



West Coast District Health Board

# Focus *on* People

QUALITY ACCOUNTS 2019

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# Avoiding Legionnaires' this summer

Summer is a great time to be out in the garden, but it's also important to take care of yourself when handling potting mix and compost to prevent Legionnaires' disease. Here are five easy things you can do:

- 1** Open potting mix or compost bags carefully with scissors.
- 2** Wear a well-fitting disposable face mask and gloves.
- 3** Reduce dust by dampening down potting mix or compost.
- 4** Work with potting mix or compost in a well-ventilated area outside.
- 5** Wash your hands after handling potting mix or compost and before removing your mask.





## A quick word

Welcome to this edition of *Focus on People: Quality Accounts* publication which aims to provide you with a snapshot of the work we have been doing over the past year to improve the health and wellbeing of Coasters.

We are constantly challenged to think about how we can improve the way we provide services to the 32,600 people living between Haast and Karamea. Our DHB team of just over 1000 people, and all the others working together in the West Coast Health Alliance, continually review the work we do to ensure we are making a positive difference.

We recognise the importance of good access to general practice services, to hospitals and specialists, to oral health care and to mental health services; for ourselves, our family/whānau, our friends and neighbours, our colleagues and people we see in the streets.

Through our transalpine partnership with Canterbury DHB, we have additional access to specialists over the Alps. Our focus is on providing as many services as possible on the Coast and as close as possible to people's homes. This saves people time and does wonders for their wellbeing.

### FIVE WAYS TO WELLBEING

Ē TAHI ARA E RIMA KI TE NGĀKAU ORA

The following five actions can make a big difference to the way we feel. Give them a whirl any time and you'll begin to feel the benefits.

#### CONNECT

ME WHAKAWHANAUNGA

Time with others can be a real pick me up, even if we just grab a cuppa or say 'giddyay'!

#### KEEP LEARNING

ME AKO TONU

When we learn, we exercise the old grey matter, so be curious, try something new.

#### TAKE NOTICE

ME ARO TONU

Noticing the little things and using our senses can really help us enjoy the moment.

#### BE ACTIVE

ME KORI TONU

Moving our body can move our mood. Just do what you can and enjoy what you do.

#### GIVE

TUKUA

Smile, share a kind word, lend a hand. The things we do for others can be a real pick-me-up!

ALLRIGHT.ORG.NZ

*Focus on People* draws together examples of initiatives undertaken by our staff throughout the year. The common theme is how our staff are finding ways to improve our systems to provide patients with better access to our services across the Coast while encouraging people to engage in their own health care.

Taking responsibility for your health starts with healthy food, regular exercise and time to do the things that make you happy. The Five Ways

to Wellbeing shown on this page are proven ways to boost your wellbeing. Five simple things which if done regularly, really can help.

We hope you find the stories interesting and informative, and that by the time you are reading this the West Coast is experiencing some warmer, drier weather.

Haere ora, haere pai.

*Go with wellness, go with care.*

**David Meates**

Chief Executive, West Coast DHB



## Going and staying smokefree through the West Coast Smokefree Pregnancy and Newborn Incentive Programme

Angel and her sister Chloe grew up in a household where smoking in the house and car was normal. Both sisters started smoking at around 13 years old and although they had tried to quit on a number of occasions neither of them had been successful. This changed when they signed up for the Smokefree Pregnancy and Newborn Incentive Programme along with their respective partners, Tom and Salem.

The Smokefree Pregnancy and Newborn Incentive Programme provides pregnant women with ongoing support to quit smoking and stay smokefree. Women on the programme are provided with grocery or petrol vouchers over a 12-week period during their pregnancy, for every week that they are smokefree after they quit, up to a total value of \$300. As a bonus, they also receive a \$50 voucher if they are still smokefree two weeks after their baby has arrived. Partners who smoke and who want to quit at the same time can join the 12-week programme and receive incentives up to a total value of \$200.

The newborn phase of the programme provides further support and incentives (totalling \$250) to women who remain smokefree – preferably living in a smokefree home – during their baby's first four months. Partners



From left, Salem, Nyah, Chloe, Aranea, Trish, Kamille, Angel and Tom



Angel, holding Aranea, proudly shows her breath test results

can also participate in this phase of the programme.

### ANGEL (20) AND TOM'S (27) STORY

*Angel says:*

"The first time I stopped smoking I was 17 years old and had just moved out of home but then I moved back and started again. It's really hard giving up especially when going to family events where everyone else is smoking.

