access to current information; the development and completion of a dedicated Endoscopy Procedure Manual; and auditing of the effects of bowel preparation on patients.



Endoscopy Coordinator Maria Petrovics-Eden

Operating theatres:

- Ongoing work centres around the World Health Organisation's initiative of better communication in operating theatres. The 'Sign In, Time Out and Sign out' system is well accepted and used for every procedure.

Auditing is done by a person independent of the operating team and meeting the goal of 50 cases per quarter. The concept of pre-operative briefing is also carried out for all procedures and debriefing is being worked on. A specific checklist has been developed for caesarean section cases and is used electively and acutely.

Reducing infection rates:

- To ensure infection rates remain low for all joint surgery the DHB has initiated some changes in practice. Plastic covers are used to cover the sterile trolleys after they are set up for surgery, and before they are transported into the theatre for surgery. Signage makes all the theatre department team aware that joint surgery is taking place in a specific theatre, and to decrease traffic flow in that area.

Checklist:

- A new Intraoperative checklist which includes more relevant patient questions and prompts for nursing staff has been developed for trial. It is to be distributed to all hospital areas hospital where surgical patients are prepared. Education is to be provided to all concerned before the trial starts, then a final document made available for general use.



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

Patients steer palliative service

An ageing population and increased need for palliative care is resulting in the growth and integration of local and transalpine palliative services.

A survey of stakeholders in 2015 - 2016 showed a lack of knowledge of the West Coast Palliative Care Service and its role in the community. After discussion and consultation, the West Coast Specialist Palliative Care team produced a new logo depicting the winding road that is the experience of many with life-limiting illness. The team has developed a brochure explaining palliative care



services on the West Coast, and will be updating other brochures including those on symptom management and the dying process. Also planned is a mobile visual display consisting of panels which can be used individually or as a whole, depicting different aspects of palliative care on the West Coast. This will be utilised in a variety of community settings. “Our aim is to make palliative care more visible on the West Coast, increasing public awareness as to the benefits of good palliative care in a world where death remains a taboo subject,” West Coast Primary Health Organisation Long Term

Conditions Health Navigator and palliative care team member Danielle Dawson says. The stakeholder survey also highlighted the need for better governance. A transalpine palliative care leadership group has been set up to better enable collaboration and planning for future delivery of palliative care on the West Coast. The group consists of senior management, a palliative care physician, a palliative care nurse practitioner, palliative care clinical nurse specialists, a general practitioner, and representation also from Allied Health professionals and the West Coast Primary Health Organisation. A further gap identified was the



lack of visibility of the care being provided in the community for palliative care patients. Work has commenced on having acute care plans for palliative care patients available on the patient information portal Health Connect South, which is particularly important for those with advanced or rapidly changing conditions. These are living documents and are easily updated by any health professional involved in a patient’s care. Out of hours, the emergency department at the Grey Base Hospital is often the first point of call when patients need to see someone. The care plans provide guidance as to most

appropriate care and suggestions as to appropriate symptom management. They provide up to date information which may not be readily accessible otherwise. The greatest area of need is education, with plans underway to increase resourcing in this area. Te Ara Whakapiri is a new national toolkit developed to set minimum standards of care for those in their last days of life. This will be rolled out across the West Coast in the next 12 months.



For more information, contact the West Coast palliative care team through the DHB on 03 769 7400 or the West Coast Primary Health Organisation, 03 768 6182.

HEALTH TARGETS

The national health targets are set by the Ministry of Health annually. The targets focus on improving the health sector’s performance and ensure the system is contributing to maintaining and improving health outcomes in these important areas.

1 April - 30 July 2017	Actual	Target
Shorter stays in Emergency Departments (ED) - within 6 hours	99.4%	95%
Improved access to elective surgery - discharges delivered	103.8%	100%
Faster cancer treatment - first cancer treatment (or other) within 62 days ¹	55.6%	85%
Increased immunisation - eight-month-olds fully vaccinated ²	80%	95%
Better help for smokers to quit - smokers in primary care given help/advice	90.9%	90%
Better help for smokers to quit - pregnant women given help/advice	88.9%	90%
Raising healthy kids - Percentage of obese children identified at B4SC offered a referral and acknowledged for clinical assessment and healthy lifestyle interventions ³	81%	95%

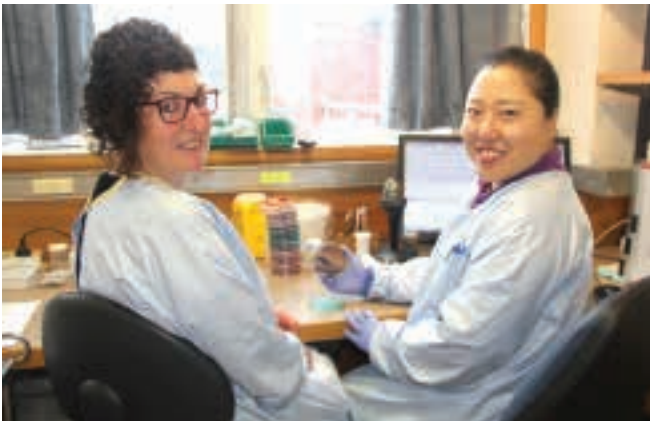
1. Small numbers are a challenge for the faster cancer treatment target, with this result reflecting just four patients who did not get their treatment on time. These results also include patients who choose not to get treatment or are unable to for clinical reasons.
2. The West Coast has a large population who choose not to immunise their children. This population is counted in our results and, combined with our small numbers, means our results are an inaccurate reflection of the immunisation reach into our consenting population. When looking at the consenting population, we achieved 94% immunisation coverage.
3. Raising Healthy Kids is a new national health target. While the West Coast team has not yet reached the new target, considerable effort has been made over the past year and performance has significantly improved. The DHB anticipates reaching the target by the end of the 2017/18 year.



Lab scientists Ramesh Tiwari and Tine Meincke.



Lab scientist Peter Wright.



Lab scientists Vicki Raeder and Vivian Lee.

Coast lab quality systems very robust

The West Coast DHB’s laboratory services has for the second year in a row passed its audit with flying colours including no corrective actions. Auditors visit to check policies and procedures, to make sure they are appropriate and best practice, and that the staff are doing what they say they are doing. Labs Manager Eileen Chappell says auditors look at the nitty gritty

of documentation. They want to know how each sample was received, what sort of quality control measures are undertaken, they want to know that each staff member has the right training to undertake lab testing, and that the equipment is maintained and up to date. “They’re checking everything that supports each result.”



