



Thank you for the warm welcome and introduction to the West Coast Health System.

I've been here for around a month now since I started as Acting Chief Executive on Friday 16 October. I really appreciate the warm welcome from everyone I've met so far. A huge thanks to Peter Bramley and all the team for the handover to help ensure I was up to speed on the many initiatives, issues and opportunities before us.

I am here to support and enable teams and individuals to continue to provide high quality health services that the West Coast is so well known for.

I've been so impressed by the health care innovations that are happening throughout the Coast along with the 'can-do' attitude evident amongst staff. I'm sure that others around the country could learn a thing or two from the team on the Coast.

Implementing a rural generalist model

I am impressed with the steps taken by the West Coast DHB towards the implementation of a rural generalist model, a proven strategy for creating a more integrated and sustainable workforce in more remote rural health systems.

It involves all professions – medical, nursing, midwifery and allied health – working to the full extent of their scope of practice as members of a multi-disciplinary team. A rural generalist doctor, for example, may be qualified to work in both general practice and hospital settings with a speciality in obstetrics or anaesthetics. They would also be supported by local and Christchurch-based specialists, enhancing the capacity, capability and resilience of our health system.

Developing a core workforce of rural generalists will improve the sustainability of services, support a more integrated

model of care and provide continuity of care for our population. By improving service access, it will also help us to support people to stay well, reduce health inequalities and improve health outcomes – all key goals for our health system.

As part of the expansion of their scope of key clinical roles, professionals can access education and leadership training.

The West Coast DHB will always need to refer people to larger centres for highly specialised care, such as: neurosurgery, forensic services, some cardiac care and cancer treatments, specialised burns treatments and neo-natal intensive care. However, the implementation of a rural generalist model supports our primary focus of ensuring that Coasters receive the right level of care in the right place, from the right people, at the right time.

Celebrating the official opening of Te Nīkau Hospital & Health Centre and future of Buller Health

On my first visit to the Coast, I had the opportunity to tour Te Nīkau and am really impressed with the layout and design. I hope that those of you working in the facility are beginning to settle into your new work environment.

The facility was officially opened on Friday 25 September 2020, by the Rt. Hon Jacinda Ardern PM. The opening was attended by approximately 250 people and provided an opportunity to formally celebrate the completion of and migration into West Coast DHB's newest facility.

You can watch the event on the West Coast DHB's Facebook page – <https://bit.ly/352aHK3>

The Rt. Hon Jacinda Ardern PM also turned the first sod for the new Buller Health facility in Westport. This event



Andrew Brant, Acting Chief Executive
West Coast DHB

was attended by approximately 150 people and was a great opportunity to celebrate this significant milestone.

The Ministry of Health-funded facility is budgeted to cost \$20 million and will have a final floor area of 2,360m² with all services, storage spaces and utility areas located within the facility itself.

The 12-bed facility has been designed to support an integrated model of care and will house a range of services including general practice, inpatients, primary birthing and postnatal care, palliative care, urgent care and dental services. The DHB's community services, Māori health service and mental health service will also be located within the Buller Health Centre.

Clinical services will be supported by radiology and laboratory support services on the same site. The co-location of services will facilitate a collaborative approach to providing health care services, with a focus on improving the patient experience.

The current floor plans are available on our website – [Buller Health floorplan](#) and you can also view the 3D video of the new Buller Health facility online – [3D video](#).

continued overleaf...



...continued from overleaf

Celebrating the official opening of Te Nīkau Hospital & Health Centre and future of Buller Health



Mihi Whakatau/Welcome lead by Mana Whenua Poutini Ngāi Tahu – Te Runanga o Ngāti Waewae and Te Runanga o Makaawhio.



Rt. Hon Jacinda Ardern PM addresses the audience at the Te Nīkau Hospital & Health Centre's official opening.



Front (left to right): Board Member Anita Halsall-Quinlan, Board Member Susan Barnett, Rt. Hon Jacinda Ardern PM, Board Member Helen Gillespie, Medical Director of Facilities Pradu Dayaram; back (left to right): Chair Rick Barker, Deputy Chair Tony Kokshoorn, Board Member Chris Auchinvole, General Manager Philip Wheble, Board Member Nigel Ogilvie, Acting Chief Executive Peter Bramley, Board Member Peter Neame, Board Member Sarah Birchfield.



Dr Brendan Marshall discusses Rural Generalism with Rt. Hon Jacinda Ardern PM.

continued overleaf...



...continued from overleaf



Rt. Hon Jacinda Ardern PM addresses the audience at the Buller Health sod turning event.



Rt. Hon Jacinda Ardern PM is presented with flowers by Manager Mental Health – Northern Elaine Neesam at the Buller Health sod turning event.



Turning of the first sod for the new Buller Health facility.



Westport local Phyllis Phipps and Rt. Hon Jacinda Ardern PM.

Looking after our health and wellbeing

As we head towards Christmas and New Year, now is a good time to plan for some holiday leave. Taking a break is a really good way to take care of yourself and your family/whānau.

