



West Coast District Health Board

Focus on People

QUALITY ACCOUNTS 2020

**Introducing the 5R's
Escalation Pathway
helps to detect consumer
deterioration earlier pg 4-5**

**Addressing the inequities
of access to health care
for Coast Māori pg 7**

**West Coast Facilities
update pg 8-10**

**Testing for COVID-19
– an integral part of
the West Coast DHB's
pandemic response pg 12**



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

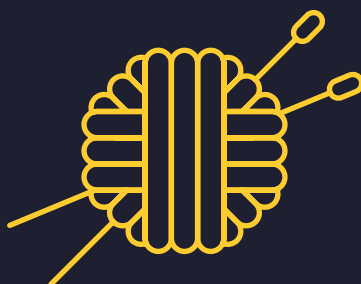
ME WHAKAWHANAUNGA



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

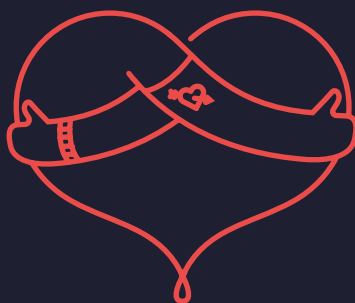
ME KORI TONU



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!

all
right?

[ALLRIGHT.ORG.NZ](https://www.allright.org.nz)



A quick word

Welcome to *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.

This year has had its challenges and, as always, in true West Coast style we have risen to them which is reflected in the number of quality improvements implemented across our health system.

The COVID-19 pandemic and its ongoing effects on the health and wellbeing of our communities have dominated the year. Our West Coast Health System has been instrumental in the success of our regional response to date – highlighting the benefits of our integrated health model and the value of a whole of system response.

None of what has been achieved would have happened without the input of both our own West Coast DHB teams and our health system



colleagues who, although they did exactly what was expected of them, went above and beyond the call of duty to ensure that the health care needs of the 32,600 Coasters living between Karamea and Haast were met.

Focus on People draws together examples of initiatives undertaken by our staff throughout the year. The common themes highlighted are the way staff have improved systems and processes to enhance patient care as well as ensuring Coasters were able to continue to access

health care services during the COVID-19 pandemic.

Good access to general practice services, to hospitals and specialists, to mental health care and to oral health care; for ourselves, our families/whānau, our friends and neighbours, our colleagues and people we see in the streets is an integral part of ensuring that we receive the care we need. Taking care of our own individual health and wellbeing needs like exercising regularly, eating healthy food and taking time out to do the things that make us happy is also essential.

We hope you find the stories interesting and informative, and that by the time you are reading this that you have plans in place to take a well-earned break. Thank you!

Andrew Brant

Acting Chief Executive West Coast DHB

Front cover photo courtesy of the Greymouth Star

Front (left to right)
Dorothy O'Connor, Nurse Consultant Nurse
Specialist Paediatrics
Bridget Foote, Registered Nurse Emergency
Department
Noelene Thomson, Environmental Services
Cleaner

Back (left to right)
Miriam Purcell, Registered Nurse Paediatrics
Janelly Sagayno, Registered Nurse Paediatrics
Remya Lathika Mohanan, Registered Nurse
Emergency Department

Introducing the 5R's Escalation Pathway helps to detect consumer deterioration earlier

Over the past year, the West Coast DHB's Manaakitanga Inpatient Mental Health team has been focused on developing a more proactive and responsive approach to detecting the deterioration in a consumer's presentation earlier. As a result, the team developed and tested the 5R's Escalation Pathway which provides clear, objective criteria that prompts staff to call for help when they, consumers or family/whānau are concerned about a consumer's acutely deteriorating physical and/or mental health.

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.

Jenny MacFadgen Quality Facilitator – Mental Health Services says, "We needed to ensure that any deterioration would trigger an early, timely and appropriate clinical response. Deterioration can happen at any time so by ensuring we have a timely recognition and response system helps improve our consumer care and results in a safer ward environment for both consumers and staff."

"When we looked at the data, it clearly showed that over 70 percent

of incidents where deterioration was indicated occurred after hours (4.30pm–8.00am and weekends and public holidays), so developing a robust tool that would help prompt and guide staff in recognising and responding to deterioration was vital."