The audit did make a number of recommendations about ways services can be improved, which Eileen says will assist DHB staff. “We were very happy about the level of recommendations. It affirms that our quality systems are very robust. We’re a small team, and very quality-focused.”



Lab Quality Coordinator Anthea Keenan and Lab Manager Eileen Chappell check stores.

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

Research project creates spin-off for Māori mums

A pilot research project set up to ascertain the experiences of young Māori mums has proven successful in ways that were initially not even dreamed of, Poutini Waiora Project Coordinator Simmy Brizzell says.

Mana Tamariki – Mana Mokopuna – Mana Whānau was a research project developed by Dr Melissa Cragg, funded by the Ministry of Health, and supported in development by the West Coast DHB. It was intended to record the health experiences of mums from the time they conceived to when their littlies were five years old.

“What had occurred before the project was that Māori women were often turning up for the first time to see a health professional when they were in labour. Many were not engaging at all beforehand, and there appeared to be no opportunity to make sure they were hearing the usual health messages for pregnant women,” Simmy says.

Once the project was underway back in 2014 Simmy was employed to start approaching young Māori women if they were pregnant or with small children.

“For me, it was a real privilege to hear their stories.”

When the evaluation was finished this year, Simmy was asked to stay on to work with the mums to solve some of the problems identified through the project.

“Now we’re trialling a model the mums helped create through a series of workshops. The innovation identified was the fact that mums who had been helped previously through Poutini Waiora were employed to help others based on what they said were the missing in their quest for better health care.

What was uncovered includes the need for better health literacy aimed at Māori, working with health professionals on their cultural competency and setting up a peer



Front from left, Simmy, Maria (kuia), April (whaea or aunty), Tania (Mama), Back Row – Tammy (Mama) with Chevy, Pania (Mama), Tazmine (Mama) at a Te ha O ko Wai Au class.

Photo provided by the Westport News



support system to explain what was going on for the mums in language they understood.

“It was really important that they could ask questions without feeling dumb. Health professionals were often saying things some of our wahine/ women couldn’t understand and were too shy to say otherwise.

“For instance, many new mums didn’t understand the importance of ante-natal classes so they wouldn’t attend them. They were receiving mixed messages about the likes of breastfeeding – how long they should try and breastfeed for and when to start solids. They didn’t know they could ask again if they missed information and most importantly lack of transport and childcare made it impossible for some to attend due to rurality.”

Bearing in mind there were

many transient mums from the North, coupled with the fact that many did not have whanau connections here and the Manawhenua Marae is based in Hokitika, important cultural aspects of their lives were often missing. Loneliness contributed to a lack of understanding about what was around them.

A six week block course was arranged and set up at a central location, with “great support” from all sorts of organisations. Of note was the support from former Buller General Manager Kathleen Gavigan, and the West Coast DHB Māori Health team.

The trial includes a number of programmes/workshops:

- “Te hā o ko wai au” (The breath of who I am) which focuses on each participant’s history, and to gain a sense of connection amongst those participating. They were encouraged to learn their mihi, karakia, kowhaiwhai,

and about their personal journeys.

- **Mahi toi/Rōpu reo** which includes weaving, waiata (songs), poi making, tāniko (twining/weaving), kowhaiwhai (Māori art – panels used to tell a narrative) manu tukutuku (art information of a kite), and Pūhoro (patterns). Mahi Toi is an extension of Te hā o ko wai au and focuses on self-exploration and self-learning.

Poutini Waiora Buller Team Leader Rehia McDonald says while the programme has been a very long and demanding haul with many challenges, it has achieved all that it intended to do.

“The programme currently links with and builds on existing research, programmes and activities on the West Coast. Collaboration and equally important partnerships have been formed with a range of local community health and social service providers including Plunket, maternity and paediatric services, Lead Maternity Carers (LMCs), ante-natal education providers and various other health and social services agencies. There is still much work to be done.

“The continuation of this amazing programme has been reliant on the supportive and committed partners and funders we previously enjoyed great working relationships with,” she says.



To find out more, contact Rehia McDonald, Team Leader, Poutini Waiora office, Pakington St, Westport, 03 789 7551 ext 230.



Stop Smoking Practitioner Kerri-Ann Rakana

Stop Smoking service offers flexibility

Being able to be flexible to suit clients’ timeframes is proving helpful for Buller folk using the services of Stop Smoking Practitioner Kerri-Ann Rakana.

The Buller woman is employed by Community and Public Health to deliver the Oranga Hā Tai Poutini programme, which provides one to one support and access to nicotine replacement therapy.

For an initial period of eight weeks, and then a four week follow-up, clients are given guidance and support about things that might be helpful to get them to avoid taking a single puff.

The most common reason for people wanting to quit is for their health, and their bank balances.

“It’s important for them to take charge, and they need to be ready to quit, but we’ve had some real success with people,” Kerri-Ann says about the programme.

She is quite prepared to explain to people the science behind addiction, if they’re interested.

Most people refer themselves to the service, sometimes after prompting from family and friends.

“The fact that they’ve taken it upon themselves to come in shows they are wanting to make a change. And I try to work my hours around when a client might have time to see me, to give them the best chance of success.”

The programme was introduced about a year ago and is prioritising increased access for Māori, Pacific and pregnant women.

“In time we are looking at setting up group sessions. People are really open to the idea of doing the programme with a buddy, that way, they can both support each other and it almost becomes a competition. Whatever works!”



For referrals and more information, please contact 0800 456 121.



Poutini Waiora integrated into general practice

Poutini Waiora nurses are available in some Coast general practices to provide an holistic view of health, or rereke (a service with a difference).

Poutini Waiora Te Kaihautu Carl Hutchby says the nurses are providing a whānau ora kaupapa within the practices, as a joint Poutini Waiora, DHB and West Coast Primary Health Organisation initiative, along with private practices.

“As well as clinical care, our nurses look at the patient holistically, they provide a navigation service and they can make sure Māori are enrolled appropriately with a practice,” he says.



For instance the nurse might see a mother with her children, and notice that there are issues with the teenagers or hear about issues with grandchildren. The nurses can quietly offer support from Poutini Waiora social workers in schools, or connect the patients with other Poutini Waiora services.

The integration of a Poutini Waiora nurse means there is a Māori space within practices, to encourage those that might not usually go into

a mainstream general practice.

“We’re also keen to model for general practice that there are other ways to deliver care,” he says.

