



## West Coast DHB announces name of new health facilities in Greymouth

At the recent Board meeting, West Coast DHB members agreed on a name for its new facilities, due for completion next year.

The new facility will be known as Te Nikau, Grey Hospital & Health Centre.

When deciding on the name the DHB sought advice from Tatau Pounamu, the West Coast's manawhenua health group, in consultation with local iwi. Inspiration for the name came from Nikau the original name of the hill immediately behind the hospital, as well as the Nikau Palm.

Tatau Pounamu believe the name Te Nikau will help bridge the geographical divide between Te Tai Poutini and Te Tai Tapu (West Coast and Buller), as the Nikau palm is readily recognised in the Buller as the Coastwide symbol. The Nikau is New Zealand's only native palm tree which is synonymous with the West Coast.

Local iwi will also assist with supporting the cultural identity of the facility by donating a large touchstone pounamu to be located in the main entrance; a second pounamu stone on a plinth as a



feature in the internal courtyard, a large carved entry Pou for the front of the new facility and carvings for other areas throughout the facility.

In addition iwi have contributed to the design of etching on the glass throughout the facility, which will support the cultural narrative and unique West Coast location.

West Coast DHB Board members agreed upon the name as it reflects the sense of place for Coasters who will be on the receiving end of health services in this wonderful new facility.



David Meates, CEO

The 8,500 metre facility is due for completion in late March 2019 with staff expected to move in later in the year once the fit out is complete.

The facility includes 56 in-patient beds, three operating theatres, radiology, laboratory services and 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.

You can catch up with the latest progress on the site by watching this [video](#).

## West Coast DHB tests emergency readiness

Emergo Exercise "Paitini" was carried out on Friday 2 November to test planning and assumptions of 'patient surging at Grey Base Hospital Emergency Department' during an emergency.

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

The 'real time' exercise run over 2 hours dealt with multiple patients being admitted into the Emergency



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Department as a result of an explosion on a rural property located 40 minutes from Greymouth.

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



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

More about the training system is available online – [Emergo Train System](#)

**David Meates**  
Chief Executive

## South Island Rural Workforce Workshop

Over 60 participants attended the South Island Rural Workforce Workshop at The Design Lab in August, representing health care professionals from across the sector. Organised by the South Island Workforce Development Hub, the aim of the workshop was to identify issues,

vulnerabilities and gaps, showcase current initiatives underway or in development, and discuss opportunities for regional collaboration.

More info: <https://www.sialliance.health.nz/news-supporting-the-south-island-rural-workforce/>



SI Rural Workforce Workshop



Your fortnightly update from the Health Quality & Safety Commission





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**The Health Quality & Safety Commission was established under the New Zealand Public Health & Disability Amendment Act 2010 to ensure all New Zealanders receive the best health and disability care within our available resources.**

PLEASE [CLICK HERE](#) TO READ THEIR LATEST NEWSLETTER.



## Working as a midwife on the West Coast

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

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

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

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

"A strong rural generalist in any field is like a tree trunk. In the same way a tree adds more rings as it ages, so too does a rural generalist as they add more skills to offer the population they work and live within". Norma believes that working in a rural environment helps midwives develop these different skills much more quickly than they would in an urban centre because of the exposure they have. She says, "We welcome graduates to work on the West Coast and help them with the steep learning curve which is a completely different one to working as a graduate in a tertiary hospital for example. We also strongly encourage graduates to work in

our maternity facility at Greymouth and they too develop a skill set that is used in a very different way in comparison to an urban environment".

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

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

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



**Director of Midwifery Norma Campbell**

The richness of small communities means that while people may be geographically isolated, they are often socially very connected. In maternity everyone comes to everything they can so the whole team turn up for any education etc. The connections are amazing and respectful between the professional groups because these meetings sustain the workforce.

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

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

And when something big happens, everyone's in. The recent baby boom in Franz Josef is a good example. The midwives who cover this area let the maternity service know and word then got out. This has led to the two midwives now working closely with the Maternity manager and whole team at Greymouth Base, rural

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## Working as a midwife on the West Coast

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nurse manager, rural nurses, the GP, other Lead Maternity Carers, and administration to prepare for the 18 babies due between now and February.

