



A word from Chief Executive David Meates

WELLBEING BUDGET

Firstly, I would like to acknowledge the recent Wellbeing Budget as a much-needed investment for mental health and wellbeing. However, until we know more about the detail of the additional funding for health it's too early to determine the impact for the West Coast population.

I am encouraged by the Government's renewed focus on mental health and wellbeing as this is of such importance to our community and to New Zealand as a whole. It definitely signals the right direction of travel, as any additional resources we receive help us to provide appropriate and equitable care across the West Coast Health System that improves, promotes and protects the health of Coasters.

WEST COAST HEALTH FACILITIES UPDATE

Te Nikau Grey Hospital and Health Centre

Although the handover date for Te Nikau Grey Hospital and Health Centre is currently unknown, the construction programme reviews indicate it will be in late 2019. Following handover of the building from the contractor to the Ministry of Health, the DHB will prepare the facility for operational use over a period of approximately 10 weeks. The facility will be clinically cleaned, stocked and staff orientation and training will occur during this time. The migration of

the existing hospital to the new facility will follow over a period of 10 days.

Buller Health facility

West Coast DHB's Board endorsed the final Buller Health facility concept design at their Friday 10 May meeting. The final design incorporates changes requested by user groups following re-engagement with Buller staff by the design and West Coast DHB Facilities Redevelopment teams in early May.

The concept design incorporates a new roof layout which the project architects and engineers worked on during the re-engagement phase. The new roof layout provides additional space within the footprint of the main hospital. This means the utility areas and storage spaces previously in an 'out-building' can be accommodated within the facility itself.

The final floor plan is now 2290m² and includes all services, storage spaces and utility areas located within the facility itself. The previous iteration of the Buller Health Centre floor plan had a floor size of 2213m² with an additional 68m² 'out-building' (utility building) (total 2281m²).

The facilities mock-up room space is expected to be established mid-year in an existing large utility shed/garage on the Buller Health campus. The space will have moveable walls, or tape on the floor to indicate the space available to perform certain tasks.



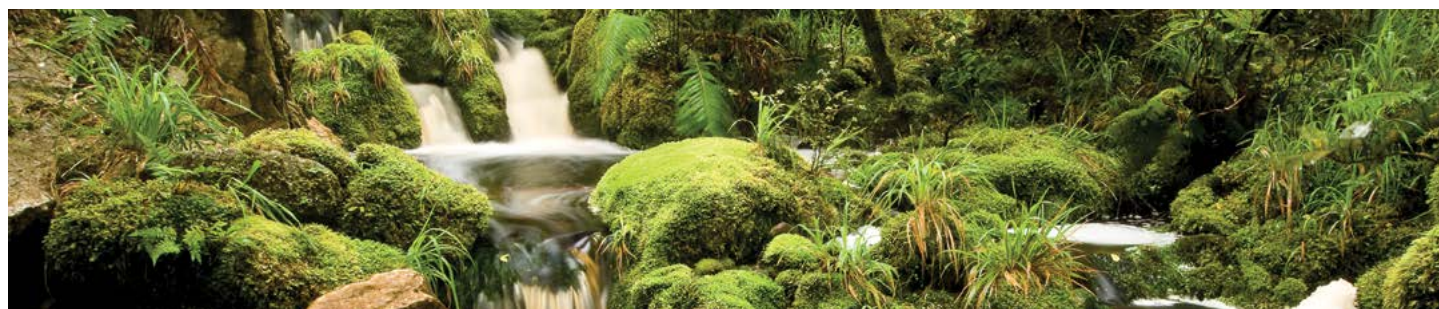
David Meates, CEO

The proximity to the existing facility will allow Buller staff to fully engage in the next phases of preliminary, developed and detailed design. There will be a number of opportunities for staff, patients/consumers and the wider community to 'test' the layout of the various rooms to ensure that they are functional and fit-for-purpose. We anticipate that the design will be completed by October 2019.

Construction registration of interest will be sought during September 2019 with the construction contract to be let in January 2020. Demolition and construction associated with the new facility is expected to take 550 days with occupation of the new facility expected by September 2021.

The current Buller Health floor plan is available online [here](#).

continued overleaf...



...continued from overleaf



Cowper Street facility: Figure 1 – Image of Front Entrance facing south



Cowper Street facility: Figure 2 – Facing east

Cowper Street facility

Construction of the new West Coast DHB administration building on Cowper Street commenced in early June after the old Cowper Street building and the two adjoining DHB-owned houses were demolished in late May.

The building will provide a facility for all DHB personnel not based within the new Te Nikau Grey Hospital and Health Centre currently under construction or in the existing corporate services building.

Site preparation and construction of the \$2.038M facility is being undertaken by local West Coast construction company CYB Construction Limited. Construction is expected to be completed by November 2019.