"When I got my first job most of my wages went on smokes and when my partner Tom arrived on the scene the amount we spent

increased to around \$100 per week. We would buy a 30-gram packet of tobacco which never lasted the whole week, so we would buy a pack of tailor-made smokes to tide us over until our next payday.

"When our first child Kamille, was born I stopped smoking for a short time but it wasn't until I found out that I was pregnant with our second child, Aranea, that I stopped for good. Now that we are smokefree I find it really hard to be around people if they are smoking – I even get annoyed if I am going into the supermarket and have to walk past people smoking outside. I want the best for my children and being smokefree is a good start!"

*Tom says:*

"When we were introduced to the expanded programme, we needed the money so it was a great incentive to stop. We used the vouchers to stock up on nappies and other baby items as well as groceries. The vouchers, which under the expanded programme total \$1100, are definitely a good incentive, especially as my work at the time was seasonal so my pay fluctuated.

"We are lucky to be supported by Trish Hunt — Stop Smoking Practitioner with Oranga Hā, Tai

Poutini, at Community and Public Health — who has helped keep us on track. Once a month, Trish visits us at home to see how we are doing and checks our smoking/smokefree status using a simple breath test that checks for carbon monoxide in your breath (called CO monitoring). The cut-off level for showing you are smoke free is under six parts per million (ppm) of carbon monoxide in your breath. When we started, I did have one slip up – I had had a couple of smokes at work and had forgotten that Trish was coming that night — I got a reading of eight ppm when I blew into the meter.

“Angel and I are committed to remaining smokefree and having a smokefree property – it’s how we like it. The other advantage of not smoking is that we have been able to save and have recently been approved for a mortgage.”

## CHLOE (16) AND SALEM (19)

*Chloe says:*

“I had tried to stop smoking several times but it wasn’t until I watched videos showing the effects on the baby when you smoke during pregnancy that I decided to quit. Until then, I hadn’t realised how harmful smoking was to our daughter Nyah before, during and after her birth. After I quit I could feel her moving more – it was amazing. Not smoking is so much better for babies – they are healthier and are normally larger.”

*Salem says:*

“I have known Trish since I was 16 years old and for me knowing the person supporting us has definitely helped. Having someone check in to make sure you aren’t smoking is definitely a good incentive to remain smokefree.”

## INTERESTED IN BEING SMOKEFREE?

You can be supported by the Quit Smoking service at any time, but to be eligible for the pregnancy incentive programme you must be no more than 30 weeks pregnant, and agree to keep weekly contact for the first eight weeks and then fortnightly contact for the next four weeks.

For more information, or to join the programme, contact:

- **Oranga Hā, Tai Poutini**  
(Stop Smoking West Coast)  
service 0800 456 121
- **West Coast DHB smoking cessation counsellors**
  - Greymouth 03 769 7488
  - Westport 03 788 9238.

## Making your wishes known

**Dying is something none of us really want to think about but when the time comes, having our loved ones and health care teams know about the treatment and care we want near the end of our life is very important.**

This is where an advance care plan comes in, as it provides an opportunity to think about and share your future health care and end-of-life care wishes with your

family and clinical team. It’s about identifying what

matters to you and making sure it happens.

Helen Rzepecky,

Gerontology Nurse Specialist - Complex Clinical Care Network, says, “An advance care plan makes it easy for everyone to understand your wishes if illness means you are no longer able to speak for yourself.

“It includes information about what is meaningful to you, your values and your spiritual and emotional needs. It enables you to tell us about your treatment preferences and can also cover what sort of funeral you would like, if you want to donate your organs, and where important papers are.”

“It may also include an advance directive and details of any enduring power of attorney you have appointed, and any other people you would like to be involved in decision making about your health.

“For those of us who work in healthcare, knowing your values and what is important to you can help make your treatment approach clearer and easier to follow, ensuring we maintain your integrity and mana.”

## HOW DO I MAKE AN ADVANCE CARE PLAN?

Create an electronic advance care plan with support from your practice nurse or general practitioner or healthcare professional. It is then stored in your electronic health record so your healthcare team can access your wishes, if you are too unwell to speak for yourself.

For more information or a copy of the advance care plan template, visit **[www.healthinfo.org.nz](http://www.healthinfo.org.nz)** and search for ‘advance care planning’, or talk to your General Practice team.