Poutini Waiora has noticed Māori enrolments within general practices are slowly increasing.

All Poutini Waiora staff have received Health Literacy training from the West Coast Primary Health Organisation and whānau ora nurses incorporate this into their patient consultations.

While not yet available in all Coast general practices, Poutini Waiora are working towards being able to offer their services, if wanted.

Poutini Waiora nurse Angela Orr

has been working through the Grey Medical Centre.

“We’re engaging with Māori to find out what the barriers have been for them – why they haven’t been using or enrolling with a general practice. Sometimes that’s meant working with them at their homes or in the community first, and encouraging them back into a practice. This is a way they can engage with a broad range of services, and hopefully they’ll spread the word and we can work with people earlier in their health journey, to pick up long term conditions and get them on the road to recovery earlier,” she says.



First Takarangi Competency Framework hui held at Bruce Bay

The inaugural West Coast Takarangi competency framework hui for senior staff and leaders was held at Bruce Bay’s Te Tauraka Waka A Māui marae in late July.

Facilitators Moe Milne and Wayne Blissett led the hui of 28 people from a mix of organisations including Poutini Waiora, Te Rūnaka o Makaawhio, TeRūnaka o Ngātiwaewae, West Coast DHB, West Coast PHO and Community and Public Health.

General Manager Māori Health Gary Coghlan says the framework objectives are:

- To improve responsiveness to the needs of Māori
- To improve practice
- To increase ability to work with clients and whānau
- Understanding of how to use Māori cultural procedures and processes
- To improve confidence in delivering integrated practice.

“For many participants it was their first marae experience and so that added an extra element of authenticity for them to begin their journey towards improving their cultural responsiveness to Māori,” he says.

The next phase will be to develop systems and processes that will embed the framework and support those



Leading a karakia during the Takarangi Cultural Competency Framework hui is DHB General Manager Māori Health Gary Coghlan.



Bruce Bay.

original students as they work their way through the core competencies and build their portfolios.

“We will now undertake a process of review and evaluation with those managers and clinicians who attended to gain their feedback

on what support they see as necessary to progress to the next phase. We will begin planning for the second cohort to take place within the next few months. This will likely take place in November and will be either in



General Manager West Coast District Health Board Philip Wheble, General Manager Māori Health Gary Coghlan, West Coast Primary Health Organisation Counsellor Nicki Searle, Māori Health Portfolio Manager Kylie Parkin, and Takarangi Cultural Competency Framework facilitator Moe Milne.

Hokitika or Greymouth.”

A couple of comments from attendees:

Nicki Searle, PHO Counsellor: This wānanga felt very safe and inclusive of all of us, at all levels of understanding about Māori tikanga and te reo. We were welcomed to the marae and experienced exactly the competencies we were learning about - Pōwhiri, Karakia, Manaaki, Whakawhanaunga and Te Reo. I hope other staff get the opportunity to enjoy this great training.

Tina Murphy, Nurse Practitioner, West Coast DHB: A few good things about Takarangi:

- A forum of a level playing field, all striving for the same

end (all levels of professionals from nursing staff to general manager, but all equal, wanting to achieve the same thing from the experience

- A feeling of knowing the cultural aspects more personally instead of just the surface
- The food
- The glorious sunset and sunrise.



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

Cultural competency taught on Coast

An expectation that people involved with health and social sectors would want training in cultural competency provided the incentive for the West Coast DHB’s Māori health team to push for the first West Coast Tipu Ora National Certificate in Hauora Māori course.

DHB General Manager Māori Health Gary Coghlan says latest figures show around 3900 of the Coast’s total population of 33,000 people are Māori and it’s increasing.

With that background, and being aware that training in terms of Māori health in the South Island is hard to come by, the private training provider Tipu Ora was convinced to set up the first West Coast course, from which 16 trainees graduated this year.

“Māori morbidity and mortality is still a really big concern. There’s a big gap between Māori and the general population. Everyone is trying to do something about that. It’s complex and is wider than just a



Jordanyn Parkin-Rae (right) with her grandmother Gayle Rae (left) and mum Gemma Parkin-Rae (middle) at the Tipu Ora graduation.



health issue,” Mr Coghlan says.

He believes graduates from a variety of West Coast organisations will have a better understanding of what it is like to work with people of other cultures, and would help

their work practices become “more mature”.

Guests at the recent graduation included former politician Dame Tariana Turia, who has long been involved with the Tipu Ora training provider.

“My main goal is to inspire them to understand what they’re really here for. It’s not just to care for people, they’re here to inspire



Guests at the Hauora Māori graduation ceremony included Dame Tariana Turia. (in red).

people to do things for themselves, she said.

Greymouth woman Jordanyn Parkin-Rae (18) was one of the graduates. She undertook the certificate as a precursor to looking at entering the police force or becoming a teacher, after her mother Gemma Parkin-Rae did the course last year and recommended it.

“I got a lot more confidence in

being able to talk to people. The people skills will be very helpful in my future career, especially how to listen to people,” Jordanyn says.



For more information, contact DHB General Manager Māori Health Gary Coghlan, gary.coghlan@wcdhb.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





Lighting helps with security at night at the new Grey health facility building site.

The first steel beams are lowered in place at the new Grey health building site.

New Coast facilities progress

The build of the new \$77.8 million Grey health facility is progressing very well, and is expected to be completed in mid-2018.

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 the Grey and Buller health facilities to life.

The 8500 square metre facility being built by Fletcher Construction Company Ltd includes 56 inpatient 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, a 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 facility will provide the community with a quality health centre for both primary and secondary care. The design enables delivery of the agreed West Coast health system model of care which the DHB has been progressing. It also means more flexible ways of working to deliver integrated health services in an efficient and sustainable way.

The West Coast DHB is now focused on the planning required for commissioning the building, equipment installation and the migration from the existing hospital to the new facility. Staff are positively anticipating the benefits of working in a modern building with new work spaces, new equipment and information

technology. For example, a new general x-ray machine, sterilising machines, theatre equipment, examination lights as well as a new phone system, security system, nurse call system and wi-fi should all improve quality and efficiency for both the staff and patient experience.

Medical Director and chair of the Clinical Leaders Group Mr Pradu Dayaram says the recent walk around the Grey site with some of the clinical leaders was extremely positive.

"The group was excited to see the plans that they had worked on over two years ago in reality, and are looking forward to moving to the new facility," he says.