As always, everyone is encouraged to practice self-care, check in with those around you and access the free support services available if you're feeling concerned or want to speak to someone:

- Call the Employee Assistance Programme (EAP) on 0800 327 669.
- Phone or text 1737 to be put through to a trained counsellor any time of the day or night. This is a free service for everyone.

Ngā mihi nui

Andrew Brant

Acting Chief Executive West Coast DHB

NEED TO TALK?

1737

**free call or text
any time**



How Te Nīkau Hospital & Health Centre works

- Te Nīkau Hospital & Health Centre is a fit for purpose, modern facility designed to be a one stop shop for health care.
- We see people for planned appointments, respond to people with urgent needs, admit and monitor patients that are more seriously unwell and stabilise emergency patients that require critical or specialist care.
- The people you build relationships with through your regular appointments will be there for you if your health needs become more serious.
- Through our TransAlpine partnership with Canterbury District Health Board you will continue to have access to face-to-face and telehealth appointments with specialists.
- If you are a registered patient with our Greymouth Medical Centre, you will access your general practice appointments in Te Nīkau Health Centre.
- When you arrive, if you already have an appointment you will be directed to the appropriate waiting area.
- If you arrive with no appointment, you will initially be seen by a nurse who will ask you some questions to help us decide how urgent it is for you to be seen.
- Depending on your needs, you may be seen in the Emergency Department or in the Urgent Care clinic.



URGENT CARE

The Urgent Care option is a service to ensure people are seen in the right place, at the right time, by the right team.

There are no set appointment times for this service, and you may need to wait as people are seen based on clinical need. You may also be offered an appointment at another day or time or be referred back to your own General Practice if this is more appropriate.

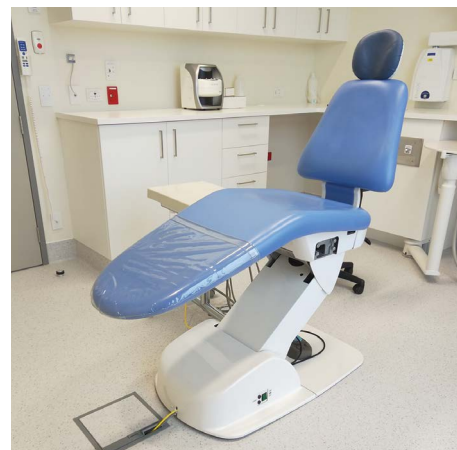
Urgent Care appointments will incur a fee which is the same cost you pay to see your doctor. Costs vary for enrolled and unenrolled patients and non-residents.

WHY AM I WAITING?

- After you've been seen by a nurse you will be asked to wait until the Urgent Care team are ready to see you.
- If you have to wait, it's because the team are currently caring for someone whose condition is more serious. Thanks for your patience.
- If you start to feel worse, please let the nurse know.

PAYMENT EXPECTATIONS

- Consultations are free for enrolled patients under 14 years old.
- Sexual Health appointments and contraception are free for all patients under 25.
- Booked and Urgent Care appointments are charged our usual fees for enrolled and un-enrolled patients and non-residents.
- The full West Coast DHB GP fee schedule is available on our website – wcdhb.health.nz
- Payments can be made at the Main Reception.



Dental room in the Allied Health Hub.



WORKING TOGETHER TO MAKE IT WORK FOR OUR COMMUNITY

We need your help to ensure that we can be there for you, your family/whānau and friends when it is needed the most. You can help by:



Booking GP appointments over the phone on 03 769 9300 – it's the best way for us to plan for your care.



Getting repeat prescriptions by phone – this saves you time. Follow the prompts through to Script Line.



Enrolling with Health365, the internet service provided in partnership with your GP which lets you book appointments and order repeat prescriptions if appropriate at your convenience. Please talk to the reception staff at your general practice.



Making sure you are enrolled as a patient if you want to access our general practice team – this means you get reduced fees.

REMEMBER

- Making an appointment is the best way to get treatment as it means you spend less time waiting to be seen.
- If you have an urgent healthcare need and cannot make an appointment you will be assessed by a nurse and may have to wait to be seen by a member of our Urgent Care team
- If non-urgent – call us for an appointment or book online.
- If you need medical advice, call Healthline on 0800 611 116 or your general practice team 24/7 FIRST rather than visiting in person. After hours, follow the instructions to be put through to a nurse for free health advice.
- It's important to seek immediate help in an emergency – don't delay. If you are injured or experiencing severe symptoms, it's critical that you still call 111.

CALL
111
EMERGENCY

Ground floor services

The following services are located on the Ground Floor:

- Main Reception is where you come to be directed to all services, to register with a GP and to make or change appointments. Even if you have been here before you need to let the reception staff know you have arrived every time so that we know you are waiting to be seen.
- Urgent Care - including the Emergency Department - is available 24/7.
- Health Centre - General Practice; Outpatients Department and Infusion Services.
- Radiology services are all by appointment only and appointments may be booked Monday to Friday from 8:30am to 4:00pm. Urgent imaging is scheduled in consultation with your Doctor.
- Phlebotomy (blood tests) service is available 7:30am – 4:30pm, Monday to Friday with the last patient seen at 4:20pm.
- Allied Health Hub is where you will come for therapy appointments. We provide a range of different specialties for all age groups, including Physiotherapy, Speech Language Therapy, Child & Adolescent Mental Health Services, Social Work and Music Therapy. You may have been referred by your GP or other Health Care Professional. Clinics for the majority are held Monday to Friday with the occasional weekend clinic – depending on the specialty.
- Pharmacy
- Maternity Ward
- Children's Ward
- Whānau/Family room
- Café
- Courtyard.