# Connecting care helping to improve consumer experience

Over the past year, the West Coast DHB's Mental Health team has been focused on improving service transition between inpatient and community mental health services (connecting care) and minimising restrictive care (zero seclusion).

This work forms part of the Mental Health and Addiction Quality Improvement Programme - an ongoing programme of quality improvement initiatives undertaken by all DHBs and supported by the Health Quality & Safety Commission New Zealand (HQSC). HQSC identified five key project areas:

- minimising restrictive care (zero seclusion by 2020)
- improving service transitions (connecting care)
- learning from serious adverse events and consumer experience
- improving medication management and prescribing
- maximising physical health.

Paula Mason, Clinical Nurse Manager Inpatient Unit (IPU) – Manaakitanga, says, "Because we are a small rural DHB, the HSQC team recommended that we combine the connecting care and zero seclusion project areas."

This made a lot of sense as, not only do these two projects complement each other, there is a distinct crossover between them and the success of one is reliant on the other.

"From the outset, the project team has worked hard to achieve some really positive changes to improve the consumer experience while in our care. An important aspect of all of our project work is consumer and family/whānau engagement and participation, as this helps to shape our services."



The process has resulted in a lot of new learnings and ways of thinking for everyone, but the results clearly speak for themselves.

These results include:

- Making environmental changes, such as, painting the low stimulus and seclusion area to soften it and make it more welcoming.
- Introducing fit-for-purpose weighted furniture to the facility.
- Introducing a staff alarm system and a 'seclusion cross'.
- Increased proactivity around the offering and use of Nicotine Replacement Therapy and the development of smoking guidelines for IPU.
- Auditing of medication prescribing and urine drug screening to inform possible future change ideas and quality improvements.
- Introducing psychotropic medication stickers to assist staff to provide consistent information around the reasons for use and effects; to increase visibility of use and to provide data needed for auditing.
- Introducing regular newsletters to update staff, consumers and their whānau on project progress.
- Non-government organisation (NGO) helpdesk set up in the unit: NGOs visit the unit on a weekly basis to talk to consumers, their whānau and staff about what their organisation does and how they can provide assistance.

Manaakitanga:  
Month:

August 2019

Patient Seclusions

|     |     |     |     |     |     |
|-----|-----|-----|-----|-----|-----|
|     |     | ✓1  | ✓2  |     |     |
|     |     | ✓3  | ✓4  |     |     |
|     |     | ✓5  | ✓6  |     |     |
| ✓7  | ✓8  | ✓9  | ✓10 | ✓11 | ✓12 |
| ✓13 | ✓14 | ✓15 | ✓16 | ✓17 | ✓18 |
| ✓19 | ✓20 | ✓21 | ✓22 | ✓23 | ✓24 |
|     |     | ✓25 | ✓26 |     |     |
|     |     | ✓27 | ✓28 |     |     |
|     |     | ✓29 | ✓30 | ✓31 |     |

Days since last  
Patient seclusion

33

Seclusion  
Free day

Patient  
Seclusion



## WHAT IS THE 'SECLUSION CROSS'?

"The purpose of the Seclusion Cross is to show our consumers, their whānau and staff at a glance the number of seclusions that IPU has experienced within any given month. It also helps to keep us focused on how well we are doing at lowering seclusion events. However, we do recognise that sometimes there is no alternative to seclusion.

"We also record the 'Good Catches' as we know that there have been occasions where actions by staff have averted the need for seclusion. It is important that we recognise the work that goes into reducing seclusion and acknowledge how positive staff actions and skills at managing distressing and challenging situations can achieve positive outcomes for all," Paula says.

- Improved reporting on feedback from the Marama Real Time Survey completed by consumers and their whānau at the time of discharge about their experience of our service.
- Implementing a weekly activities planner for consumers and introducing one-page information sheets for consumers and their family/whānau.

Paula says: "One of our most celebrated successes was that August 2019 was the first month in many years that we didn't have a seclusion event or environmental restraint such as locking the front door."

This wouldn't have happened if it wasn't for all the hard work, time and effort put in by the Manaakitanga staff to ensure that our consumers are actively treated, managed and cared for in a safe environment, says Paula.

**Zero seclusion means safety for all – consumers, their whānau and staff.**

## Use of point of care testing device saves time and money

Point of care testing (POCT) devices allow for blood test results to be available at the bedside or in the clinic rather than having to send samples to the laboratory and wait for the results. Within minutes, clinicians can have blood test results to help them assess a patient's condition and plan treatment accordingly.