In May 2016 the Minister of Health and the Minister of Finance approved the Buller Integrated Family Health Centre [IFHC] redevelopment moving forward. The West Coast Hospital Redevelopment Partnership Group are now providing project governance to oversee the Buller development alongside the Grey project.

"The DHB is committed to bringing to life a fit-for-purpose facility for Buller and will continue to engage with our staff and community to progress the development of a design that meets both clinical and project requirements," Mr Dayaram says.



For more information, contact the Facilities project team, newfacilities@wcdhb.health.nz



View from the new Grey health facility across an inlet of the Grey River to the Tasman Sea.

Photo: Sam O'Donnell



The new Grey facility taking shape.



Concrete is poured at the new Grey health facility.



Staff have a look at internal framing of the new Grey health facility.

Scaffolding allows workers to access the outside of the new Grey health facility.



Staff tour the new Grey health facility.



The Greymouth Integrated Family Health Centre framework well underway.



The new Grey health facility, at left the ambulance bay, in the middle the new hospital, and at right the new Integrated Family Health Centre, looking from the current Grey Base corporate office.

Anxiety group programme win

The Unknot Me anxiety group programme run by the DHB in partnership with non-government organisation Pact has been proving popular with participants and is a good example of interagency collaboration.

Started in April 2014 by occupational therapist Rachelle Hunt and Pact mental health consumer advisor Joe Hall, the programme consists of six group meetings, and has expanded geographically and in terms of follow-up.

“When we started, it was a little bit counter-intuitive as most people



with anxiety do not get that excited about being in the company of other people. But there’s something about doing group work, a shared wisdom, bringing people together with a similar experience, that just works,” Rachelle says.

Pact has provided the venues – in Greymouth at their networking

centre in Marlborough St, and in Hokitika, where the sessions are now run at Heartlands by Jose Timmerman. In Buller it is run by Sue Wells through the Buller Health Medical practice. The possibility of running a series in Reefton is also being explored.

“It’s been so easy collaborating on this programme. Working with Pact has been great,” Rachelle adds.

People can self-refer, or referrals come through health professionals or other organisations. In Hokitika and Greymouth the programme is open to anyone who journeys with anxiety, either themselves or with someone they support.

“It’s a wonderful thing to have those with major mental illness

sitting in the same room with others who’ve walked in off the street, both discussing this common experience we call anxiety. That’s undoing stigma right there,” Rachelle says.

The group meetings cover the following themes:

1. What anxiety is and how it affects people
2. “Stinking Thinking” – how to deal with the thinking patterns that keep us anxious
3. Relaxation
4. Mindfulness
5. Feel the fear and do it anyway
6. Lifestyle changes that can bring down our general anxiety level.

A maximum of 12 people are

accepted for each group, but sometimes groups are smaller. Evening groups are also run from time to time to increase access. Staff who are prepared to fully participate in the group process are welcome to refer themselves, and will often pick up useful tools for themselves, or for those they work with.

A support group, “Staying Unknotted”, started earlier this year as a fortnightly follow-up for people who had been on the programme and wanted to continue to meet.

i For information about upcoming groups, or contact Rachelle.Hunt@westcoastdhb.health.nz

Project successful in reducing surgical site infections

Efforts to reduce surgical site infections after hip and knee replacements have resulted in better outcomes for most patients and improved information for clinicians.

Data collected from 2015 showed that of the 90 hip and knee replacements (arthroplasties) performed at Grey Base Hospital, four went on to develop surgical site infections. It was further identified that three of those four post-op infections could have been prevented by providing information and advice to both patients and community health providers such as district or rural nurses and GPs.

At that time there was no wound care discharge information for patients around the care and removal of stitches or staples.

A small project team was set up in June 2016, including Clinical Lead Orthopaedic Surgeon Pradu Dayaram, Project Lead Clinical Nurse Specialist Infection Prevention and Control Julie Ritchie, and Team Members Quality Facilitator Vicki Piner, Clinical Nurse Specialist Orthopaedics and Plastics Leanne Chinery and now retired Clinical Nurse Manager Nancy Fahey.

The opportunity to reduce surgical site infections centred on improving health literacy, post-operative wound management, after hours care and admission criteria.

This would result in not just improved patient care but help reduce the number of unnecessary admissions, and allow a better allocation of resources, with updated information for primary care providers, and a clear, consistent process for managing post-operative wounds to reduce infections.



The team’s objective was to reduce surgical site infections for knee and hip arthroplasties from 4.4% to less than 2.5% by June 2017. They can now show the West Coast DHB achieved 1.3% for procedures in that 12-month period.

An information booklet was produced to specifically address post-operative wound care for patients. Pre- and post-operative guidelines and a check list were updated and aligned to the transalpine orthopaedic service (provided in conjunction with Canterbury District Health Board).

A “clinical pathway” is being developed to help GPs identify early and treat orthopaedic hip and knee replacement complications.

While things are definitely moving in the right direction, one West Coaster still suffered a surgical site infection in the past year, so efforts to encourage and monitor awareness will continue, Julie Ritchie says.

i For more information, contact DHB Clinical Nurse Specialist Infection Prevention & Control Julie Ritchie, julie.ritchie@wcdhb.health.nz

BEING PREPARED



Health system staff come together regularly on the Coast to train for emergency situations. These photos show staff from around the West Coast undergoing Coordinated Incident Management System training.



Rural support offered in Reefton

When Reefton rural nurse Marie Bishara heard farming families in her community were struggling, she swung into action, establishing a support package which was subsequently delivered to many rural homes.



Marie had noticed that a downturn in the farming sector, combined with an increase in rural thefts of supplies and equipment, had resulted in a corresponding rise in on-farm stress and despair.

With approval from the acting manager at Reefton Health, Marie put together a rural support package with advice on farm security, available mental health services and contact details for the local rural support group.

Marie arranged funding and delivery herself – via the rural delivery service – to ensure the message was spread far and wide. She said the feedback from farmers was great, and other farming communities were quick to express interest.

Marie is proud of the positive and collaborative initiatives that met a need in the community and, most importantly, helped to reduce stress and perhaps even save lives.



For more information, contact Reefton Health, reefton@wcdhb.health.nz, or ring (03) 732 8605.

FUN AND GAMES



Residents of West Coast rest homes come together annually for the Rest Home Games. This year’s games were held in Reefton. The competition was fun, rather than fierce. And the morning tea, lunch, afternoon tea and entertainment from various Reefton ensembles were a real highlight!



Reefton Health Medical Centre

Reefton delivers integrated healthcare

From an idea to a discussion, then to a plan - and now the Reefton Integrated Family Health Centre (IFHC) is a reality delivering effective, more streamlined services to the community, within current budgets.