Pounamu in the courtyard.



Health Centre services

General Practice

General Practice is where you will come to see one of our doctors or Nurse Practitioners for all general practice (GP) services. For example, management of long-term health conditions, ACC consultations, vaccinations, cervical smears, smoking cessation programmes, cardiovascular disease risk assessments and diabetes reviews.

Outpatients Department

The Outpatients Department is where you will come for your specialist appointments. Outpatients Department provides over twenty different specialities, for example, General Medicine, General Surgery, Rheumatology, Orthopaedics, Gynaecology, Cardiology and Nutrition and Dietetic Services. You may have been referred by your GP or other Health Care Professional. Clinics for the majority are held Monday to Friday with the occasional weekend clinic – depending on the speciality.

Infusion Services

Infusion Services provides infusion and chemotherapy services for a range of medical conditions such as rheumatoid arthritis, cancer and Crohn's disease.

HOURS

- Hospital services, for example, Emergency Department and Inpatient Wards are available 24/7.
- Planned care is available between 8am – 8pm; Monday to Friday.

VISITING HOURS

General Ward 10:00am – 2:00pm
4:00pm – 8:00pm

Critical Care Unit 10:00am – 1:00pm
3:00pm – 8:00pm

Maternity Unit 10:00am – 12:00pm
4:00pm – 8:00pm

No children under the age of 16, apart from siblings are to visit.

Children's Ward Whānau/parents/caregivers are welcome at any time, but only one person can stay overnight.
All other visitors are welcome between 8:00am – 8:00pm.

ENTRY AND PARKING

Come into the hospital and health centre site off High Street, up over the bridge and turn right. Access to all services is via the main entrance on the Ground Floor. Please go to the Main Reception on arrival.

Parking is available on campus with mobility parks close to the main entrance. Please arrive early to your appointment to secure a park.

CONTACT US

Te Nīkau Hospital and Health Centre, 71 Water Walk Road, Greymouth

Phone:

- 03 769 7400 general enquiries
- 03 769 9300 general practice

Keep up to date at www.wcdhb.health.nz or follow us on Facebook.

Cobden School's donation of children's toys and art supplies a welcomed gift

Cobden School students recently held a mufti day to raise funds for local services including the West Coast DHB's Children's Ward. Each student paid two dollars and the funds raised were used to purchase children's toys and art supplies for the DHB's Children's Ward as well as food supplies for local

food banks. Student representatives Tori Hartill, Sabrina Smith, Jade Smith, Makenzie Archbold and Heidi Newcombe visited Te Nīkau Hospital & Health Centre on Friday, 30 October to drop off their donation to Nurse Consultant Nurse Specialist Paediatrics Dorothy O'Connor.



(left to right) Tori Hartill, Sabrina Smith, Dorothy O'Connor, Jade Smith, Makenzie Archbold and Heidi Newcombe.

Fit testing of N95 masks being carried out

To support keeping people safe in their work, the Wellbeing Health and Safety Team is helping make sure clinical staff are properly fitted for N95 masks.

The Ministry of Health require fit testing of all staff who need to wear an N95 mask, should the need arise, says Health and Safety Manager Zoe Brangwin.

“What this means is that we’re checking to make sure the masks fit and produce a tight enough seal to protect our people.”

A ‘fit test’ tests the seal between the mask’s facepiece and your face. It takes between 20 and 45 minutes to complete and needs to be performed annually. A fit test shouldn’t be confused with a user seal check which is a quick check performed by the wearer each time the mask is put on to ensure it is properly sealed to the face.

Not everyone needs to be fit tested for a N95 mask. Most of the time a surgical mask is sufficient in clinical settings. This is because surgical masks act as a barrier to splashes and droplets whereas N95 masks protect from exposure to airborne particles. That’s why they need a tight seal to their face.

Not everyone can get a good fit with one specific mask, Zoe says.

“Which is why it’s important to fit test those who are required to wear them.”

Fit testing is also being carried out on people who may be exposed to hazardous substances during the course of their work such as engineers working for or with Maintenance and Engineering.

The Wellbeing Health and Safety team has taken on the management of the programme with support from the



Health & Safety Advisor Richard McKay and Anaesthetic Technician Lisa Bronkhorst-Barrett look on while Registered Nurse Rachel Augustine prepares the testing nebuliser.

Infection Prevention and Control Executive Committee, and the help of clinical staff, nurse educators and Personal Protective Equipment champions.