STRONG UPTAKE OF THE FLU VACCINE BY OUR PEOPLE

West Coast DHB's authorised vaccinators have once again done an incredible job this year, providing the flu vaccine to 530 employees (70 percent of our staff). Also 170 partners and children of employees and contractors to the DHB have been vaccinated.

Staff flu vaccination clinics have now finished for 2019.

If you are in one of the following priority groups and have not yet had the flu vaccinations, it is strongly recommended that you contact your general practice team to discuss getting vaccinated:

- Pregnant women
- Aged 65 and over
- Have a child under four with a serious respiratory illness
- People with severe asthma, heart disease, diabetes and other serious



health conditions that make them more susceptible to influenza (rather than people with serious health conditions).

What can you do to help?

If you or someone you know becomes unwell with an influenza-like illness there are some things you can do to help them recover and stop the spread.

Top tips for coping with flu at home

1. Call your general practice team 24/7 rather than visiting in person. After hours follow the instructions on the answerphone to be put through to a nurse for free health advice.
 2. Stay home if you're sick – practical advice on caring for someone with the flu is available in the 'resources' section of our flufree.co.nz website. Importantly it lists symptoms you should look out for and when to seek health advice.
- Wash your hands often with soap and water or use hand sanitiser – especially after coughing, sneezing or blowing your nose.
 - Avoid touching your eyes, nose and mouth with unwashed hands.
 - Stay away from people if you are sick.
 - Practice good cough and sneeze etiquette: always cough and sneeze into a tissue or into your elbow (completely covering your mouth and nose).

For more information, visit www.flufree.co.nz

And on that note, I'll sign off and wish you a healthy flu-free winter.

Haere ora, haere pai
Go with wellness, go with care

David Meates

Chief Executive
West Coast District Health Board



Career pathway through West Coast Health System leads to Director of Nursing appointment

Brittany Jenkins modestly attributes her recent appointment as West Coast DHB's Director of Nursing to the people who have supported and mentored her since she started with the DHB 12 years ago. Brittany, who originates from Montana in the United States, arrived in New Zealand in 2004 to study nursing in Palmerston North and when she completed her studies looked to the Coast for employment.

"My partner, Jason, and I decided to move to the Coast after holidaying here as we were really impressed with how easy it was to spend time in the outdoors. For me, being surrounded by mountains reminded me a lot of home and for Jason, he needs to be near the sea so it just seemed right," says Brittany.

"As a new graduate nurse, I applied for a job in Westport and ended up being offered a position at Grey Base Hospital. When we first arrived in December 2007, it rained for two weeks straight and when the sun eventually came out we shifted to Rapahoe beach where we felt like we were on holiday every day. That was when we knew we had made the right choice."

Brittany's West Coast DHB career started in Barclay Ward where she worked for six months before moving to Morice Ward and Critical Care. Over the next six years Brittany would also do shifts across a number of settings, including Paediatrics, the Emergency Department (ED), and Hannan Ward. In 2012, while completing her Master's Degree in Nursing, Brittany decided that a new challenge was in order and took on a casual Nurse Educator role



Brittany standing on the shoulder of Mt Raged in the Hitchin Range, South Westland. Photo: Jason Blair

focused on the development of some of the DHB's ventilation policies and procedures, as well as a Greymouth-wide medication audit.

"At some point I was also supported to become a Resuscitation Instructor through the NZ Resuscitation Council, which later helped when I applied for a position as West Coast DHB's Resuscitation Service Leader. I worked in this role for three years before taking up the Nurse Manager – Workforce Development role.

"Both of these jobs were Coast-wide and so provided me with a great introduction to the West Coast Health System from Karamaea to Haast, which is definitely a great way to get to know your team. Working in these positions gave me a really good sense of all of the communities within our region and confirmed that what we do is so important.

"While I was studying, I knew I didn't want to work in a specialist nursing role

as I felt this would limit how useful I could be in my work. I wanted a variety of experiences and the Coast has definitely provided plenty of unique opportunities that I don't think I would have got if I had worked in an urban area. The thing about nursing that I like the most is that I have never needed to change my profession to do a range of interesting jobs. I couldn't have chosen a better career!" says Brittany.

"As Director of Nursing, I am looking forward to the challenge of working alongside the West Coast communities and nursing team as we step into the future. I want to focus on future-proofing our local health system; taking my turn at encouraging and supporting nurses to see the opportunities that are here and really promoting this as it is one of the things that makes the West Coast a centre of excellence in terms of rural health."

Remembering Jean Adams (1930 – 2019)

Article provided courtesy of the Greymouth Star.

Jean Adams can be described as ‘the lady with the lamp’ and held the distinction of being the longest serving registered nurse on the West Coast in a career that spanned over 50 years. Jean was born into the Ferguson family of South Westland on 12 August 1930 at the family home at Fergusons Bush.

As a young girl she was educated at the one-teacher school at Kakapotahi, near the mouth of the Waitaha River, and then attended Nelson Girls’ College for her secondary education. On leaving school she returned to the Coast to work as a nurse aide at Westland Hospital, Hokitika, before training as a nurse at Timaru Hospital.