Eileen Chappell, Laboratory Manager, says that although it is a more expensive test compared to a routine laboratory test, it is extremely good value-for-money when used in the right circumstances. POCT will never replace the Laboratory but is ideal for urgent situations. Its use has not only resulted in a reduction in the number of patient transfers by helicopter to Nelson or Greymouth for treatment, it has also meant that alterations to medication can be made immediately and patients do not have to wait for samples to travel by road to our Grey Base Hospital laboratory before they are tested and reported.

"We have been using POCT in Karamea for over a year and the data clearly shows that it is



Registered Nurse, Priya Mathew completing her istat (POCT device) training

an effective tool which saves both time and money. Once a patient's blood sample has been taken the nurse can then carry out the test. Depending on the type of test, results are normally available within two to 10 minutes.

"Its use means that patients in rural West Coast communities like Karamea which regularly get cut off due to wild weather and flooding, don't need to make the round trip to Westport or Greymouth to get the care they need. We are looking at rolling them out to other rural communities in the near future."

# We are on the move from old to new facilities



Approaching Te Nikau from Cowper Hub over the footbridge

## TE NIKAU GREY HOSPITAL AND HEALTH CENTRE

Opening in 2020, the Te Nikau Grey Hospital and Health Centre is a new 8500 square metre facility in Greymouth. The range of services includes 56 inpatient beds, four transitional care units, three operating theatres, a radiology department, laboratory services, and an integrated family health centre providing primary care and outpatient services. Other clinical services include urgent care, 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.

As West Coast DHB prepares for the move into the new facility, extensive consultation continues with the various departments to determine the move schedule. Some departments, such as radiology, have significant equipment transfers and therefore we need robust



Looking from Cowper Hub to Te Nikau

move plans. West Coast DHB will undertake the whole-of-hospital move over a period of 10 days in order to reduce the difficulty of working on a split campus, minimise the disruption to health service delivery, and minimise confusion as to where services are located.

The installation of information and communication technology in the new facility has been a massive undertaking requiring significant planning for the establishment of new network infrastructure, decommissioning old and installing new computers and printers, and installing a new telephone system.



Staff work station at Te Nikau

## COWPER HUB

Cowper Hub provides a facility for all West Coast DHB staff who are not based within the new Te Nikau Grey Hospital and Health Centre or in the corporate services building. Staff who were based across 14 different locations, including four off-site locations, moved into Cowper Hub on Friday 13 December 2019.

Teams from a range of services once physically separated across sites have been co-located, with the new open-plan environment making it easier for staff to share knowledge and collaborate and interact with each other on a regular basis.





**Buller Health Centre main entrance**



**Cowper Hub**

The Hub's location makes it easy for staff to move between the Te Nikau Grey Hospital and Health Centre when required. It is linked to the main hospital campus by a pedestrian bridge across the rail line, enabling staff to work clinically, attend meetings or interact easily with their Te Nikau-based colleagues.

## **BULLER HEALTH CENTRE**

A project milestone will be achieved in early 2020 when the planned demolition that's needed to make way for construction of the new \$20 million Buller Health Centre commences. Staff have done an amazing job preparing for the demolition by relocating services from buildings that will be demolished to other areas in the facility. Staff will be working from their new locations for around two years, until construction of the new facility is complete.

The final Buller Health Centre Detailed Design floor plan is 2310 square metres with all services, storage spaces and utility areas located within the facility itself. Services that will be provided in the new facility include: allied health, sexual health, mental health, laboratory, radiology, urgent care, mental health, child and adolescent dental, inpatient services containing 12 beds as well as shared clinical, non-clinical and administrative support. The facility will also house community service provider Poutini Waiora, outpatient services, and community services including the Complex Clinical Care Network, district nursing and home-based support services.

You can take a virtual fly-through of the new **Buller Health facility**.

## **SOUTH WESTLAND CLINIC**

West Coast DHB will be relocating the South Westland Clinic from Hannah's Clearing to the St John building in the Haast township in 2020. The co-location with St John provides clinical safety benefits related to reduced isolation for staff and patients, the ability to work collaboratively with St John and have cell phone reception. The relocation is an opportunity for West Coast DHB to strengthen the resilience of the health care service for the region.

The clinic plan, endorsed by South Westland clinical staff, includes an accessible toilet, waiting room, consult room, fit-for-purpose treatment room and multi-use storage/utility room. The clinic has direct access from the treatment space into St John, facilitating patient transfers. Staff amenities will be shared with St John.