“So far 23 clinical staff have been fit tested, across Theatre, Anaesthetics, General Ward/Critical Care Unit, the Emergency Department and Buller Health. We’ve also been training people to be fit testers in each area as we go, which will help us fit test the 100 staff who need to be tested in the next few months,” Zoe says.



Registered Nurse Rachel Augustine carries out a fit test of Anaesthetic Technician Lisa Bronkhorst-Barrett's mask.



What's happening with Holidays Act compliance?

It's been 10 months since Canterbury and West Coast DHBs kicked-off a shared Holidays Act Compliance Programme. A lot of progress has been made, and while there's still a lot to do, it's a great time for an update.

Like most New Zealand employers, and all DHBs, we're not fully meeting the requirements of the Holidays Act. Earlier this year, People and Capability identified 27 areas where this is the case, most of which are either the same or similar to what other DHBs are finding. This means that even though we might be doing things slightly differently, we'll be working together on solutions.

Broadly, two things need to be done to be compliant: ➡



Boiling it down to two steps makes it sounds relatively straightforward; in reality it's not, and it'll take at least 12 more months of hard work to achieve.

To achieve the 'future stuff', a few areas need to be addressed, which fit into two categories:



Keeping data up to date and accurate – leave entitlements and what staff are paid when they take leave relies on the payroll system having accurate information on working patterns and contractual entitlements. Knowing quickly when either of these things change is critical. To become compliant, the DHB needs to look at the systems we're using and the processes behind them, so we know who's worked what hours and when. Because we have different technical systems doing this, it's not just a quick fix.



Employing people in the right way – in other words, using the most appropriate employment agreement for every role, be it permanent, fixed term, casual or multi-employment. There are also some clauses in MECAs and SECAs which breach the Holidays Act and People and Capability are working closely with unions and other DHBs to discuss how to tackle these.

Dealing with the 'retrospective stuff' so the DHB can confidently make payments to those owed money is a mammoth task and one we're partnering with EY (Ernst & Young) and working alongside unions to complete. People and Capability will be reviewing around 25,000 employee and former employee records, which involves detailed checks and recalculation of up to 23.8 million payroll transactions. To measure this a different way, if each transaction checked were a second in time, that's 275 days!

Acting Chief People Officer Paul Lamb says he is aware that the question on everyone's mind is: *"Will I be owed anything?"*. Although it's too early to answer this with any level of certainty, we can learn from organisations who've already completed their compliance work. They found specific circumstances that increase the likelihood of being owed something:

- If you've regularly received payments over and above your normal salary, e.g. allowances and/or benefits
- If you've a variable working pattern
- If you've changed your working hours, e.g. full to part time or vice versa
- If you've held a few different roles
- If you're employed on a casual contract.

It's also likely that some people will have received over payments. When this is the case, the DHB won't be asking for it back.

continued overleaf...



...continued from overleaf

This article is one step in a wider communication effort to keep people up to date and hopefully demystify this complicated subject. A series of frequently asked questions have been added to the **max. Knowledge Base** as well as provided to your manager. Paul encourages you to check them out and if you've any questions, either raise a case through max. or with your Holidays Act compliance union representative.

You will be updated as things progress to help you understand what's going on. In the meantime if you have any questions, please **send us a question** on max.

APEX	Tony Hill	tony@apex.org.nz
ASMS	Lloyd Woods	lloyd.woods@asms.org.nz
E tū	Ian Hodgetts	ian.hodgetts@etu.nz
MERAS	Jill Ovens	Jill.ovens@meras.co.nz
NUPE	Quentin Findlay	quentin@nupe.org.nz
NZNO	Ron Angel	Ron.angel@nzno.nz
PSA	Simon des Baux	simondesbaux@psa.org.nz
RDA	Tony Hill	tony@rda.org.nz
STONZ	Kate Clapperton Rees	kate@stonz.co.nz

Holidays Act Compliance union representatives.



Bouquets

Emergency Department

I was rushed to hospital with severe pancreatitis and felt worried and scared about my situation. I can only praise all the staff and doctors for their professionalism and care that I received.

Thank you very much. Well done – keep up the good work!

General Ward

I recently had knee replacement surgery. All the staff were extremely helpful and caring, including the cleaning and kitchen staff. The ward

was comfortable and clean which made my experience easier as this situation was all new to me.

I received great follow up via the physio service where emphasis was on my rehab and comfort. I was also pleased with the immediate follow up care and information provided by the District Nursing team.

Barclay Ward, Grey Base Hospital

We wish to express our sincerest thanks to all the nursing and medical staff that not only looked after my son – but who also took the time to look after myself and my son's friend.

The care that you all provided under the circumstances was far beyond any expectations. Throughout my son's life, he was not always afforded dignity or respect by others. However, this was not the case that we witnessed in his last few days, where his care was exceptional, despite his failing health and poor prognosis.

I would also like to express my thanks to the nurses and doctors who were with him during his last moments as it was important that he didn't die on his own. I am also grateful for the support we received from staff after he died.

West Coast DHB website

Easy access, valuable information, user friendly in that each page links to other important pages. The popular information menu at the bottom of each page is excellent. Thank you.