After her graduation Jean married her sweetheart, Jim Adams, in April 1955, and they raised their four children, Wendy, Peter, Irene and Julie in the Adams family home in Ward Street, Cobden. In 1968 a course was offered at Grey Base Hospital for registered nurses to retrain in nursing and as her children were all at school, she took up this offer – the nurses were called the Retreads!

Jean worked full-time afternoon shifts in Barclay Ward, as the afternoon Supervisor and then as the night Supervisor until her retirement in 1995. She continued to work part-time and on-call at Grey Base Hospital after her retirement. Later Jean worked part-time on night shift at Granger House until she was 80. Nursing was her life.

During her nursing career Jean was a great advocate for her patients. She was noted for being outspoken and did not hesitate to challenge doctors’ decisions where her patients’ well-being was concerned.



Jean Adams as a young nurse

Jean was a member of the Association of Anglican Women and a loyal disciple and supporter of the Cobden Anglican Church. In her spare time she liked gardening, walking and going to old-time dancing, but her real passion was to bake for anyone in need or for a special occasion. Her baking was known Coastwide. Jean also loved spending time with her family at Hanmer Springs, the bach at Punakaiki or back on the farm at Fergusons Bush.



Bouquets

SPOTLESS SERVICES

On behalf of my family, I would like to pass my thankfulness to the lovely lady, Jackie Stretch, (Spotless) who delivered my Grandmother's meals to her daily. Jackie greeted her with professionalism and respect; was kind and caring and as my Grandmother is hard of hearing and vision impaired, took the time to explain what meal options were available and provided an explanation when she didn't understand the menu.

She greeted my mother and me with an infectious smile and a good laugh while we were visiting my Grandmother during her hospital stay. Her bubbly attitude and warm caring nature made us more relaxed as we knew my Grandmother was being well cared for. Thanks!

PARFITT WARD

My son was recently admitted overnight to Parfitt Ward with breathing difficulties. I can't see any way that his care could have been improved. Staff were great and the facilities excellent. He even said that he loved the food! I have confidence that Grey Base Hospital will care for all patients to an exceptional level.



Training as a Pharmacy Technician provides hands-on learning opportunity

Hazel Wilkinson has worked for the past two years in the Grey Base Hospital Pharmacy. Initially Hazel was employed as a Pharmacy Assistant before taking up the opportunity to train as a Pharmacy Technician.

"I had always been interested in working in a medical or health care role but was nervous about going to university to study full-time, especially as I am a hands-on learner. I grew up in Little Wanganui near Karamea and after finishing school moved to Westport where I did a Business Administration and Computing course at Tai Poutini Polytechnic," says Hazel.

"After completing my studies I worked for three years in banking. It was during this time that I completed an online Medical Terminology course with the Auckland University of Technology (AUT), as I thought this would give me a clearer idea as to whether working in health care was really something I wanted to do.

"I didn't know much about pharmacy work when I applied for the position – I just knew that training and working in a trade-related profession was right for me. Having my Medical Terminology Certificate was helpful and although very different professions, both banking and pharmacy suit people like me who are detail-focused."

Hazel's role as a Trainee Pharmacy Technician is varied and interesting. She can legally dispense medication for hospital patients; undertake reconciliations of ward medical supplies and prepare pharmaceutical supplies for all the DHB rural clinics. Training in a hospital pharmacy opens up clinical pathways that allow her to work in community-based pharmacies.

"I have recently started co-ordinating the rheumatology, infusions and oncology medications which we prepare a week in advance. There are some medications that we have to place special orders



Hazel getting ready for a day in the Pharmacy

for as the expiry dates on these items mean we often don't stock them in the Pharmacy. Orders are received each Wednesday, which allows us to prepare the medications for the following week.

"I am really lucky as I work in a great team which includes four pharmacists and two senior technicians, one of whom has recently become PACT (Pharmacy Accuracy Checking Technician) qualified. We are joined every six months by an intern Pharmacist. I am paired with a

preceptor (Pharmacist) who provides me with heaps of support and supervision which is really beneficial," says Hazel.

"This role is perfect for me as not only is it hands-on, there is flexibility which allows me to manage my work and study loads to suit what is required. To top it all off the DHB have been really supportive of my learning. It is definitely an ideal job if you want to remain living and working on the Coast."