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

## Young Māori having an Impact

The following article is reproduced with permission from Health Precinct magazine – <https://www.healthprecinct.org.nz/vision/our-stories/>

### MATT SOLLIS

#### NGĀTI WAEWAE

Matt Sollis will be the first person from Arahura to graduate as a medical doctor, but not its first healer. His taua (grandmother) Miriam Mason, affectionately known as Aunty Nin, was a Reverend Canon in the Anglican Church and healer in the West Coast town of Arahura. “I feel that I’m following in the footsteps of my taua. She was interested in rongoā (traditional Māori medicine) and used to treat us with hot bread poultices and karakia (prayer). She influenced my understanding of hauora and wellbeing a lot.”

Whānau is hugely important to Sollis. He grew up in the bosom of his turangawaewae (standing place) of Arahura pā. Whānau support and encouragement has helped and sustained him on his journey to become a doctor. He is currently a fifth year medical student at the University of Otago’s Christchurch campus.

“It’s such a privilege. I feel that my whānau are behind me, it makes me super motivated to return home one day and give back where I can.”

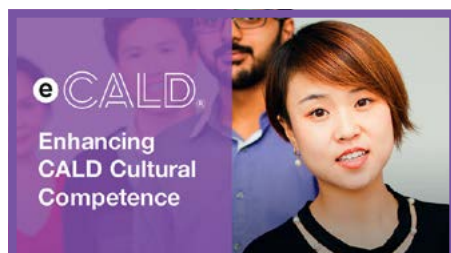
Sollis says a lack of educational achievement is one of the biggest issues facing Māori. “The stats are pretty poor for Māori passing NCEA, and getting into and staying at university. I feel it’s a big issue for Ngāi Tahu, and particularly the West Coast.”

As part of his desire to give back, Sollis is part of a Ngāi Tahu-backed initiative on the West Coast that aims to keep rangatahi (youth) in education. The initiative is called Tuia ki Te Tai Poutini and is for year 11 to 13 Māori students. It aims to engage rangatahi so they feel a connection to their tūrangawaewae and the people of that place. The rangatahi attend five sessions throughout the year that aim to really celebrate them, each focused on a different aspect of Māoritanga. At the final session, rangatahi are presented with a kuru pounamu tāonga.

Sollis is a keen gardener and advocate of the environment’s ability to anchor people and improve their wellbeing. He spoke to rangatahi at the Tuia i Raro session and focused on whenua (the land) and the environment and its role in grounding our identity. “I talked about my experiences, told my story, and took them to see my garden.”

Sollis says he has received a lot of tautoko (support) from the Māori /Indigenous Health Institute (MIHI) at the University of Otago, Christchurch. MIHI has developed a Hauora Māori curriculum for medical students that has been adopted in medical schools around New Zealand and the world. “They have helped open my eyes about how to be a better doctor, and a better Māori doctor.”

Sollis says he hopes one day he can help young Māori and inspire them to be well, excel in education and achieve for themselves and their whānau as he is now trying to do.



The latest edition of the eCALD newsletter features Cross-Cultural Interest Group Session: Mental Health of Asian LGBTI population in Auckland, Christchurch reinstated as a refugee settlement location and an Asian Perspective and the NZ Treasury Living Standards Framework.

[CLICK HERE](#) to read more.

## Dedicated group of nurses recruited to reduce pressure injuries

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

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

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

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

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



**Left to right: Dr Nick Kendall (ACC Treatment Safety Manager), Sean Bridges (ACC Senior Injury Prevention Specialist), Helen Pilcher (RN Med/Surgery), Tena Wilson (RN District), Rosalie Waghorn (Quality & Patient Safety Manager), Jo Tiller (Clinical Nurse Educator), Susan Wood (Quality Manager).**

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

The Accident Compensation Corporation funds and supports this pressure injury prevention initiative that will:

- empower patients and their families on how to prevent pressure injuries
- refocus attention on the basics of care, which includes skin assessments, making sure people keep moving when lying or sitting,

are eating well and keeping their skin clean and dry

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



## WCDHB emergency management update

**Earlier this year, three Coordinated Incident Management Systems (CIMS) courses were held on the West Coast. The courses were for West Coast DHB staff who would be involved in emergency operational responses following any event that would compromise the DHB's facilities and services beyond 'business as usual' operations.**

Staff from Buller Health Clinic, O'Connor Home, Poutini Waiora and Karamea Health Centre attended a CIMS course held at the Buller District Council's (BDC) Emergency Operation Centre (EOC). The other two courses were specific to activating EOCs in the Grey and Buller DHB facilities.