Emergency Department

To all the staff including the orderlies clearing the rubbish bins – thank you for your care and attention during my recent visits. I certainly kept you on your toes – even in sneakers you were all ballet dancers! Take care each and every one of you as you follow your chosen career, touching many hearts and souls along the way.

Celebrating Pradu Dayaram's contribution to the West Coast health system

Pradu Dayaram retired on Monday, 31 August 2020 after 35 years' service.

Pradu started working for the West Coast DHB as an Orthopaedic Surgeon in 1985 and over the past 35 years, Pradu has made a hugely positive difference to health services on the West Coast.

Originating from South Africa, Pradu studied at the University of Natal, Durban before migrating to New Zealand with a British Fellowship in Surgery. On arrival in New Zealand, he gained an Australasian Fellowship in Orthopaedic Surgery before becoming an elected member of the NZ Orthopaedic Association.

His career highlights include working with colleagues to provide comprehensive and safe orthopaedic services for Coasters and introducing a multi-disciplinary approach to patient care focused on reducing the length of time in hospital post-surgery. The latter resulted in the Grey Base Hospital achieving the lowest length of stay, lowest re-admission rate and the lowest rate of 'return to theatre' for orthopaedic surgery patients compared to anywhere else in New Zealand.

Among his many achievements, he chaired the DHB's Senior Medical Staff committee for 15 years and provided supervision to intern medical staff as well as teaching junior doctors, medical students, allied staff and nurses. More recently, Pradu worked with Anaesthetist colleagues to introduce Enhanced Recovery After Surgery (ERAS) for Orthopaedic Services – a multi-modal, evidence-based approach to patient care focused on improving clinical outcomes, productivity and patient experience.

Pradu chaired the Clinical Leaders Group for the Te Nīkau Hospital & Health Centre



Pradu Dayaram in the old Grey Base Hospital theatre (photo courtesy of the Greymouth Star).



Pradu Dayaram's retirement cake showing his years of service.



Pradu Dayaram's retirement cake highlighting one of his retirement activities.

project and was the Medical Director of Facilities projects including the new Buller Health facility and the future Mental Health unit. He played an instrumental role in the planning and development of our newest facility, spending over 3,000 hours with colleagues from across the health system to determine the functional layout and design of Te Nīkau Hospital & Health

Centre. He really enjoyed his interaction with colleagues and the amount of goodwill and the number of innovative ideas that were brought to the table.

Thank you Pradu, for everything you have done to improve the health of Coasters – you have made a difference to your community.



Farewell to Patricia O'Connell

Midwife Patricia (Paddy) O'Connell recently retired after providing maternity services to Coasters for over 47 years. Midwife Mary McGrane provided the following (abridged) tribute to Paddy at her farewell afternoon tea on 23 September 2020.

Josephine Patricia O'Connell known as Patricia when times were tense, more commonly known to us as Paddy, was born in the original McBrearty Ward and raised in Runanga when 'coal was king'. Her dad was an underground miner while her mother and aunt trained and worked as Registered Nurses at Grey Base Hospital. Paddy's sister was also a nurse, so it was not surprising that Paddy trained to be a Registered Nurse before training as a Midwife.

It was midwifery where Paddy worked in both community and hospital settings which would dominate her working life. She worked as a Neonatal Nurse with Jock McLaughlin, Dr Paul Holt and others to care for babies born too

early, too small, too big, pink babies that turned yellow and blue babies who wouldn't turn pink. All without the instant support of a tertiary Neonatal team.

Paddy supported families who were confronted with their babies having significant physical challenges when they were born. These days, antenatal scans prepare both parents and practitioners for such instances.

She willingly jumped into the Bedford Road Ambulance to take a sick mother or neonate across the alps to Christchurch Hospital. Day or night, summer or winter with only the driver for company, a bag of "stuff" for any emergency enroute and a basket of

food from the kitchen for comfort. The notion of a retrieval team descending out of the sky was only a dream.

Paddy also worked as a Milk Room Nurse where, well before baby friendly hospital and donor milk became the norm, she made up jugs of milk formula. But more importantly, Paddy was a fantastic team player – the stuff of legends. She was diligent, thorough, persistent, doggedly determined and reliable beyond belief.

Paddy's retirement signals the end of an incredible era for Midwifery on the Coast. We express our heartfelt thanks to Paddy for her contribution to the West Coast health system and wish her well.



Front (left to right): Paddy O'Connell, Wendy Risk; Back (left to right): Mary McGrane, Elinor Stratford, Isabell Thomas, Maureen Tinnion, Lorraine Menzies, Anne Findley, Patsy Sarah, Barbara Roberts, Julie Lucas.



Paddy O'Connell cutting into her retirement cake.



Tribute to Mark Smith, a wise doctor, esteemed colleague, inspirational leader

Canterbury DHB Clinical Director Haematology Mark Smith died suddenly from a medical event in September. This is an edited version of colleague and friend Haematologist Peter Ganly's eulogy at Mark's funeral.