The tool had to incorporate several important criteria for it to be viable. It needed to:

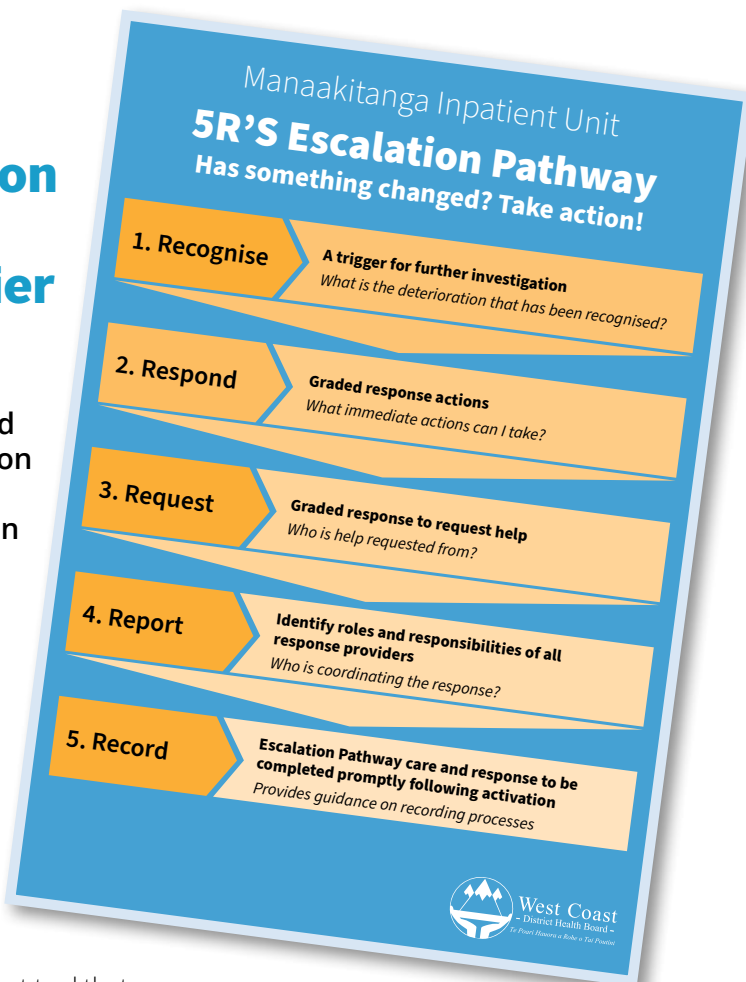
- be user friendly, clinically useful and able to be used 24/7
- be a trigger for further investigation and assessment
- be considerate of clinical history and current clinical presentation
- identify indicators of deterioration and appropriate escalation response
- identify roles and responsibilities of response providers.

"What we also learnt was that the lack of escalation didn't seem to be related to any one specific factor, but instead to a number of contributing factors. For example, we identified that we needed to improve our communication and

handover processes by providing all relevant information including previous observations and clinical history at handover. We also needed to ensure that staff receiving the handover information responded with the appropriate level of urgency and that they had confidence in the response system," says Jenny.

The 5R's Escalation Pathway uses a simple formular to recognise and respond to deterioration.

1. **Recognise** – what is the deterioration that has been recognised?
2. **Respond** – what immediate actions can I take?
3. **Request** – who is help requested from?
4. **Report** – who is coordinating the response?
5. **Record** – provides guidance on recording processes.



"Although it is early days, we are starting to see the results especially in the more proactive and responsive approaches being taken by our staff when recognising and responding to deterioration. In the long term, we expect to see more effective care and better health outcomes for consumers as well as a reduction in serious events and the impact these have on consumers, family/whānau and staff."

"We are really pleased with the outcome. What's also exciting is that not only has this model been recognised by the HQSC, it has also piqued the interest of the Ministry of Health. The reality is this wouldn't have come to anything if it wasn't for all the hard work and effort Manaakitanga staff invested



in the design and implementation of the pathway to ensure that our consumers receive the appropriate level of care," says Jenny.

Has something changed? Take action!

Supporting Parents Healthy Children programme helps strengthen parent-child relationships

Over the past year, the West Coast DHB has been implementing the Ministry of Health's 'Supporting Parents Healthy Children' (SPHC) initiative which aims to improve adult mental health and addictions services for parents, their children and families/whānau across New Zealand.