The new Haast Clinic building works are set to commence at the end of January 2020.

Please check the West Coast DHB's **Facebook page** and **website** for regular updates.



# A new approach to delivering diabetes care benefiting Māori and Pasifika

In 2018, West Coast Primary Health Organisation (PHO) partnered with Māori health and social services provider, Poutini Waiora, in a project aimed to improve outcomes for targeted Buller Medical Māori and Pasifika clients with diabetes.

The project was undertaken as part of the Health Quality & Safety Commission's Whakakotahi (te reo Māori for 'to be as one') quality improvement programme, which aims to increase quality improvement capability in primary care. The major focus of the project team was to address equity, integration, patient access and the experience of Māori and Pasifika clients when accessing diabetes treatment.

Pauline Ansley, West Coast Primary Health Organisation's Clinical Manager, says the project consisted of using a new approach to delivering the Diabetes Annual Review (DAR) for Māori and Pacific people. It used the services of Poutini Waiora's kaiarataki

(health navigators) to engage with Māori and Pasifika clients, to support their access to the Buller Medical General Practice team, provide elements of the DAR and facilitate or deliver appropriate follow-up care. In the past, all diabetes care was previously delivered by nurses and general practitioners.

"The biggest highlight was seeing how well Poutini Waiora's model of care works. The focus was on providing wraparound support to help people deal with complex life circumstances that impact on their health, wellbeing and ability to self-manage and to improve their overall health outcomes.

"As a result, we experienced a marked increase in the level of engagement by Māori and Pasifika clients and of particular note, engagement with a handful of people with complex stories who typically don't access services (except for emergency care), had poor diabetes control with complications, and who had previously not engaged with general practice or healthcare."

Other project highlights include being able to engage with a GP for weekly case reviews and oversight of patient care; positive feedback from patients and the inspirational effect on the staff providing the service.

"While our preliminary data showed that project participants had their clinical needs and risks addressed, it is only now that our quantitative data is clearly reflecting a sustained reduction in the number of people overdue for their DAR. The results show that we have surpassed our goal of having 90 percent of our Māori and Pasifika clients completing their diabetes annual review on time," Pauline says.

"The fact that we are seeing more people with diabetes having annual reviews completed, many of whom were overdue prior to the project is fantastic news. We are confident that we can maintain this level of engagement especially if we continue to use the same approach and partnership model as our Whakakotahi project."



# Preventing pressure injuries is the business of all health care professionals

West Coast DHB's Pressure Injury Prevention Link Nurses (PIPLN) have been working together since February 2019 with a focus on preventing pressure injuries across the West Coast. The team of six PIPLN nurses includes district nurses, ward nurses, aged residential care and homebased support staff.

Nurse Educator - Workforce Development Jo Tiller says, "Telecommunication technology and the rurality of some West Coast staff made PIPLN online learning difficult, so we set up our PIPLN team and provided them with face-to-face training in pressure injury prevention, assessment and management."

Pressure injuries, also known as pressure ulcers or bed sores, develop when the skin breaks down due to sustained pressure or friction. There are more than 55,000 New Zealanders who will develop a pressure injury this year alone.

"We have worked to establish a seamless transition between primary and secondary health environments for patients identified with/or at risk of pressure injuries. We have also been educating patients and carers to check their skin regularly, so they quickly recognise when something has changed," Jo says.

Our work has resulted in the following key changes:

- Standardised policies and procedures, such as updating the pressure injury policy to include skin inspection on admission



From left: Nurse Educator - Workforce Development Jo Tiller, District Nurse Hokitika Sandra Lang, Barclay Ward Nurse Helen Pilcher, O'Connor Home Clinical Nurse Manager Vipin Chacko, Morice Ward Nurse Annie Joseph. Absent: Access Home Based Support Services Nurse Alison Blair and District Nurse Greymouth Kirsty Burnett.

## SIGNS OF A PRESSURE INJURY

Be aware of your skin and seek medical advice if you notice:

- discolouration and soreness
- a tender or painful area
- a blister
- swelling
- skin that feels cooler or warmer to the touch than other areas
- any change in your current medical condition, which leads to a decrease in appetite and immobility.

To learn more about pressure injuries and how to prevent them, visit – [healthinfo.org.nz](http://healthinfo.org.nz).

and the use of a sticker which is added to a patient's notes if there is any identified risk. The stickers also let staff know that the assessment has been completed.