Soon after Mark became a doctor in 1985, he decided to specialise in Haematology, or the management of disorders of the blood and started his training in haematology in 1991 under the supervision of Michael Beard and the team in Christchurch, developing a particular interest in bleeding and clotting. On qualifying as a specialist in 1995, Mark was appointed to his first consultant post at the prestigious centre for thrombotic and haemostatic disorders at St Thomas and Guys hospital in London. Before long he became their clinical director, serving there for several years. Then, an opportunity to attract Mark back from the UK came up. In 2002 we were successful in appointing him here.

Mark was born to be a doctor. Throughout his life he has demonstrated and he has lived every quality which everyone in Medicine must aspire to. First and most importantly, he has held his patients and their families at the centre of his thinking. Yes, he had great knowledge and experience, but much more he has had wisdom to know, for each of his patients, what can be done, what should be done and what must be done. He has remained alongside his patients throughout and has been rewarded constantly with their gratitude.

Like any doctor Mark has been driven to research and enquiry. Mark has been very successful in this world, particularly of course in haemostasis and thrombosis. He has conducted basic and applied medical research, obtained very significant grant funding for his work, collaborated with several international groups, published

extensively in the international literature and lectured at and chaired meetings throughout the world. Mark chaired the DHB research committee for many years, reviewed numerous grant applications and manuscripts and underpinned the research development of others particularly his trainees. Mark has been central to the research community in NZ and has been a leading light of the haemophilia and thrombosis community within Australasia.

Mark has been our leader. His style is to listen to everyone first, and to be sure to hear everyone, and then to quietly decide what to do and get on and do it, and vigorously. All of this with his gentle sense of humour.

Many people from all disciplines within the department have this last week reminded me of his style of supervision. The common thread has been how he has been able to facilitate and motivate each person's acquisition of knowledge and skills, and then has encouraged them to gain considerable autonomy, enabling them to stand up and take responsibility.

Just as blood flows throughout every part of the body, no part of health is untouched by Haematology. Mark's mana and influence have flowed far beyond our own department, into all of Medicine and Surgery, into primary and secondary care. Every practitioner within Canterbury and beyond has had at one time or another cause to thank Mark for his tireless support and ready advice through tricky problems.

When you work with someone every day, for many years, you will know exactly their value. When something fell over,



when we had an earthquake, when we had the atrocity at the Mosque, when COVID struck, Mark, to paraphrase loosely, could keep his head when everyone about was losing theirs. Everything about Mark was, to use Jacinda's word, kind.

Wise doctor, esteemed colleague, inspirational leader.

Te tau o taku ate/Truest friend.



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



E-DIGEST ISSUE 123

In the latest issue of the Health Quality & Safety Commission's E-digest you can read about Partners in Care: cancer co-design project; the mental health and addiction quality improvement programme update - October 2020 and much more.

You can read it online [HERE](#).



Tech neck

As a health organisation, we spend more and more time on mobile phones, laptops, computers, and tablets. Which leads to the risk of a common health issue called 'tech neck.' This is musculoskeletal discomfort usually associated with looking down at a device.

What can you do to avoid neck strain?

MOVE MORE – If you've been in a stationary position for a while, remember to get up, walk around and try some neck and shoulder stretches frequently throughout the day.

YOUR NECK IS AN EXTENSION OF YOUR SPINE – Keep it lengthened. The further forward the head hangs, the greater the pressure on the spine.

AVOID OVERREACHING – whether it's reaching for something in the back of the car, at the back of your desk, or over a patient at work. Think about whether you can realistically reach it, or reposition yourself.

HOLD IT! – Avoid cradling your phone with your shoulder, hold it in your hand, or better still, consider using your head phones. If you don't need to be on your phone, put it down, enjoy nature!

DISCONNECT WHEN YOU CAN – laptops, cell phones and tablets should only be used for a small amount of time, adjust the settings on your devices to reduce blue light after a certain time. E.g. 8pm onwards.

WORKSTATION SET UP – If sitting at a desk or using a computer in any part of your day, make sure your chair is set at the correct height, so that your shoulders are relaxed when typing, and the top of the screen is at eye level.



STRETCH IT OUT – Try these three stretches to get some relief from neck strain

- Sit or stand upright. Without lifting your chin, glide your head back until a stretch is felt.
- Drop head slowly to one side, taking your ear towards your shoulder until you feel a stretch.
- Raise your shoulders towards your ears until you feel a slight tension across the tops of your shoulders.
- Sitting with your back supported, slowly roll your shoulders up and backwards in a circular motion.

Hold each of these stretches for a slow count of 10 and repeat them 3-5 times.

Try a few of these suggestions throughout your day and see if it helps with neck strain.

Check out the **Wellbeing Health and Safety** section on the intranet for more information to help you be and stay well at work.

Activity & Nutrition Aotearoa
Kia Hono, Kia Tipu
Connecting people and knowledge

To sign up for the Activity & Nutrition Aotearoa newsletter visit – ana.org.nz

eCald
Enhancing
CALD Cultural
Competence



The latest edition of the eCald newsletter includes information on the Ministry of Business, Innovation and Employment's (MBIE) COVID-19 Refugee update; the 'Reach Out' Multiple Language Campaign and the harmful effects of e-cigarette and vaping.