International Paediatric nursing experience benefits West Coast children and families

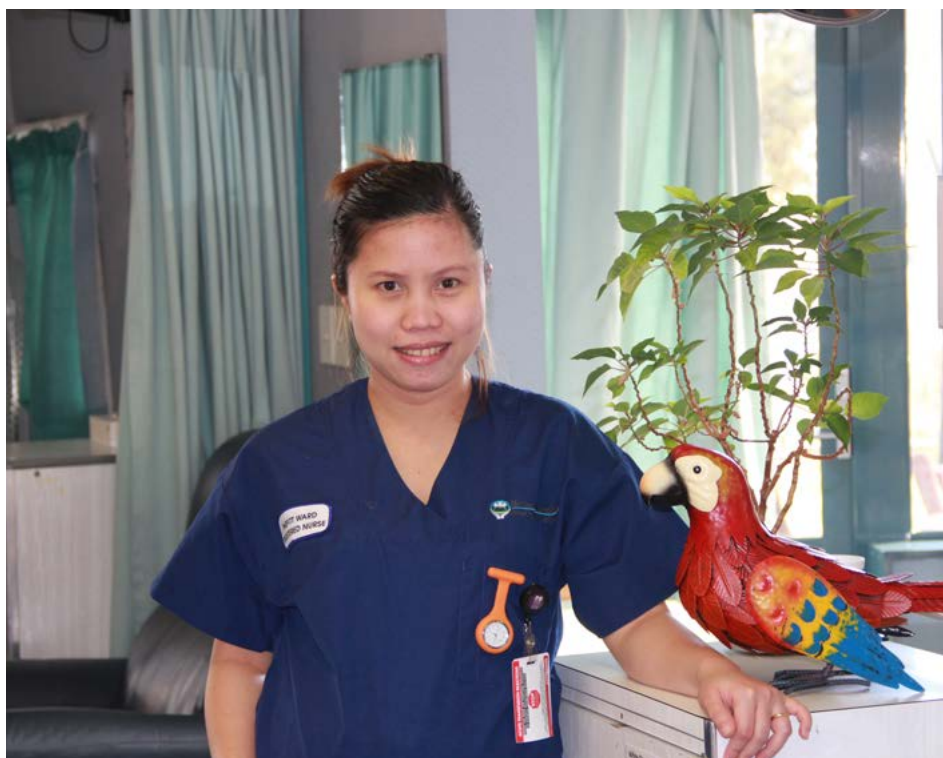
Janely Sagayno has worked as a Paediatric Nurse in the Philippines, Singapore and now in New Zealand for over eight years. Janely, who was born in Davao City in Southern Philippines – a city with a population of around 1.7 million – migrated to New Zealand over a year ago to work as part of Grey Base Hospital's Paediatric nursing team in Parfitt Ward.

"I had a friend who was working in Parfitt Ward as a Paediatric Nurse, who encouraged me to apply for a position here. I applied in July 2017 and had my interview via video conference. Although the decision to move away from my family was difficult, I certainly believe that I have made the right one as the work is varied and interesting," says Janely.

Janely graduated with a Bachelor of Science and Nursing from Davao City's San Pedro College in 2007. The first two years of study were classroom-based with the final two years focused on a hospital internship which included community-based nursing.

"When I went to college, it was my parents' decision that I studied nursing. Initially, I went along with this but then discovered that the more I learnt the more I wanted to make a difference. I really love nursing – I find it really fulfilling to provide nursing care to people who need it. Healthcare services are in high demand in the Philippines so there were lots of opportunities for interesting work experiences," says Janely.

"As part of my internship, I provided nursing services in community healthcare settings which exposed me to a wide range of healthcare issues. Every barangay (village) in the Philippines has a health clinic and working in these clinics meant that no day was the same. Depending on patient need, I could be doing anything from vaccinations, facilitating health promotion and education sessions or completing health checks for expectant mothers.



"After graduating, I worked for four years in Paediatric intensive care units (ICU) in the Philippines before being encouraged by my Singapore-based family to move there. For the next three years, I continued to work in Paediatric ICU before deciding to apply for registration with the Nursing Council of New Zealand (NCNZ) as I was interested in working in New Zealand," says Janely.

"If you are an internationally qualified nurse who wishes to gain registration as a nurse in New Zealand, you have to be assessed by the Nursing Council of New Zealand. Lucky for me, my experience in Singapore meant that I didn't need to complete the NCNZ's Competency

Assessment Programme but I did have to register with NCNZ to get my annual practicing certificate," says Janely.

"I have been working in Parfitt Ward for over a year now and I really love it. There is a really good team here which is evident in the way we work together. Intensive care workloads can be really challenging so having the support of your work colleagues is essential to providing good care. As a team, we use a wholistic approach where we work with patients and their whānau alongside community health services to ensure that the right supports are in place. For me, this is exactly how we should be providing care as good family relationships are essential in the delivery of paediatric services."

Arts Therapy – a clinical health and wellbeing practice on the West Coast

Rosa Heney is a registered Coast-based Clinical Arts Therapist, who was supported by the West Coast District Health Board's Allied and Mental Health teams from September 2017 until December 2018 to complete her Clinical Arts Therapy internship. In December 2018, Rosa gained her professional registration and completed her Master of Arts in Arts Therapy (Clinical) with honours from Whitecliffe College of Arts and Design in Auckland.