- Development and standardisation of informational resources for patients and staff.
- Improved education delivered to patients and staff about pressure injuries.

"As part of our transalpine partnership with Canterbury DHB,

we are currently implementing the use of the Braden Scale — a risk assessment tool that identifies if someone is either at a low or high risk of developing a pressure injury. If a clinician identifies a high-risk patient in Canterbury who will be relocating back to the Coast, then we are all using the same assessment tool, allowing for seamless care. Aged residential care facilities also use this tool and St John recognises the principles, so we are well placed to provide better care across the Coast," Jo says.

"Our future plans are focused on the establishment of an equipment bank with pressure-relieving pillows, dressings, wedges and a palliative care bed for the community; a pressure injury pack which includes an Accident Compensation Commission (ACC) treatment injury form, a pressure injury alert sticker and a SSKIN (skin, support surfaces, keep moving, incontinence and nutrition) prompt sheet; and pressure injury education resources for staff, including manual handling procedures.

"Pressure injuries can take a huge toll on a person's health and independence, and patients often need additional care, which is why we've committed to an ongoing programme here on the West Coast and in Canterbury," Jo says.

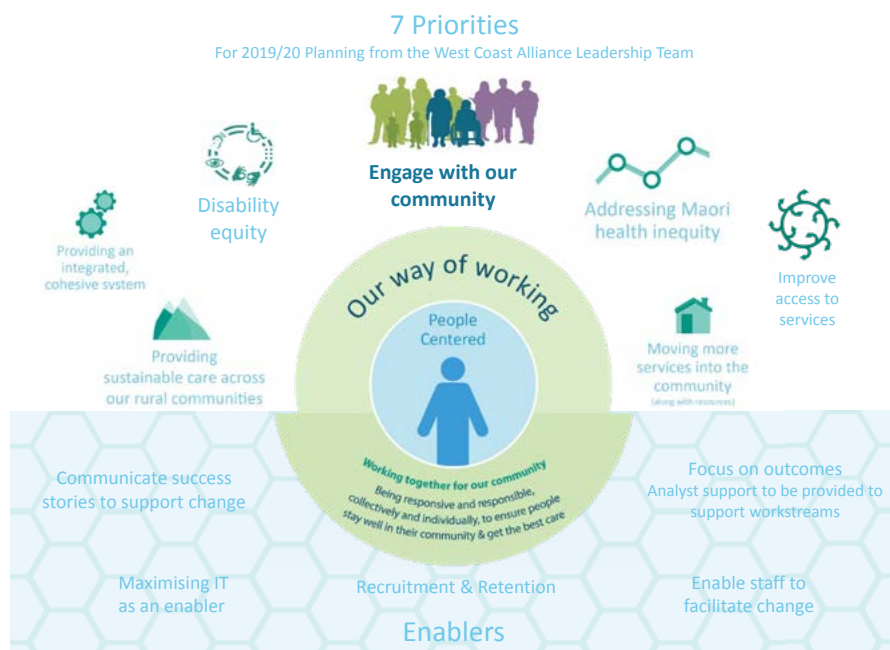
# West Coast Alliance focused on whole of health system approach to design and delivery

The West Coast Alliance has spent another busy year ensuring services are focussing on a whole of health system approach to design and delivery. The Alliance led by a team of expert clinicians from across all sectors of health is the formal agreement between the West Coast DHB and West Coast Primary Health Organisation (PHO) to work together.

In August 2019, the Alliance was delighted to welcome Kevin Hague to the role of independent Chairperson. Kevin's appointment not only brings an independent community voice to the Alliance Leadership Team but also brings the West Coast Alliance into line with other Alliances around the country.

2019's highlights included:

- Following a successful stakeholder and consumer engagement hui, a draft West Coast Maternity Strategy has been prepared and is currently being shared with communities for feedback and further development.
- Nelson Marlborough DHB Paediatrician Nick Baker presented three "Safe Sleep" workshops (one in Westport and two in Greymouth, daytime and evening). This was part of the programme of activity to raise workforce and community understanding of the modifiable risk factors in Sudden Unexplained Death in Infancy (SUDI).