CLICK HERE to read more.



Training to help recognise and respond to elder abuse

An elder abuse and neglect learning package for staff has been created to help staff recognise and respond to abuse of older people.

“The first training was delivered in July and we aim to target the training roll out further for next year and will aim to have booking available via [healthLearn](#)”, says Canterbury DHB’s Older Persons Health Service (OPHS) Clinical Manager Social Work Tylee Beaumont, who created it.

Tylee consulted a number of people and organisations to create the package, including Child and Family Safety Service, Age Concern, Māori Health, West Coast DHB and a number of OPHS colleagues.

“It is helping staff become more confident in recognising the signs of elder abuse and neglect and respond appropriately,” she says.

Tylee and OPHS Social Worker Denise Dwyer have highlighted the issue of elder abuse in the following article (abridged) they have written in the latest edition of Burwood Hospital’s Generations newsletter:

“The best thing we can do as health workers is to learn to recognise the

signs and symptoms of elder abuse and to tell someone who can assist with assessing the situation further, such as a Canterbury DHB or Age Concern social worker. Early identification of elder abuse and a health response improves overall outcomes for our clients.

It’s no secret that New Zealand has high rates of family violence, but what might surprise you is that our elderly population are also experiencing abuse at an alarming rate.

Age Concern figures from 2017 indicate that one in 10 older people in New Zealand experience some kind of elder abuse, including financial, sexual, verbal and neglect to physical or institutional abuse. The majority goes unreported.

Often the perpetrator is a family member. We have also had cases whereby neglect and/or manipulation is not understood to be a type of abuse.

An instance of this may be threatening to keep precious grandchildren away if the elder person does not comply

with demands or expectations. Another example may be withholding medication or treatment. We also see added risk factors with groups of older people who have additional vulnerabilities such as, those living alone, those experiencing a cognitive decline or mental health issue and/or those that have adult children with mental health or addiction issues.

Why do we need to talk about elder abuse and neglect?

Age Concern estimate that only 16 per cent of elder abuse cases are reported and the damage is often hidden.

Ageist attitudes within society, a fear of consequences, dependence on an abuser, shame and increased frailty and illness are often contributing factors as to why the abuse may remain hidden.

And remember, support is likely the most powerful intervention we can offer, but sometimes we have to ask the difficult questions.”



New video shows how to prevent pressure injuries

Pressure injuries are considered to be largely preventable and are identified as an adverse event in health care delivery. As part of ongoing work to significantly reduce pressure injuries within healthcare settings across Canterbury and the West Coast, Canterbury DHB and Accident Compensation Corporation (ACC) worked together to produce a video featuring practical advice on how to prevent pressure injuries.

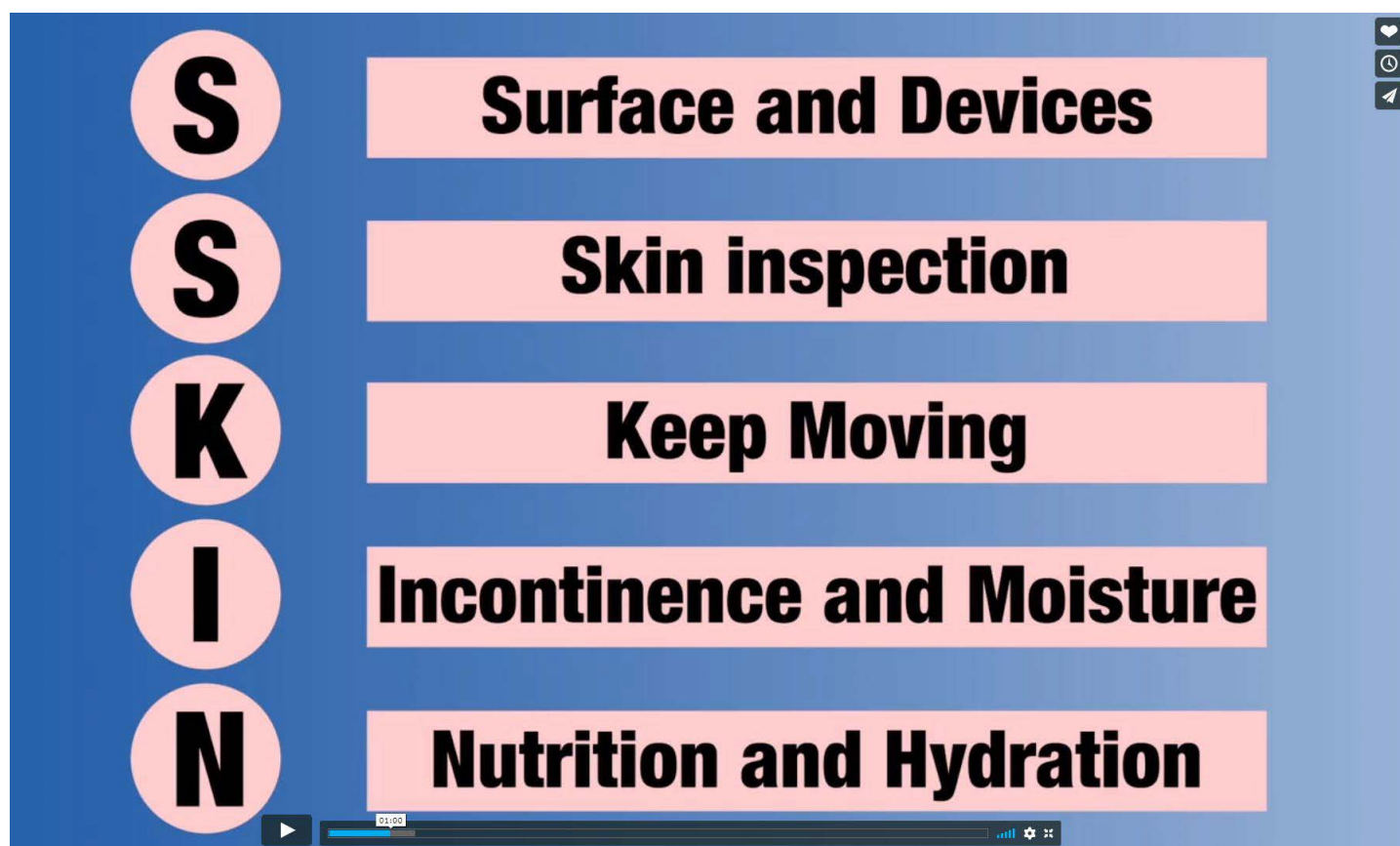
The video explains how to reduce friction and shear, which can cause pressure injuries, and how to use the SSKIN bundle to ensure that no prevention element is missed.