Rosa provides the following account to clarify what arts therapy is, and to share her journey toward the development of community-oriented professional practice here on the Coast.

WHAT IS ARTS THERAPY?

Arts therapy is a psychotherapeutic approach which utilises arts activities to support the emotional, cognitive, physical, cultural and spiritual well-being of clients. It not only cultivates the healing powers of imagination, it also mobilises the social engagement system through play, improvisation, movement, and creativity. It can help people engage more fully in the present while deepening implicit and meaningful sensory-based communications. It is important to note that engaging with the creative process has more importance within the experience of arts therapy than the artistic product, and as such participation does not require any specific creative skills.



Breathing Out-side by Sue (60 years). Beach mandala using found objects. 2017

Arts therapy brings together creative processes and psychological treatment frameworks (for example, Cognitive-Behavioural Therapy, Dialectical Behaviour Therapy, Mindfulness, Narrative Therapy, Sensorimotor Psychotherapy) to help people explore



My brave by John (11 years). Paper clay and acrylic paint on mask. 2018



Open-heart surgery by Bill (10 years). Paper clay and plasticine. 2018

continued overleaf...



...continued from overleaf

and express material that is often difficult to put into words. It is often utilised to support people to:

- Release excess energy to reduce tension
- Learn self-soothing behaviour to reduce tension, stress and anxiety
- Learn to manage strong feelings
- Learn to problem-solve
- Develop better communication skills
- Attend to difficult memories and nightmares
- Improve bodily awareness
- Promote coping, and relaxation strategies
- Promote mindfulness and a growth mindset
- Develop skills to improve the ability to focus attention
- Practice working with and exploring different emotions in a safe space
- Practice using and exploring all senses through art making
- Develop, strengthen and integrate a sense of self.

HOW DO YOU BECOME A REGISTERED ARTS THERAPIST IN AOTEAROA?

To professionally practice as a registered Arts Therapist (AThR) in Aotearoa, you must both study through an approved master's level programme and be registered under the Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA). Only ANZACATA Professional members can use the post nominal AThR. ANZACATA has strong relationships with many professional bodies including Allied Health Aotearoa New Zealand where it is a member organisation. Registered arts therapists are eligible to apply to

be providers to the ACC Counselling Scheme for sensitive claims and may also provide counselling services under the WINZ Disability Allowance Scheme.

As an intern, I was privileged to work with a range of community practitioners and service providers including Oranga Tamariki, the Ministry of Education, school-based social workers, resource teachers (learning and behaviour), the Palliative Care team within Hannan Ward, acute inpatient mental health (Manaakitanga) and gerontological services within and outside of the DHB, as well as a number of other social support agencies on the Coast.

My clients presented with a range of health issues including chronic pain, emotional disturbance following trauma, grief, low self-esteem, generalised anxiety, sensory processing and specific learning disorders including ADHD and those on the autism spectrum.

Throughout my internship I noticed that arts therapy not only uniquely supported both individuals and groups, it also provided a resource for families and service agencies alike.

Now working as a registered clinical arts therapist, my private practice (the Greymouth heARTStudio) is 'umbrellaed' by my business, Rosa Heney Creative. This is a multi-purposed social enterprise which for the past three years has provided arts-oriented programmes to support young people in arts-based practice as well as those with diverse learning needs.

In addition, my work as a professionally registered clinical arts therapist is well supervised by both more experienced counselling staff and other clinical arts therapists. Supervision is a critical aspect of any professional arts therapist's practice and a requirement of registration and continuing professional development for members of ANZACATA.

To nurture the development of arts therapeutic practice on the Coast, and with the support of my colleague, Julie Dobson, I've created an online directory intended to help link prospective clients and service providers to Coast-based registered arts therapists – www.artstherapywestcoast.com

My long-term plan is to continue to develop and support arts therapeutic work on the Coast. Eventually, I'd like to do this within a fit-for-purpose facility, housing specialist and collaborative arts-oriented services which actively promote health and wellbeing.

My sincere appreciation and thanks go to the staff at the West Coast DHB for their continued spirit of partnership in this work.



The latest edition of the eCALD newsletter includes a call for Abstracts for the Centre for Asian and Ethnic Minority Health Research (CAHRE) National Symposium 2019 and an invitation to the Cross Cultural Interest Group Seminar: An introduction to Child Protection related legislations 2019. You can also find information on Multilingual Measles fact sheets; Kāhui Tū Kaha: Muslim Wellbeing Service and the Chinese Families Autism Support Group Meeting.

[CLICK HERE](#) to read more.

Barrytown School's Pā Harakeke re-establishment project

Barrytown School have some very special taonga (treasure); and a whole school of tamariki (children) who know the meaning of kaitiakitanga (guardianship). As part of their “What’s in our Back Field” project, Barrytown School discovered they had some harakeke (flax) from the Rene Orchiston collection which was donated to the school some years ago.