- Education and support has been delivered for providing end of life care in both Aged Residential Care as well as community providers. The additional support for this through our transalpine partnership with the Canterbury DHB Palliative Care service has been appreciated.
  - A second integrated pharmacist role has been established to work across both hospital and the community. This is intended to improve the availability of pharmacists to contribute to optimising care for complex patients, as well as attracting newly-qualified pharmacists to the region.
  - Coast Medical and High Street Medical (now Coastal Medical) have implemented the New Zealand electronic Prescription Service, offering efficient communication between GPs and pharmacists about scripts, and time-savings.
  - A Food Security Steering Group was established late in 2018/19. This group is working to define its scope and Terms of Reference but will look at initiatives to support communities, individuals and family/whānau to have better access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences for an active, healthy life.
  - The Smokefree Pregnancies Incentive Programme has been extended to provide mothers with incentives into the first four months post-partum as part of the Sudden Unexplained Death in Infancy (SUDI) prevention programme.
  - The strong partnership between Poutini Waiora, the PHO and DHB Clinical Nurse Specialists has seen improvement in the care of Māori and Pasifika clients with diabetes in Westport. This work will continue next year with the intention to expand the model in to Reefton.
  - Community Alcohol and Other Drugs services commenced under The Salvation Army.
  - The Māori Mental Health review has been completed with a subsequent proposal in development.
- The Alliance Leadership team are looking forward to our system continuing to integrate our services across the Coast and moving ahead with consumers to co-design the way we deliver some key services.



# Digital patient observation and alert response system implemented across the Coast

Earlier this year, the West Coast District Health Board (West Coast DHB) implemented Patienttrack, a new digital patient observation and alert response system, aimed at helping clinicians identify deteriorating patients earlier. This system enables clinicians to apply clinical judgement and to take appropriate, potentially life-saving action sooner.

Patienttrack is designed to capture patient observations electronically and make them available to a patient's care team anywhere they have access to the network.

Quality and Patient Safety Manager, Rosalie Waghorn, said Patienttrack records a patient's vital signs to calculate the early warning score (EWS) which is used to predict the risk of deterioration for the patient and acts as a prompt to clinicians to provide follow-up treatment if the results are abnormal.

"Patienttrack will eventually record all patient observations that are



Registered Nurse Alana Crook using Patienttrack to record patient information

currently handwritten on charts across the West Coast health care system. Replacing paper-based charts with a comprehensive suite of electronic automated assessment and communications tools will reduce errors and improve work flow, allowing clinicians to dedicate more quality time to our patients," says Rosalie.

Patienttrack, which originates from the UK, is used in a number of New Zealand hospitals including

Christchurch, Hillmorton and Burwood hospitals.

It has been rolled out in Foote Ward (Buller) and in Grey Base Hospital's Manaakitanga (Mental Health inpatient unit) and Medical Surgery services and will eventually be introduced to other services across the Coast.

For further information please visit [www.patienttrack.com](http://www.patienttrack.com) or follow @Patienttrack on Twitter.

## Cancer Kōrero Booklet

Our Māori Health team has recently published the West Coast DHB's **Cancer Kōrero booklet**. This resource provides useful information to help inform people about cancer including where to find support and additional information. It also tells us how to care for our own tinana (body) and some of the ways to tautoko (support) whānau (family) or friends affected by cancer.



Practise  
Safer Sex!

# Bacterial bug from the Middle Ages makes a comeback – but ‘Middle Age spread’ is easily avoided

Perhaps best-known as the likely cause of Henry VIII's madness in the 15th century, this disease from the 'Middle Ages' has been on the cusp of eradication but is now back with a vengeance.

Mention the word syphilis these days and more often than not the response will be 'Is this still a thing?'

Unfortunately, in 2019, syphilis is very much still a thing and it has health professionals worried.

"Syphilis has been rising since 2012 and is now considered to be at epidemic levels, with rates in New Zealand doubling between 2015 and 2018. There were 548 cases notified in the past 12 months nationally compared to six years ago when there were 82 cases. As we see a rise in the number of cases, it's important that Coasters especially pregnant women are aware of what to do to protect themselves," West Coast Medical Officer of Health Dr Cheryl Brunton says.

Internationally, there are estimated to be about 6 million new cases of syphilis per year and over 300,000 deaths in babies and young children occurring due to syphilis.

Syphilis is a very infectious bacterial disease. It's usually caught by having sexual contact (including oral sex) with an infected person, or passed on through pregnancy to babies.

While most people don't show any symptoms (though they may still be infectious), the symptoms of syphilis are so varied it can often

be misdiagnosed as other diseases, leading to its nickname: the 'great pretender'. The only sure way to know if you have syphilis (or not) is to have a blood test.