Previously Reefton Health was delivering three standalone services – community/district nursing, primary health (including after hours care) and aged residential care.

Each service had its own budget,



(which was often stretched), and its own staffing, which didn’t allow for recognition of individual skills or for those skills to be shared between services. As a result staff turnover was high.

To establish an integrated approach staff and the community were consulted and

a stakeholder group formed, comprising community leaders, staff and management from the DHB, with community input encouraged.

Planning to integrate all services involved a change management process to incorporate differences in managerial operations, position descriptions, training, rostering, and procurement and equipment systems.

The development of one single

budget for all health provision in Reefton has enabled many efficiencies. By simplifying procurement of stores such as linen and medical supplies, stock has been reduced by a third, with one stock room instead of three.

Clinical upskilling is enabling staff to work in all domains, including the 24 hour emergency response work carried out in conjunction with St John.

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





Workshop encourages clinical leadership

A clinical leaders’ workshop in September focused on the importance of a strong evidence base in the development of new and innovative care and treatment systems for our region.

Organised by the West Coast DHB in conjunction with the Health Quality & Safety Commission, the Emerging Leadership forum in Westport aimed to support clinical leaders to improve quality and safety initiatives.

Attended by 38 multi-disciplinary health staff from across the Coast, participants included people from mental health, primary health and inpatient service sectors.

Participants were encouraged to use tools and motivation to prioritise and champion a

continually improving quality and safety culture.

The half-day workshop was made up of three distinct parts:

Part one: What makes a great clinical leader?

- How leadership skills, abilities and knowledge play a key role in improving health care quality and safety
- Exploring the characteristics of what makes effective leadership, focusing on the different types of leadership skills and behaviours that are

appropriate in different settings and contexts.

Part two: When harm occurs, what can leaders do about it?

- Components of leadership that lead improvements in quality and safety
- Understanding which areas need the most attention
- How to measure improvement through use of an evidence-based research tool
- Examining the application of data sources containing national and DHB-specific information on areas of patient

harm, so participants can identify areas they may wish to focus on.

Part three: Leading change within a complex system

- Exploring health care as a complex system, delivered by teams, and to lead within it, requires an understanding of how to make sense of such complexity
- Looking at how as health leaders we can work within systems to make change and improve quality of care and patient safety

- Key aspects of effective change management and clinical governance in organisations.

Following on, participants are able to further extend their knowledge and skills development in leadership through a series of ongoing tailored HQSC webinars over 2017 – 2018.

For more information, contact Quality and Patient Safety Manager Paul Norton,
paul.norton@wcdhb.health.nz

Technology improves time for patients

New software is saving time for the West Coast DHB’s district nursing team, who no longer have to enter the same patient information into two different online systems.

Karamea rural nurse specialists Cathy Sampson and Jenny Roumieu are appreciating the new system, which is helping them both save time and obtain data they need about patients in a more timely fashion.

“Previously we tended to save up the data entry for one system for a later date when we had time, as it was such a hassle to go between the two programmes during a busy day,” Cathy says.

There are still some issues with the two systems, but the nurses have found a way to work around those while information services staff make further improvements to make things easier and faster for staff, and ultimately patients.

For more information, contact DHB Chief Information Officer Miles Roper,
miles.roper@wcdhb.health.nz

Communication issues

Communication is the leading issue for patients of the West Coast DHB who make complaints.

For the period 01/07/2016-31/06/2017, 94 complaints were received by the WCDHB. These have been mapped across seven categories.

“What that’s telling us is that we need to get better at explaining what’s happening to our patients, and listening to what they’re saying,” DHB Quality Patient Health & Adverse Event Facilitator Deb Wright says.

Some patients are questioning the way care has been delivered and others have questioned the manner in which they have been treated by staff. Some patients request better explanations about how to access services and what they are entitled

to as residents of the West Coast.

“While the West Coast DHB is continually looking at service improvements, there will always be some services for which Coasters have to go elsewhere, often Canterbury, for initial consultations with specialised care services or to receive their treatment. We need to explain this to our patients,” Deb says.

These issues are discussed at senior level across the organisation, focused on addressing concerns, reviewing current systems and making improvements where possible.

The West Coast DHB is mindful that each of these reported events is actually a patient/family whanau experience.

As consumers, you are

encouraged to provide feedback – the negative and the positives. Your feedback helps us review systems and to build on existing processes.

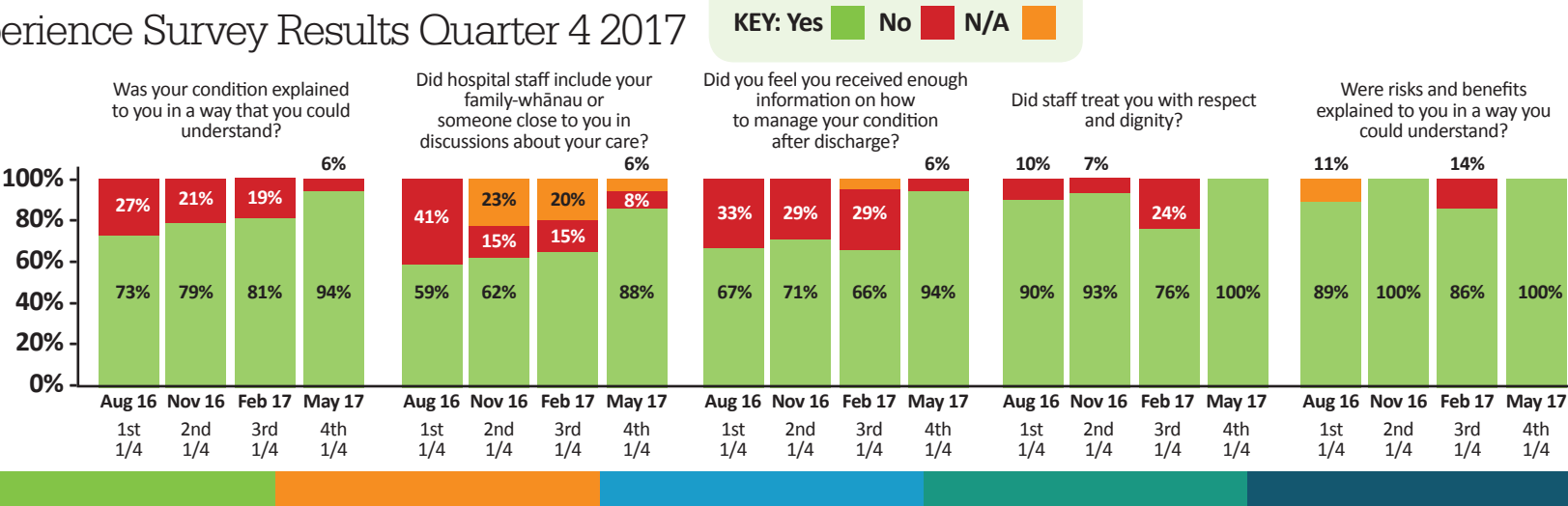
Categories are:

- Access/Funding
- Care/Treatment
- Communication/Information
- Facilities/Support Services
- Informed Choice/Consent
- Patient/Staff Relationships
- Privacy/Confidentiality

For more information, or to give us feedback on your experience of the West Coast health system, please contact Quality Patient Health & Adverse Event Facilitator Deb Wright,
Deborah.wright@wcdhb.health.nz

National Patient Experience Survey Results Quarter 4 2017

Each DHB undertakes a quarterly survey of patients who have been in hospital overnight during a specific time period. We are able to track our performance and see what trends are appearing that we might need to work on. These graphs are drawn from the West Coast DHB’s final quarter survey for the 2017 business year (ends 30 June).



New scanner saves Coasters time and money

The Coast recently purchased a good second-hand machine that measures bone density, and may well help improve patient outcomes.

The Dual Energy Xray Absorption (DEXA) scanner will predominantly be used for osteoporosis referrals, Radiology Manager Jason Lister says.

“Past the age of 45/50, people often have lower bone density. What that means is, if you fall, you can break a

bone more easily. If you break your hip, particularly over 70, you end up in hospital, then rehabilitation and often aged residential care, so it can affect your independence and ultimately, your quality of life,” Jason says.

Using the DEXA scanner to identify lower bone density early means patients can then undertake a range of preventative measures to improve their outcomes.

Previously, patients have had to go to Christchurch for this type of scan. A Christchurch private practice was replacing its scanner, so offered the Coast its older model, still in good

condition, but at a much reduced cost compared to a new scanner.

The DEXA machine arrived in August and will be able to be accommodated in the new Grey health facility.

i

For more information, contact DHB Radiology Manager Jason Lister, Jason.lister@wcdhb.health.nz

DHB Radiology Manager Jason Lister trials the new DEXA scanner.



Health system working together

The West Coast Alliance is a collective of healthcare leaders, professionals and providers from across the health system, backed by formal commitment to work together. The Alliance provides leadership to the transformation of the West Coast health system on behalf of the community.

The Alliance Leadership Team has leaders from across the health system with specific and relevant competencies and perspectives. Through the Alliance, the West Coast’s healthcare providers operate collaboratively through clinically-led workstreams. Their aim is to deliver better health outcomes by exploring new service delivery approaches that provide healthcare in the community and closer to people’s homes.

Grey/Westland

Highlights

The Primary & Community project team commenced with members across the health system coming together to look at implementing models of care to deliver a person-centred, integrated service in primary and community.

The successful merger of the Rural Academic General Practice and Greymouth Medical Centre has been a highlight. Flow-on effects include a reduction in people turning up at Grey Base emergency department with issues that could have been managed through their GP.

Opportunities for Improvement

Initial issues pertaining to the merged practices’ phone lines have been rectified with an additional phone line being installed. This issue led to the implementation of the Patient Portal two months earlier than planned, which is continuing to gain momentum with patients.

Buller

Highlights

A closer working relationship between Lead Maternity Carers and GPs has led to a more integrated service.

Mental health long-term conditions management clinics are now being held through Buller Health Medical twice a week.

Integration of health and social services is continuing to enjoy success and is moving towards a holistic model of care, in line with the Whānau Ora approach.

Opportunities for Improvement

Resource constraints and unanticipated staff absences have affected the workplans.

Reefton

Highlights

Integration of services (general practice and aged care) well underway.

Opportunities for Improvement

Integration of a presence by Māori health provider Poutini Waiora into the practice has been slower than hoped.

Healthy West Coast

Highlights

Following the presentation “Alcohol, Teenagers & the Amazing Brain” that was delivered to schools and community groups on the Coast, more than 70% of the



young people who attended have provided feedback regarding their experiences with alcohol. This is close to 1000 responses from students in years 9-13.

The new focus on healthy eating in Early Childhood Education Centres & playcentres is going well with 14 centres engaged in this work. New resource “Nourishing Futures with Better Kai” produced to sit alongside face to face interactions.

Oranga Hā – Tai Poutini has had good success through a Facebook advertising campaign generating great self-referrals from smokers to the smoking cessation service.

Plunket will be partnering with a local Māori Lead Maternity Carer as well as the Tamariki Ora Nurse and Māmā & Pēpi Kaimahi from Poutini Waiora to deliver Pregnancy and Parenting Education. It is envisaged that existing relationships will encourage young Māori women in particular to engage in these sessions.

The integration of nutrition services has led to a decrease in dietitian waiting lists.

Opportunities for Improvement

Implementation of the Oral Health Promotion plan was delayed to allow for alignment with similar work at the Canterbury DHB, which look longer than anticipated.

Implementation of a Tobacco Harm Reduction conversation tool with the community mental health teams, took longer than anticipated, due to competing priorities.

Pharmacy

Highlights

DHB/Community pharmacy

shared pharmacist and intern roles were filled for 2016-17.

Pharmacist participation in Complex Clinical Care Network when possible continues to foster an integrated approach to care.

Pharmacy access to electronic patient records system HealthOne has enabled better and safer transitions of care for patients especially with respect to discharges and specialist visits

Pharmacists have been welcomed into practices for “Pharmacist to GP Programme” and this has enabled a better understanding of healthcare information system MedTech as it pertains to pharmacists.

Opportunities for Improvement

Pharmacist to GP Programme needs an agreed clinical focus

Timely prescriptions for continuation and repeat supplies still proving difficult at times

Co-design of services should include patients, practice teams and pharmacy teams which logistically can prove difficult

Health of Older People

Highlights

Establishment and pilot of Flexible Integrated Rehabilitation Support Team (FIRST)

Repositioning of the specialist nurse resource for dementia from the Kahurangi team to Complex Clinical Care Network to make the service more available and more sustainable.