The harakeke were struggling and needed some care and attention. After learning of the best environment for harakeke to grow in, they thought it would be best to bring it out from the bush fringe, into an area closer to the school where the plants could be cared for and thrive. With some planning and support from West Coast DHB's Community and Public Health's Health Promoting Schools (HPS) Coordinator, Tessa Hunter; Whaea (Mother/Aunt) Michelle Gibson; and principal Miss Rachael Whyte a three-week project took place recently to re-establish the pā harakeke as a resource for the whole community.

The Barrytown School pupils with input from Tessa Hunter provide the following account of their introduction to pā harakeke and the importance of preserving this resource.

Our first morning was spent talking about the history and whakapapa (genealogy) of harakeke; tikanga (customs) and kawa (ceremonies); traditional and present day uses by Maori. Hīnaki (eel trap) prompted the greatest kōrero (discussion); it seems nearly all of us have a tuna (eel) story!

We learnt some of the whakapapa of the Rene Orchiston collection, and how the harakeke happened to be donated to Barrytown School in the first instance. We also looked at the European flax industry through a local lens. In 1905 a flax mill was opened at Barrytown, much of the flatlands were pākihi swamp with harakeke and raupō (bulrush) the significant plants. We looked at photos of the mill, a map of where it was located, as well as the processes of cutting, collecting, drying, machinery used and

the various uses of the muka (flax fibre). Descriptive local news articles helped us visualise Barrytown in the early 1900's, and the positive impact the mill had on this region.

Our second morning was perfect weather for moving the harakeke. After a karakia (prayer) from Whaea Michelle, we enthusiastically dug the holes, cleared and trimmed the harakeke in preparation of moving, and planted them in their new site,



Preparing to move the harakeke



Moving the harakeke



Replanting the harakeke

and sang waiata (song) to bed them in.

On the third morning Whaea Michelle taught us some raranga (weaving) skills, and we all had the opportunity to weave



Learning to weave

continued overleaf ...



...continued from overleaf



Weaving putiputi



three examples of putiputi (flowers).

Tino pai ō koutou mahi!

- More about National New Zealand Flax Collection – [HERE](#)
- A catalogue of the Rene Orchiston Collection is freely available to download – [HERE](#)

Henry Hole retires from Grey Base Hospital Laboratory

Henry Hole recently retired from Grey Base Hospital Laboratory where he started working in 1965. Henry was a very well-known face around the hospital and was one of the main drivers behind the West Coast Donor service prior to NZ Blood Service.



Henry Hole (centre) is farewelled by the Laboratory team



West Coast Nurse Practitioners find their feet

By Kathy Stodart

The only two nurse practitioners (NPs) on the South Island's West Coast are strong believers in the role rural NPs can play in improving people's access to care in isolated regions.

Nola Rochford and Jennie Bell have quite different NP specialties (adult mental health and acute care, respectively). They are also of different generations – Nola has 36 years of nursing behind her, while Jennie graduated with a bachelor of nursing 13 years ago. Nola is a fourth-generation Coaster, while Jennie is a self-described “import”, arriving in 2009.

Yet they have much in common. Both only recently qualified as NPs (Nola 15 months ago and Jennie a year), and are among the Coast's first “homegrown” NPs. They have shared the trials and tribulations of finding their feet in roles that were not initially well-defined or well-understood by colleagues and managers. Also, they are both appreciative of each other's support.

PROFESSIONAL ISOLATION

“We work in very different areas of practice,” Jennie says, “but there's a lot we have in common. Some of the legalities of the job and issues around prescribing, for example – it's good to have someone as a support person, so you know you're not alone.”

Nola trained as a general and obstetric nurse at Grey Base Hospital in the early 1980s, and worked there in medical, surgical and orthopaedic wards, as well as the intensive care unit (ICU). Realising



New nurse practitioners Jennie Bell (left) and Nola Rochford have appreciated each other's support

she didn't know how to manage post-traumatic stress, depression and anxiety in ICU patients she was caring for, motivated her to train as a psychiatric nurse at Seaview Hospital in Hokitika.

“For eight years I worked as the team leader managing the acute inpatient unit at Seaview. Other roles included working as a clinical lecturer for polytechnic students and the last 15 years as District Manager of the Hokitika/South Westland Mental Health team.”

Nola was aiming to be an NP when she completed a Master of Arts (applied) in Nursing from Victoria University in 2005, but had to complete all the requirements in two different stages due to family commitments. She gained a place on the NP training programme in 2017 (completing a second masters, in clinical nursing, that year through Massey University) and was endorsed in February last year.

Her initial celebrations were replaced with the worries and frustrations of setting up her new job, and continuing in her old role managing the mental health team, while the West Coast DHB recruited her replacement.

She said the West Coast DHB had been “more than willing” to employ her as an NP, but she was charged with creating the role herself, identifying a need and then providing the evidence she was delivering the service. Nola said this was not easy and what she had learnt was that it was best to have a clear job description that related to how an NP worked. It was also important for an NP, particularly while starting out, to know their capabilities and be able to say no to roles that might be outside their skill level.