Supporting Parents Healthy Children Coordinator Kelly Shaw says, "That all parents deserve to feel valued and children should feel safe, supported and reassured. The SPHC programme focuses on strengthening the parent-child relationship and improving the long-term health and wellbeing of the whole family."

"As a DHB, we have been working towards offering family/whānau

friendly appointment times and meeting spaces. Parent and children's wellbeing are becoming a more regular part of our conversations. The reality is that all families have different needs so it's important that we work with each family to identify what these are and tailor their support needs accordingly."

"Children can also be offered their own resources and support while their parent(s) are unwell. Training opportunities are available to our workforce that highlight the unique needs and pressures of parenting with mental illness or addictions. The training encourages staff to consider the needs and safety of children in all treatment planning."

"We also have the ability to link with our community partners – Homebuilders West Coast Trust, Pact West Coast, Cornerstone Family Support, Family Start, Emerge and



the Salvation Army – to ensure that parents and their families have access to additional support and resources if needed," says Kelly.

"A range of new resources have been created and made available across NZ to support this new way of working. The booklets, worksheets and tip sheets all provide useful information for parents, children and families from pregnancy through to teenage years and beyond."

If you would like additional information, or to see some of the resources created to support this work, please visit www.supportingparents.nz.org



(Left to right) Debriefing service team members Registered Nurse - Crisis Response Team Mark Fusco and Quality Facilitator – Mental Health Services Jenny MacFadgen.

Debriefing service introduced across the West Coast DHB

In early 2019, the West Coast DHB implemented a debriefing service designed to support staff to manage and prepare for any stressful reactions they may experience following a serious clinical incident or traumatic experience.

Quality and Patient Safety Manager Rosalie Waghorn says, “As professionals working in health and social care our desired outcome for consumers and their families/whānau is always to provide the best possible care. However, there are many variables to our work and sometimes, despite our best intentions and efforts, things can go wrong.”

“If you’ve been affected by a clinical incident or traumatic event at work it may have a negative impact on your life. In addition, your colleagues, family and friends may also be affected in some way. Even though the event may be over, it is not unusual to be left ‘shaken’ or ‘worried about the future’ or to experience increased stress that



may interfere with your daily life.”

“Stress, threat or loss can cause people to react in ways that may be distressing for themselves or others around them and it may take some time to work through and recover from this. Stress reactions can appear immediately after a traumatic event, or they can appear hours or days later,” says Rosalie.

“We offer a confidential debriefing session to all staff following a serious work-related incident to assist them to manage and prepare for possible stressful reactions.

It is a psychological intervention and is separate from our internal investigation/review process.”

Debriefing sessions are designed to evaluate the emotional and physical impact on staff involved in an incident; to provide support to help reduce the isolation of the staff and to provide an opportunity for understanding and learning. The focus is to help validate what staff have experienced and to ensure there is a safe place available for staff to voice their concerns and express their reactions.

“Everyone reacts to these types of incidents differently and your past experiences and individual perceptions all contribute to how you react. Learning to recognise your reactions and emotions can help you feel more at ease with what has happened and assist you to gain a better understanding and insight into the situation. If you feel debriefing may be required, talk with your line manager or another senior staff member who will contact the DHB’s Debriefing Team Coordinator,” says Rosalie.

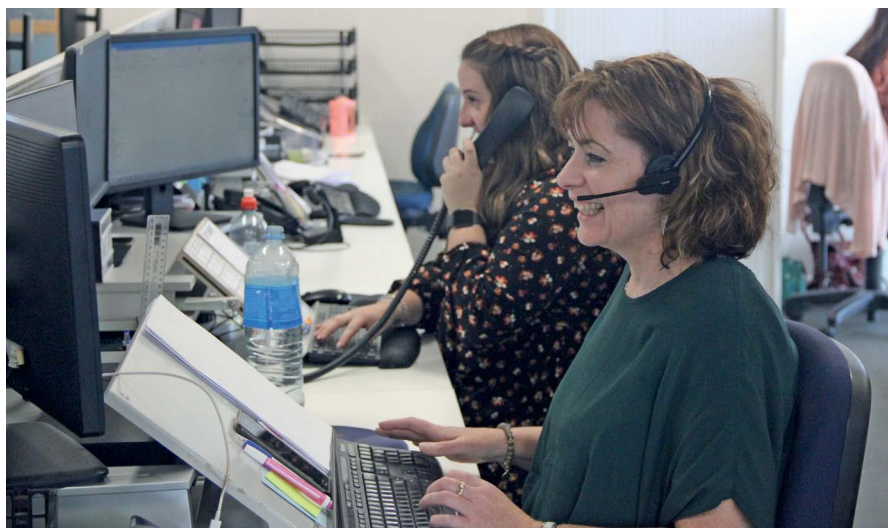
Addressing the inequities of access to health care for Coast Māori