The courses were run by Canterbury and West Coast DHB Emergency Manager, Jenny Ewing and Emergency Planning Coordinator, Tui Theyers.

Tui Theyers says that "ensuring staff have the right skills and knowledge to undertake the roles expected of them during an incident is crucial to continuing the provision of health services following a major disaster such as an Alpine Fault rupture. It is imperative that we empower and support our 'whole of health staff' through ongoing training which in



**Buller CIMS group in training.**

turn increases the resilience of the local community".

Buller District Council's Emergency Management Officer, Erica Andrews gave the attendees an interactive tour around their EOC. One attendee commented that 'clarifying the connection between Health's Incident Management Team

and Civil Defence Incident Management Team' added value to the day.

Many agreed that team-work, communication and forward planning were the key learnings.

If you are interested in attending a CIMS training course, contact Megan Gibbs – [megan.gibbs@cdhb.health.nz](mailto:megan.gibbs@cdhb.health.nz)

## New graduate nurses celebrate success

**The shared celebration ceremony for the West Coast DHB new graduate nurses in our 2017 and 2018 September intakes took place on Monday, 10 September.**

The celebration provided an opportunity to welcome the incoming 2018 new graduate nurses to the Coast, as well as simultaneously celebrate new graduates who have completed their NETP (New Entry to Practice) or NESP (Nurse Entry to Specialty Practice – Mental Health) year.



**Natasha van Vuuren, new graduate nurse, receiving her certificate and pin from Brittany Jenkins (Nurse Manager – Workforce Development) while Karyn Bousfield (Director of Nursing) looks on.**



## Developing intentional inter-professional practice on the West Coast

The Interprofessional Education and Practice Survey was conducted on the West Coast to investigate current understanding and perceptions of interprofessional practice at the West Coast DHB.

Initial data analysis results are outlined in the diagram shown and highlight that the majority of respondents recognise the benefits of interprofessional practice and are comfortable to work in this way. However, three quarters of respondents identified that they believe there are barriers to working truly interprofessionally, which warrants further analysis.

The next step is to work with Fiona Doolan-Noble at the University of Otago to analyse the qualitative data.

HealthOne

HealthOne  
Newsletter 11th  
edition 2018

To read the newsletter, visit the  
[South Island Alliance website](#).

NEED TO TALK?

1737

free call or text  
any time

### Developing intentional interprofessional practice on the West Coast

Brittany Jenkins, Cameron Lacey, Jane George  
West Coast District Health Board

#### Survey results

#### Aim/Objectives

To develop workforce and stakeholder awareness, organisational policy, pathways, and strategy for the West Coast rural health workforce in terms of interprofessional practice which supports workforce sustainability and high quality care.

#### Background

The healthcare workforce is being required to work in collaborative, integrated ways in order to better meet the needs of our increasingly complex population<sup>1</sup>. This way of working has been described as interprofessional in nature, and a growing body of research activity is supporting its introduction into all aspects of the health and care system<sup>2,3</sup>.

An initial group of WCDHB Clinical Leaders and Educators met in November 2017 to start exploring interprofessional practice (IPP) and Education (IPE) on the Coast, including creating a shared understanding of what IPP/IPE is and what it is not. It was recognised this work should be co-ordinated by all interested professionals and so the interprofessional Practice & Education Roopu was created. The kaupapa of this roopu is to develop a West Coast wide strategy for promoting and implementing interprofessional concepts regarding ways of working and learning.

#### Methods

Following the formation of this Interprofessional Education Roopu, surveys were undertaken to gauge the level of understanding across the workforce about interprofessional practice, to gain a benchmark for our programme of work. Information was gathered on the range of interprofessional activities being undertaken, and education sessions were held to introduce the concept of interprofessional practice.

#### We're very rural

Driving from Karamate Haast is the same distance as Palmerston North to Auckland. Developing interprofessional ways of working could assist us to better reach our most rural communities

#### Conclusions

It is recognised that in rural settings, interprofessional practice is common, if unrecognised as such. Our analysis of the quantitative data suggests that there is a level of confidence with the activity of interprofessionalism, and that members of all health care settings recognise its benefits and are comfortable to work in this way.