In the last six months, she has been able to concentrate on her NP role which she sees as: assessing clients referred to secondary mental health services who may not need specialist services; and assessing GP practice clients who may need fuller assessments than those provided by primary health-care nurses or doctors or primary health organisation counsellors. She also sees herself as a “go-between” to link clients with the services they need.

LEAD NP ROLE

An extra responsibility Nola has been given is the role of lead NP for the

continued overleaf...

CEUpdate

3 July 2019



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

...continued from overleaf

Coast, with professional management responsibilities for new NPs (Jennie, plus three positions advertised), as well as supporting RN prescribers.

She emphasises the importance of NPs being visible and continuing to educate other health professionals about what they can do. She and Jennie have developed a presentation and delivered it to doctors, psychiatrists and senior nurses, but need to do more sessions, including with GP practices and the community.

Nola sees one of the big issues for health care on the Coast as a lack of resources. Resources in short supply that can affect people's health include public transport, internet and cell-phone coverage, non-governmental organisations that back up health services, and government offices such as Work and Income.

Providing holistic care for patients therefore requires "thinking outside the square and providing our own solutions", Nola says. This could include figuring out how to get a patient who needs a benefit but has no transport to the Work and Income office in Greymouth. Or how to get a prescription, in time, via a local bus, to someone who lives in a paddock in a remote area.

Jennie graduated from UCol in Palmerston North in 2006, worked in surgical specialties in Hastings Hospital and the emergency department (ED) in Palmerston North, before working as a rural nurse in Australia.

In 2009, she moved to Greymouth, and worked in a medical ward, then ED, while completing a Clinical Masters through the Eastern Institute of Technology. She graduated as an NP last year, three months after Nola, and was employed as an acute care NP. Her role is split between the Grey Hospital ED and an

acute walk-in clinic at a GP practice – both run by the West Coast DHB.

At the ED, where she had been the RN shift coordinator and done triage, it took some time for colleagues to get used to her in the new role, but she now finds them quite supportive.

At the medical centre, however, the staff had only known her as an NP intern. "They were just excited that I would be faster (than when she was an intern) as I had the ability to sign my own prescriptions."

She had never worked in primary care before, and initially the GPs had been a bit sceptical of how her role would fit in the practice. "However, within a few months they were giving me some positive feedback."

Working between the two sites has been challenging, "but my aim is to set up the NP role in each place so any other NPs who come along don't have to redo these negotiations".

The ED has a registrar on in the morning and in the evening, and herself or a doctor on a "swing" shift. "My role helps with (patient) volume but is also set up so I always have a port of call if I am stuck. And, more importantly, I am not a first-year NP left alone in the ED."

The ED has a high-tech "basket" system for who is seen next. She picks the next person to be seen from the basket, but if the case is very acute and out of her skill set, she can help someone more experienced deal with it. If the department has a resus or trauma, she will continue seeing other patients, due to her experience level. She is also a resource person for the RNs.

The team is small, so everyone has to be flexible, and it is "a great learning environment", Jennie says. The workload

is heavy at the medical centre, which has three part-time GPs and more than 10,000 patients. On a busy day, she sees up to 28 patients, with a huge range of issues, including acute mental health presentations.

She also sees a lot of late-presentation musculoskeletal and motor vehicle accident injuries. "That's often because people have travelled three to six hours to get to us." Also, she said Coasters tended to be "hardy" and some would keep going as long as they could before seeking care. She also sees a large number of respiratory presentations.

Jennie and Nola both have a strong attachment to the Coast. Says Jennie: "What I love about the West Coast is that outside work, you've always got this amazing landscape on your doorstep – after work you can go on a bush walk and feel refreshed."

She also likes the people: "People are really down to earth – they are quite old-fashioned in the way they treat each other, which is nice."

Nola says that although she has always lived there, the beauty of the region – its beaches, mountains, lakes and wide open spaces – "still amazes me".

Both are excited about the opening of the new Te Nikau Grey Hospital and Health Centre around the end of this year, which will be accompanied by reorganised services.

They have been given the job of developing their roles for a new model of care. The aim is that they work across primary and secondary care, thus reducing barriers to care.

This abridged article was first published in the May 2019 issue of Kai Tiaki Nursing New Zealand.



International Nurses Day 2019

Since January 1974, International Nurses Day has been celebrated on 12 May as the anniversary of the birth of Florence Nightingale, who is considered the founder of modern nursing. This year's International Council of Nurses' theme was 'Nurses: A voice to lead – Health for All'. No matter the location, no matter the setting, healthcare should be accessible to all.

To celebrate the occasion, West Coast staff attended an afternoon tea hosted by our Director of Nursing, Brittany Jenkins. A number of nursing staff were presented with Long Service certificates and attendees heard from Nurse Manager – Perioperative Services Wendy Stuart about her experiences working with the International Committee of the Red Cross.