Healthcare professionals from across the West Coast health system have been enrolled in the person-centred dementia education programme “Walking in another’s shoes”. A master class was provided in Quarter 3 including enrolled and registered nurses, diversional therapists and support workers.

Opportunities for Improvement

IT system issues impacted on the regional roll out of shared care plans as well as the ability to report and monitor wait times from referral to completion of assessment for all clients receiving Home Based Support Services.

Child and Youth

Highlights

The age to access free Sexual Health and Contraception advice via their general practice has been raised from 1 July 2017 to all young people aged 24 and under.

Free cervical screening has become available for all women who qualify (based on ethnicity and age, including those who have never had a test).

Positive steps have been made to progress the Buller Community of Wellbeing group to address the gap for vulnerable families who do not meet the criteria for referral to any single agency.

The Transalpine Oral Health Steering Group hosted two workshops (one for each DHB) to develop the vision and direction for collaboration across the oral health system and improve oral health outcomes across both coasts.

Changes to the service provision model for the Community Oral Health service means that more children on the Coast are having their annual oral health check on time.

Opportunities for Improvement

Changes in staffing in both the Gateway Coordination service and Violence Intervention Programme have impacted on completion of actions this year. Further resourcing was needed to drive actions relating to disability respite care.

The development of the Mental Health project superseded actions relating to Youth Mental Health.

West Coast focuses on falls prevention in community

In an effort to reduce the number of falls experienced by people on the West Coast, a programme of community awareness events produced for “April Falls Month” really hit the spot in Buller.

A Health Quality & Safety Commission (HQSC) New Zealand report showed eight incidents on the West Coast in the year to the end of June 2016, five of which were falls-related.

The West Coast health system has traditionally marked April Falls month with posters and information around the DHB’s hospital and general practices. This year Falls Prevention Advisor Celia Smith worked with community representatives and businesses in Buller to highlight what people can do to prevent falls.

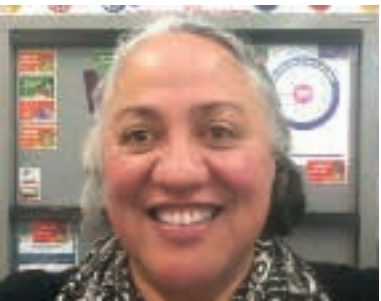


Libraries and Mitre 10 outlets across the Coast, along with retail store “Headspace” in Westport had displays and information; a series of tai chi “flashmobs” took place in Buller; and the DHB website and WCDHB Careers Facebook page featured a short patient story featuring pensioner Jean Thomson of Hokitika talking about preventing falls.

“We want to highlight the things people can do in their own lives and homes to stay safe,” Celia says. Tai Chi tutor Sylvia James says her team of tai chi enthusiasts had



Falls Prevention Advisor Celia Smith been looking forward to supporting this awareness-raising month. “People might have been a bit shy when I first mooted the idea, but then they were looking forward to showing how beneficial low-impact physical activities like tai chi can be,



Poutini Waiora Buller Kaitakawaenga/ Team Leader Rehia McDonald and how much fun,” Sylvia says. Māori health provider Poutini Waiora Buller Kaitakawaenga/ Team Leader Rehia McDonald says she is very keen for kaumatua to hear about how important it is to

stay physically active and to ensure their homes are trip-safe. “Our kaumatua are very precious to us. We know that once people have a fall, their health can be compromised in other ways too – and if they’re stuck at home they are in danger of becoming socially isolated. These are things we can all do to look after ourselves and our families. It’s important that we inform ourselves,” Rehia says.



For more information, contact Falls Prevention Advisor Celia Smith, celia.smith@wcdhb.health.nz

Treadmill technology upgraded at hospital

The old treadmill has been removed and a new treadmill, ECG machine and CASE PC-based exercise ECG diagnostic system has been installed at Grey Base Hospital.



The new equipment is managed by the hospital’s Medical Technicians, who were recently given an introduction to the gear by a team from GE New Zealand and a GE application specialist in diagnostic cardiology from Brisbane.

Medical Technician Garry Chapman says the previous equipment was outdated and the new gear is a more integrated system.

West Coast DHB Medical Technician Garry Chapman, GE field engineer Andy Lloyd and GE New Zealand education specialist Nicci Stoneman check the software of the new Grey Base treadmill system.



FIRST supports people to stay well at home



What is FIRST?

FIRST (Flexible Integrated Rehabilitation Support Team) is a new service for those who can benefit from a short, intensive period of rehabilitation in their own home.

Service models similar to FIRST have been operating across New Zealand for a number of years. They add value for clients whose home life has been affected because their



health is either slowly getting worse, or in sudden decline, or a chronic condition is making things tougher. For these people FIRST can make a real difference.

Participants will be supported for up to six weeks with an active rehabilitation programme designed to meet specific needs. The FIRST team helps participants



work towards those things that are important for health and independence.

- Who is in the FIRST team?**
- The participant and their family/whānau/supports
 - Registered nurses
 - Occupational Therapists
 - Physiotherapists
 - Support Workers.

About FIRST

- FIRST is a free service

- FIRST operates seven days a week, from 8am to 8pm
- Visits may be delivered up to four times a day based on individual needs, and reduce over time as independence grows
- Equipment will be provided if required
- Participants remain under the medical care of their own GP, who will be kept up to date on progress.



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

Pharmacy technician accepted for training

West Coast DHB Pharmacy Technician Jonathan Goodall has been accepted into a prestigious year-long Pharmaceutical Society of NZ Pharmacy Accuracy Checking Technician (PACT) course.

Grey Hospital-based Jonathan started the programme in July 2017, and upon completion he will be qualified to check medications are being accurately dispensed. Both the technician and the training site were assessed before he was accepted.

DHB Pharmacy Team Leader Lisa Jackson says the training programme is a great initiative allowing New Zealand technicians to further develop their career paths, and follows work done overseas in growing the role of pharmacy technicians. While a pharmacist is still involved with the clinical assessment of the medications, a PACT technician is authorised to check that the dispensing includes the correct medication, strength and quantity, and meets legal requirements.

“This enhanced role has been shown to be beneficial for patients, pharmacy staff and organisations alike. PACTs allow pharmacists to



increase their clinical ward time, patient contact time, and work on further service improvement initiatives. Patient safety has not been affected, and pharmacies already employing PACTs have actually reported an improved awareness of quality and safety within the department. Once Jonathan is qualified, these benefits are expected to be seen within our own organisation,” Lisa says.

“This exciting opportunity allows the West Coast DHB to be involved in the development of career paths for pharmacy technicians, and encourages them to utilise their skills to the fullest.”