#### Next Steps

Seeking further narrative feedback throughout the questionnaire has provided a rich set of qualitative data as well. Given the finding that while 100% of respondents think that interprofessional practice is important but three quarters believe there are barriers, further analysis of this data will be key to creating the platform upon which to build a robust programme of education and intentional implementation.

Following this, the West Coast DHB aim to develop a visible programme of interprofessional education, working in partnership with professional bodies and education providers. In doing so we will be able to strengthen and formalise this fundamental aspect of care.



90% of respondents agreed with the statement that interprofessional practice benefits patients by increasing their satisfaction and reducing their length of stay

60% of respondents had heard the term Interprofessional Practice prior to taking the survey

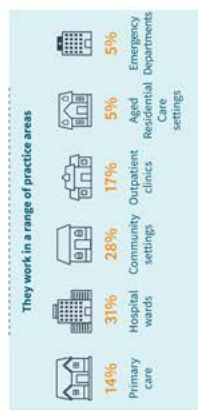
70% believe they already work this way

85% are comfortable working this way

65% believe they have opportunities to work in this way



This is largely representative of the workforce mix across the West Coast Health System



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1. Ministry of Health. New Zealand Health Strategy: Roadmap of actions 2016. In: Health No. editor. Wellington: Ministry of Health; 2016.
  2. Davies C. Getting Health Professionals to Work Together: There's More to It Than You Think. *Healthcare Working Safe by Safe*. British Medical Journal. 2009;339(7741):1021-2.
  3. Makic ABF, Wald H. Achieving improved patient outcomes through interprofessional teams. In: *Journal of Interprofessional Education and Practice*. 2017;September 2018(9):1-4.

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While 100% of our respondents think that interprofessional practice is important, 75% believe there are barriers





## Bouquets



### Morice Ward staff

*I wish to convey my personal opinion about the standard of care my late husband received during his stay in Morice Ward.*

*Due to my husband's health problems, he was admitted to Morice Ward on a number of occasions. The most recent admission being the longest period. From the day, he entered the Emergency Department (under the absolutely top rate care of Dr Mike – last name unknown) to the day of his discharge home, his care was of an exceptional standard of care.*

*I would like to personally express my gratitude to all the wonderful staff members, who each made his last days very peaceful. There were times when he simply could not cope and it was in these moments one or more of the staff made him more comfortable than he would have been otherwise. The nurse care was exemplary and you need to know this.*

*I congratulate Grey Base Hospital for having excellent nursing staff.*

### Greymouth Medical Centre

*I would like to commend Dr Alexandra Johansson, who I saw at the Greymouth Medical Centre when I was very sick with bronchiectasis and a haemophilus infection. Alex listened to me, studied my records and made referrals for me to see a specialist and have a spirometry test. I also had another sputum test. Alex phoned me to discuss further treatment and prescribed Doxycycline.*

*Dr Johansson was interested in helping me get well and I appreciate her professional and compassionate care.*

### The Grey Hospital Laboratory

*Such as easy pain-free process – bloods taken!*

### Grey Hospital ED staff

*I think that this is the quickest service I've ever encountered at the public hospitals I've ever seen. Thanks so much for your services ladies. Very well done.*

### Morice Ward staff

*Thank you so much to all the staff involved in my Aunt's care – especially the nurses of Morice Ward.*

*My family and I travelled from New Plymouth to visit her and it was a huge relief to know she is well cared for and comfortable.*

*Thank you for allowing us to spend as much time as we wanted with her during her palliative phase. It meant a lot to have some time and share memories with her before we have to head home again.*

*Forever grateful*

### District Nursing (DN) staff

*I really appreciated the quality of care I received from the Greymouth based DN staff; particularly Rita and Kat, as I recuperated from my kitchen accident.*

*They were very patient with my weak knees and nervousness, gave lots of reassurance and advice and I always felt like I was receiving the best of care.*

*It is clear that the standards of practice are highly valued in terms of hand washing, setting up the work space and ensuring everyone's safety.*

*Thank you for leading such a great service.*



The latest news from the  
South Island Programme  
office is now available online.  
[CLICK HERE](#)





## Ginny Brailsford

### Planning and Funding Team Leader – West Coast

#### What does your job involve?

Planning and Funding work as a team with providers, clinicians and consumers to align our care with a goal of 'best for patient, best for system'. We also support the West Coast Alliance in clinically-led service development.