Florence Nightingale



Wendy Stuart



Nursing staff (Murray Mahuika & Cindy Gilbertson) with their Long Service certificates



West Coast DHB staff listening to Wendy Stuart



Georgia Wilkinson

CAMHS Case Manager/ Social Worker

What does your job involve?

I am a case manager/social worker in the Child and Adolescent Mental Health (CAMHS) team. As part of my wider multi-disciplinary team, I help children, young people and their families on their path to recovery and management of mental illness.

Why did you choose to work in this field?

I completed my final student placement in Buller Social Work and I have always liked working with kids. Mental health is fascinating.

What do you like about it?

The diversity of the work; working with West Coast families; and learning something new every day!

What are the challenging bits?

Dealing with risky situations and getting my head around paperwork!

Who inspires you?

My colleagues. Many of them are very experienced and have great work stories. I'm also inspired by all the amazing young people I have met through work over the years.



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

I am currently reading *Sapiens* by Yuval Noah Harari – it's a history of human-kind and really interesting.

If I could be anywhere in the world right now it would be...

With my sister, Hazel in Europe! She works in the Grey Base Hospital Pharmacy but is on her first overseas adventure at the moment.

What do you do on a typical Sunday?

Get up early and go for a massive bush walk or bike ride. Come home and meal prep for the week ahead.

My favourite meal is...

A home-made pizza with plenty of olives. I love the whole process of making dough and collecting ingredients.

My favourite music is...

New Zealand dub but I love anything live as music is my number one companion in life.

Have you ever won a prize/medal/competition?

My friends and I won the Karamaea lip sync competition when we were about 10 years old. We won a helicopter ride.

If you would like to take part in this column or would like to nominate someone please contact global@westcoastdhb.health.nz.



HEALTH QUALITY & SAFETY
COMMISSION NEW ZEALAND
Kopu Taurangi Hauora o Aotearoa

Your fortnightly update from the Health Quality & Safety Commission



E-UPDATE

In the latest issue of the Health Quality & Safety Commission's E-digest you can read about case studies from the 2018/19 co-design project team; how system change is key to *Choosing Wisely*; how spending five saves lives and about the polypharmacy Atlas domain.

READ MORE [HERE](#).

News from the South Island Alliance

South Island Māori and Pasifika women's experiences of breastfeeding

A new report from the South Island Alliance explores why more Māori and Pasifika women stop breastfeeding in the first six months.

While New Zealand has a relatively high rate of exclusive breastfeeding initiation, there remains a significant drop-off in breastfeeding nationally in the first six months, particularly among Māori and Pasifika communities. To address this inequity, the South Island Well Child Tamariki Ora Quality Improvement Steering Group (WCTO – QI) decided to explore Māori and Pasifika women's experiences of breastfeeding, by interviewing 28 women across the South Island, from Blenheim to Invercargill. The findings have been collated into a report, ***Māori and Pasifika women's experiences of breastfeeding across the South Island***.

The findings showed breastfeeding outcomes cannot be improved in isolation nor solely by the health system/



services. "Māori and Pasifika women's experiences of breastfeeding are varied and influenced by many social and cultural factors, so wide reaching and multi-pronged approaches are needed to address the inequities," says WCTO QI project manager Anna Foaese.

"By gaining a better understanding of their breastfeeding experiences, we can work towards reducing the disproportionate outcomes that currently exist, ensuring that services are more accessible, user-friendly and best meet the needs of whānau. The voices of consumers can be an effective and powerful tool."

Breastfeeding is often considered a cultural norm and expectation of infant feeding. For many women, the first few weeks are crucial and will set the foundation for successful breastfeeding outcomes. This includes identifying primary birthing units, supportive in-patient maternity care and regular LMC home visits during the postnatal period.



Hospital and community-based breastfeeding support services are largely varied across the South Island. Anna says one of the main themes that emerged from the interviews was the importance of a support network that can 'mother the mother' and that it takes a village to breastfeed. "This is identified in the South Island as the most protective factor for women to be able to successfully breastfeed."

Family members are commonly regarded as the first point of contact for women experiencing breastfeeding difficulties, therefore women strongly suggested that breastfeeding education and information needs to extend to the wider whānau.

The project also showed more emphasis needs to be placed on organisations and industries to support and promote breastfeeding-friendly workplaces. Supportive workplace environments, employer's knowledge and understanding of breastfeeding, flexible working conditions and paid expressing/breastfeeding breaks were identified as enablers. "It's hoped that this report does not sit on a shelf, but listens to the powerful voices behind these stories and provides a practical tool that is used to drive change and influence breastfeeding outcomes for generations to come."



Read the ***Māori and Pasifika women's experiences of breastfeeding across the South Island*** report.

South Island Alliance
<https://www.sialliance.health.nz/>