For more information, contact DHB Pharmacy Team Leader Lisa Jackson, lisa.jackson@wcdhb.health.nz



Grey Hospital Pharmacy Technician Jonathan Goodall

Mental health staff training to ensure better care



To support frontline staff the Mental Health Leadership Team is providing the following professional development opportunities in 2017/18:

- Dynamic appraisal situational aggression – to identify and manage potential inpatient risks on a daily basis
- Risk assessment, formulation and management planning – to manage/minimise risk
- Structured clinical management – to assist case managers in treating those with the most severe borderline personality disorder symptoms.

The full training course, delivered by MindSight therapists, will develop the ability to successfully work with people who have problems of emotional dysregulation and self-harm. MindSight is a mentalisation-based treatment service for people with borderline personality disorder. It operates across the community mental health teams in Christchurch.

Staff have also recently been offered dialectical behaviour therapy - a specific type of cognitive-behavioural psychotherapy developed in the late 1980s by psychologist Marsha M. Linehan to help better treat borderline personality disorder.

This training complements the 2016 training of acceptance and commitment therapy, which is based on accepting what is out of your personal control, and committing to action that improves and enriches your life.



For more information, contact West Coast DHB Acting Associate Director of Nursing, Mental Health, Paula Mason, paula.mason@wcdhb.health.nz



Midwives and other staff involved in obstetric emergencies train at Grey Base Hospital recently.

Teams train for obstetric emergencies

Staff involved in obstetric emergencies continued to participate in multi-professional team training in 2017.

The training undertaken twice a year in McBrearty maternity ward, Grey Base Hospital involves core midwives, lead maternity carer (LMC) midwives, obstetricians, anaesthetists, junior doctors, and other staff involved in obstetric emergencies.

Midwifery Educator Linda

Monk says following a series of lectures two teams are formed.

“One team are actively involved in the emergency obstetric scenario and one team is observing. The observing team are assessing the other team’s communication skills, team roles, leadership and situation awareness while attending the emergency.

“At the end of the scenario they



provide feedback to the team on their drill. They discuss what went well, what didn’t and how they could improve. They swap around for

each scenario so each team gets a turn at participating and observing.”



For more information, contact DHB Midwifery Educator Linda Monk, linda.monk@wcdhb.health.nz

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Healthy kids’ lunches for just over \$2.00

Healthy lunches for kids are possible for little more than \$2.00 a day, Community and Public Health on the West Coast has shown.

West Coast Community and Public Health Nutrition Health Promoter Jade Winter said everyone wanted to give kids the best possible start. She said conversations with parents and caregivers of under-5s on the West Coast showed there was a common misconception that it was cheaper to fill lunchboxes with convenience items.

“This was borne out by teachers at early childhood centres who told us lunchboxes were often filled with packaged foods,” she said.

“The main misconception is that eating well comes at a high cost and there are many ‘fads’ and ‘superfoods’ marketed that are expensive and not particularly healthy despite their claims.”

Community and Public Health held workshops on the West Coast

where they provided examples of nutritious and cost-effective lunchboxes. These included foods such as pasta, carrot sticks, bananas, plain yoghurt, kiwifruit, filled bread cases, boiled eggs, celery sticks, rice crackers, broccoli, hummus and homemade slices.

The cost, at an average of \$2.31 per meal, was based on supermarket prices on the West Coast.

“I always explain to parents that providing a healthy lunchbox at a low cost will nearly always require a little time, however, by chopping up extra vegetables at dinner time, or making extra, you are potentially saving time and power!”

Ms Winter said it soon became obvious that parents and caregivers needed a robust, budget-friendly, easy to understand resource so Community and Public Health produced Nourishing Futures with Better Kai. The booklet combines nutrition information and guidelines with practical information such as handy ingredients for the pantry, building

a healthy lunchbox, sandwich-filling ideas, healthy party food, dealing with picky eating, oral health and recipes for using leftovers.

Ms Winter said the booklet has had significant input from parents, caregivers, teachers, dietitians, nutritionists and public health professionals to ensure it is as useful as possible.

“Toddlers and young children need appropriate nutrition for growth and development. Eating habits are formed from a very young age and it is important to cultivate these as early as possible. Introducing nourishing foods encourages children to learn about and enjoy different tastes and textures. We hope the resource will help parents and caregivers with that.”



i Nourishing Futures with Better Kai is available free on the Community and Public Health website at www.cph.co.nz/wp-content/uploads/nourishingfuturesbetterkai.pdf



West Coast Community and Public Health Nutrition Health Promoter Jade Winter.



The West Coast DHB joined the international campaign to “#End PJ Paralysis” during the year. Director of Nursing Karyn Bousfield (left) and Associate Director Allied Health Jane George are encouraging staff to help hospital patients out of bed, into their own clothes and moving about as soon as practicable, as it helps them recover more quickly.

#End PJ Paralysis

Access to sexual health services improved

The West Coast Primary Health Organisation increased the accessibility of its Contraception and Sexual Health Access Programme for young people during the year.

The access programme previously offered free contraception and sexual health services for people under 22 years of age. From 1 July this was extended to anyone under 25 years of age, either enrolled or casual patients eligible for funded healthcare services in New Zealand.

For people 25 years and over, the sexual health services available through general practices and incurring the usual practice fees, include:

- Contraception and emergency contraception services
- Sexual health services
- Repeat contraception prescriptions
- Jadelle contraceptive implant

insertion or removal* (not available in Reefton)

- Intrauterine device (IUD) insertion or removal* (not available in Reefton)
- Mirena IUD insertion or removal* – available through Buller Medical, Greymouth

Medical, Westland Medical Centres

- Vasectomy services* – available through Buller Medical and Greymouth Medical Centres.



For people under 25 years of age the following FREE services are available through general practices and community pharmacies:

- Contraception and emergency contraception services

- Sexual health services
- Repeat contraception prescription
- Jadelle contraceptive implant insertion / or removal with reinsertion* (enrolled patients only) (not available in Reefton)
- IUD insertion*, or removal with reinsertion (enrolled patients only) (not available in Reefton)
- Contraception prescription costs through West Coast community pharmacies
- Emergency contraception pill through West Coast community pharmacies.

*The ability to provide these services can occasionally vary, as they are subject to the availability of general practitioners who are able to perform these procedures.

i Please contact your general practice for further information about these services, or the West Coast PHO on 03 768 6182, www.westcoastpho.org.nz



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