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

It's a chance to positively influence patient outcomes at a system level.

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

The opportunity to lead innovation.

#### What are the challenging bits?

Are we there yet?

#### Who inspires you?

People who are reflective, modest, intelligent and funny.

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

*The Luminaries* by Eleanor Catton. It's a must-read for new Coasters.

#### What was the last band/musician you saw?

Zulu Love in Hokitika! Before that would have been Johnny Clegg in Wellington



Ginny with Monty

over 10 years ago. Took me back to my Cape Town University days.

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

Here! Although, travelling with my husband in Europe has a special appeal – we love 'discovering' local haunts near the Mediterranean.

#### What's your ultimate Sunday?

At home in Hokitika, brunch outside (made with eggs from our chooks and Kanieri bacon) followed by a walk on the beach with our two dachshunds.

#### What is your favourite food?

Discovered fresh whitebait since moving to the Coast. Will that do?!

#### Ever won an award/medal/competition?

I'm not overly competitive. Prefer to enjoy watching others achieve/win.

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

## New resources inspiring careers in Māori health

HYPERLINK: <https://kiaorahauora.co.nz/>

Kia Ora Hauora, the national Māori health workforce, has produced a range of great resources to inspire careers in Māori health. The resources are engaging with people's success stories and profiles, explaining why health is a great sector to work in. The resources will be coming soon to Kia Ora Hauora's Facebook and Twitter accounts. Please keep an eye out and share these using your channels.

PS check out this great Kia Ora Hauora information on [Lakes DHB's website](http://www.lakesdwb.govt.nz/Article.aspx?ID=4508)

HYPERLINK: <http://www.lakesdwb.govt.nz/Article.aspx?ID=4508>



## West Coast Emergency Management newsletter

**This is the September 2018  
issue of the West Coast  
CDEM news.**

Read for information on keeping everyone in the loop, activity by numbers, integrated air operations, Gaunt Creek alpine fault tour, community pulls together, regional VHF infrastructure and get away kits.

HYPERLINK: <https://westcoastemergency.govt.nz/wp-content/uploads/2018/09/WCCD-4Rs-Sept-2018.pdf>

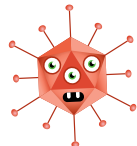
## Health Quality & Safety Commission Patient Safety Week

**Patient Safety Week (PSW 2018) may be over but infection prevention and control focused on good hand hygiene is definitely not! Good hand hygiene helps stop the spread of bugs and antibiotic-resistant infections.**



The single most important thing you can do to prevent harm to patients – is have clean hands!

Not just during patient safety week, but the other 51 weeks of the year the West Coast Infection, Prevention & Control Operational Team works to prevent healthcare-acquired infections and in doing so, reduces subsequent antibiotic use. Rosalie Waghorn, West Coast DHB's Quality and Patient Safety Manager had this to say:



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

"Other measures range from isolation of patients who are at high-risk of infection or those that test positive for antibiotic resistant organisms, to effective cleaning and disinfection of equipment and surfaces, education, waste and laundry management, bundles of care around intravascular devices, research, surveillance activity and audits".

The Health Quality and Safety Commission promotes Patient Safety Week each year chose the Infection and

Prevention & Control theme in 2018, with emphasis on good hand hygiene because:

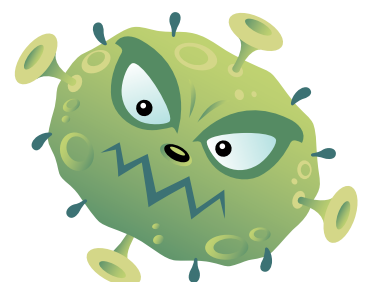
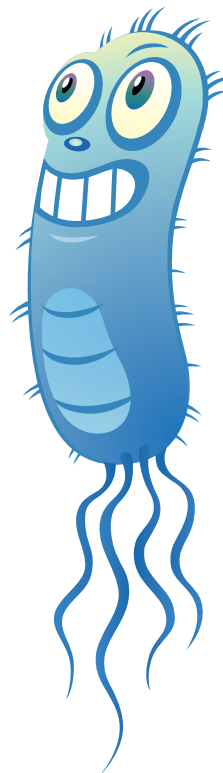
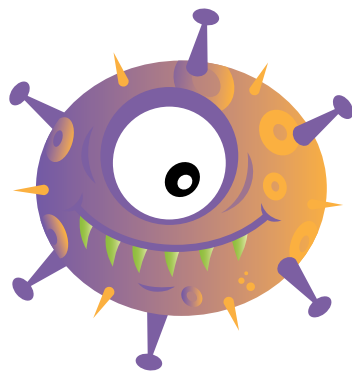
- effective hand hygiene is the simplest, most effective way to prevent healthcare associated infections
- good hand hygiene in the home is important to prevent spread of infection within families and whānau
- reducing infections not only lessens the need for antibiotics but also reduces the opportunity for microorganisms to develop resistance and share resistance genes.

Like last year, the Health Quality and Safety Commission has produced some colourful and engaging graphics to help us get the message across. It may come as a surprise to some, but some of the germ characters have been developed with a specific organism in mind. See the illustrations in and around this page – who knew pathogens could be so cute!

Using fewer antibiotics reduces the chance that microorganisms will develop resistance or share resistance genes. A perfect segue to this week's theme week, which is World Antibiotic Awareness Week.

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

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







## Antibiotics can help, but they can also harm.

Each time you take antibiotics,  
some resistant bacteria survive –  
these are harder to treat the next time.

We only prescribe antibiotics  
when they will be effective –

CHOOSE  
WISELY





## ARE YOU GIVING BUGS A HAND?

**CAMPYLOBACTER**  
causes a sore stomach and diarrhoea

**GROUP A STREPTOCOCCUS**  
causes a sore throat and rheumatic fever

**STAPHYLOCOCCUS AUREUS**  
causes boils and skin infections

**E-COLI**  
causes food poisoning and diarrhoea

**VIRAL CONJUNCTIVITIS**  
causes painful, red, weepy eyes

**INFLUENZA**  
causes the flu

**NOROVIRUS**  
causes vomiting and diarrhoea

**HEPATITIS A:**  
causes jaundice and diarrhoea

**WASH YOUR HANDS**  
FOR 20 SECONDS AND DRY YOUR HANDS THOROUGHLY

OR

**USE HAND GEL**  
AND RUB HANDS TOGETHER UNTIL DRY

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

New Zealand Government

MINISTRY OF HEALTH  
MANATŪ HAUORA

ACC  
PREVENTION CARE RECOVERY  
Te Kaitiaki Takekōwhiri Whakaora

HEALTH QUALITY & SAFETY  
COMMISSION NEW ZEALAND  
Kaitiaki Takekōwhiri Whakaora





## University of Otago's Musculoskeletal and Pain Management Postgraduate Programmes

HYPERLINK: <https://www.otago.ac.nz/christchurch/departments/orthomsm/postgraduate/index.html>

**DISTANCELEARNING**

University of Otago, Christchurch

**POSTGRADUATE**

 UNIVERSITY OF OTAGO  
Te Whare Wānanga o Ōtago  
NEW ZEALAND

### Pain and Pain Management

Offered entirely via distance learning, our postgraduate qualifications in Pain and Pain Management are of interest to a wide range of health professionals. Topics include:

- Introduction to Pain
- Introduction to Pain Management
- Pain Assessment
- Neurobiology of Pain
- Biomedical Pain Management
- Psychosocial and Cultural Aspects of Pain

**Applications for study in 2019 are now being accepted.**

 Our programmes are endorsed by the International Association for the Study of Pain

otago.ac.nz/msm-pain-management  
msmandpainstudies.uoc@otago.ac.nz



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University of Otago, Christchurch

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NEW ZEALAND

### Musculoskeletal Medicine Musculoskeletal Management

Our qualifications are of interest to a wide range of health professionals, topics include:

- Introduction to Pain and Pain Management
- Musculoskeletal Tissues and Disorders
- Regional Disorders – Spine and Limbs
- Recreational and Sports Injuries
- Musculoskeletal Management
- Clinical Diagnosis and Therapeutics (Medically Registered Doctors)

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