In the short-term, syphilis can cause a painless ulcer on your genitals or around the mouth. Long-term and if left untreated, it can cause serious life-threatening conditions such as paralysis, dementia, blindness, deafness and, rarely, death.

Women can pass syphilis to their baby if they become pregnant while infected – this is called congenital syphilis, and can seriously harm an unborn child, causing miscarriage or even still-birth.

The good news about syphilis is that it can be diagnosed through a simple blood test and, if diagnosed early, it is easily treated with antibiotics. It is important to get tested and treated early if you think you have syphilis, because late-stage damage cannot be undone. For more information, talk to your health professional or visit [www.healthinfo.org.nz](http://www.healthinfo.org.nz) and search for 'syphilis'.



## HOW TO PROTECT YOURSELF FROM SYPHILIS

- Condoms are the only method of contraception that reliably protect against both sexually transmitted infections (STIs) and pregnancy.
- If you are having unprotected sex, for peace of mind, talk to your partner about getting yourselves tested for STIs.
- Before having sex, discuss the use of condoms with your partner. Remember, you have the right to say no if your partner does not agree to use condoms.
- Never have sex (even with a condom) if your partner has a visible sore, ulcer or lump on their mouth, genitals or anal area.
- If you are pregnant, speak with your Lead Maternity Carer or midwife about being tested for syphilis, as this check is free as part of your routine pregnancy health care.





## WellFood now operating on the Coast

On 1 October 2019, the West Coast DHB brought the management of its food services in-house, giving it a brand new look and name – WellFood, a fresh approach to food. As a result of the transfer of services, profits from hospital café sales are now being funnelled back into the West Coast Health System.

The DHB's food service enjoys high levels of customer satisfaction and the same quality of food and service will continue, with plans over time to enhance the range of healthy choices and locally-sourced produce. One of our popular meals is the pumpkin and parmesan arancini slice.

If you would like to try making the popular dish at home, here's the recipe.



### Pumpkin and Parmesan Arancini Slice

*Vegetarian/vegan (serves 10)*

- 1 tablespoon olive oil
- 1 cup Arborio rice
- 3 cups vegetable stock
- 1 cup cooked mashed pumpkin
- 2 garlic cloves, crushed
- 1/3 cup finely grated parmesan
- 2 ½ teaspoons parsley
- Breadcrumbs to coat

#### PREPARING THE MIX

Heat oil in a large heavy-based pot over medium heat then add the garlic and rice and stir over heat for two minutes. Add the hot vegetable stock, about ½ cup at a time and bring to a simmer.

Once mixture boils reduce heat and simmer gently for 14-20 minutes, stirring occasionally – rice should be sloppy but tender.

Mix in mashed pumpkin, parmesan and parsley – season with salt and pepper.

Cover and cook for 2 minutes without stirring. Remove from heat and stand, covered for 3-4 minutes.

#### COOKING METHOD

##### *Oven-baked slices*

Press mix into rectangular trays and allow it to cool. Once cooled, pour over breadcrumbs and lightly press into risotto mixture. Preheat oven to 220 degrees. Spray tray with cooking oil and bake until golden.

##### *Deep fried balls*

Alternatively, you can roll slightly heaped tablespoonfuls of the mixture into balls and press a 1cm cube of mozzarella into the centre of each ball. If preparing this way, roll balls in flour to lightly coat. Lightly beat 3 eggs and dip balls into mix then into the breadcrumbs to coat. Half-fill a large saucepan with oil and heat over medium-high heat. Cook the arancini, in batches, for 2 mins or until crisp and golden brown (makes around 30 balls).

Garnish with parsley and serve warm with your choice of salad, or on its own. Voilà!



## Urgent after-hours care

**Call your General Practice team first.**

After hours call your own general practice team and follow the instructions to be put through to a nurse for health advice.

#### **When admitted to hospital**

On admission, please nominate a *preferred contact* as your key point of contact for hospital staff.

**In an emergency, call 111.**



## We welcome your feedback

Email: [wcdhbcmmms@westcoastdhb.health.nz](mailto:wcdhbcmmms@westcoastdhb.health.nz)

Or write to:  
Communications team  
West Coast District Health Board  
PO Box 387  
Greymouth 7840

For more information about the West Coast DHB, visit [www.wcdhb.health.nz](http://www.wcdhb.health.nz)



# 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



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