The Quality and Patient Safety team encourages those caring for patients or residents to consider or undertake the following SSKIN assessments regularly:

- **SURFACE** – provide supportive pressure-relieving surfaces
- **SKIN INSPECTION** – undertake regular skin checks to detect early signs of skin damage
- **KEEP MOVING** – change position often
- **INCONTINENCE** – keep skin dry and clean
- **NUTRITION** – eat healthy food and drink plenty of fluids.

Watch the [Preventing Pressure Injuries positioning video](#) (10 minutes) and share with your colleagues and patients or residents.

If you have any questions, or would like more information, please contact Chair of the Pressure Injury Prevention Advisory Group Robyn Cumings on robyn.cumings@cdhb.health.nz



A new video features practical advice on how to prevent pressure injuries.



Hellen Walker

Personal Assistant to Manager Integrated Health Services – Northern Region

What does your job involve?

I have a hugely varied role because we are a comparatively small workplace. As Personal Assistant to Buller Health's Manager, I provide administrative support doing all the usual things like keeping track of appointments, minute taking, Orbit bookings and coordinating meetings and events with the most notable being the Prime Minister's recent visit.

Communications are an important part of my role, keeping staff and patients informed. I produce the *Weekly Snapshot* newsletter, ensure our display of signs are up to date and that our interactive TV show-reels in the waiting room are up-to-date with important health information.

I can also be found doing invoicing and ordering, helping move or re-arrange furniture, searching for missing pool cars, helping staff with video conferencing and other IT type issues. Not to mention helping manage room bookings.

Basically, my door is always open to anyone who has a question or needs help with something, and if I don't know the answer I will find out.



Hellen Walker cuts into her birthday cake.

Why did you choose to work in this field?

I have always been in administration type roles. I took typing in high school and my first job was as a Word Processor Operator. These roles provided flexibility while I was raising my children. I previously worked at Buller Health for six years and prior to returning to Westport 18 months ago, I worked for Canterbury DHB for four years.

What do you like about it?

Support roles are rewarding and give me a great deal of job satisfaction as does building relationships with people across the Coast who answer my questions and help me out. If I learn something new I always make sure I use that knowledge to provide support and assistance to staff here. Being a small workplace, I get to know staff across all areas and I feel like I am part of one big team.

You never know on any given day what you might be asked to do or help with.

Having held three different roles within Buller Health, I have a good overall understanding and appreciation for the work that others in the admin team do. Every day I come in thinking I have a plan for the day, but very rarely does my day turn out as I have planned.

Who inspires you?

My Dad. He has a strong work ethic and always gives 100 percent of himself to anything he does.

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

I don't read much these days and tend to watch movies from home rather than going out. I have just finished watching all six series of *Schitt's Creek* and with Sky, Netflix and Amazon TV at my fingertips I never run out of movie choices. Murder mysteries such as *Midsummer Murders* and British comedies are my favourites.

Have you ever won a prize/medal/competition?

No, but I was awarded a citation for my work with St John during the 2011 Christchurch Earthquakes.

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

Right here. I love Westport!

What do you do on a typical Sunday?

Watch movies and relax.

My favourite meal is...

Christmas lunch.

My favourite music is...

Savage Garden or anything modern with a good beat excluding rap.

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