The national COVID-19 Alert Level 4 lockdown provided a unique opportunity for the West Coast DHB's Hauora Māori team to look at creative ways to engage with Coast Māori to ensure that they continued to access health care during lockdown. One area of focus was to look at how to improve access to services by addressing the 'did not attend' (DNA) rates which are higher for Māori than for non-Māori.

Hauora Māori Portfolio Manager Marion Smith says, "We have known for some time that in too many areas Coast Māori have worse health outcomes than the rest of our communities. As a DHB, we are committed to eliminating these inequities so it's particularly important that we look at everything we are doing to ensure that we achieve this."

"We use the **Health Equity Assessment Tool (HEAT)** to help us highlight and address health inequities when making health decisions. HEAT is a planning tool used to identify areas of change and help improve programmes and services to promote health equity. It enables us to assess health initiatives for their impact on health equity. The best bit is that it's a really easy tool to use."

HEAT consists of a set of 10 questions that help health care staff assess policies, programmes or service interventions for their current or future impact on health inequalities. The questions cover four stages of policy, programme or service development.



(Left to right) CBU Receptionist Melissa McMillan and CBU Team Leader Michelle Rooney confirming appointments.

1. Understanding health inequalities.
2. Designing interventions to reduce inequalities.
3. Reviewing and refining interventions.
4. Evaluating the impacts and outcomes of interventions.

"The number of Māori who DNA at our Outpatient clinics has been a concern for many years. Data shows the DNA rate has been consistently over 10 percent for the past 5 years, at times showing Māori are three times more likely to DNA than non-Māori and although not high when you consider the total number of patients, we wanted to reduce this rate. During lockdown, we worked with our Central Booking Unit (CBU) to look at interventions we could implement to encourage Māori to attend their appointments."

CBU Team Leader Michelle Rooney says, "Until Marion came and presented the data for the Māori DNA rates, we hadn't given this issue much consideration. As a team, CBU is responsible for booking all Outpatient and Surgical appointments – so it's a busy department. We decided

that the best solution was not to simply rely on appointment letters or text messages but to phone people who hadn't confirmed their Outpatient appointments."

"What we learnt was that often there were good reasons for not confirming ranging from family/whānau issues to not knowing about the appointment. It was not uncommon to learn that someone hadn't confirmed their Outpatients appointment because the time didn't fit in with childcare arrangements or that they didn't have reliable transport," Michelle Rooney says.

"The extra effort made by Michelle and her team to contact people who hadn't confirmed their appointments has started to pay off. The data from the past four consecutive months shows that the DNA rates for Māori have dropped under 10 percent which has not happened over the last five years. Through this simple change in process, we have been able to look at how we can make it work including whether any additional support is needed to help someone get to an appointment. It just goes to show that with a little bit of initiative, plenty of passion and enthusiasm you can make a real difference," Marion Smith says.

West Coast Facilities update

TE NĪKAU HOSPITAL & HEALTH CENTRE UPDATE

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

With a building footprint of 8,500 square metres, the facility has been designed to support flexible ways of working. 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 range of services includes an integrated family health centre providing primary care and outpatient services, a radiology department, laboratory services, an allied health hub, three operating theatres, 56 inpatient beds and four transitional care units. 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.



Dental room in the Allied Health Hub.



Sterile Services.



Radiology CT Scanner.

TE NĪKAU 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.

West Coast Facilities update cont'd



In Te Nīkau Hospital & Health Centre, there is a handful of spaces designed for some of our most precious patients, our tamariki (children). We have adopted a Matatiki theme across all child health services.

From the decals on the walls to the curtains around the beds, our young patient spaces are designed to be low-stress and comfortingly familiar – providing a welcome distraction while we provide the best possible care.



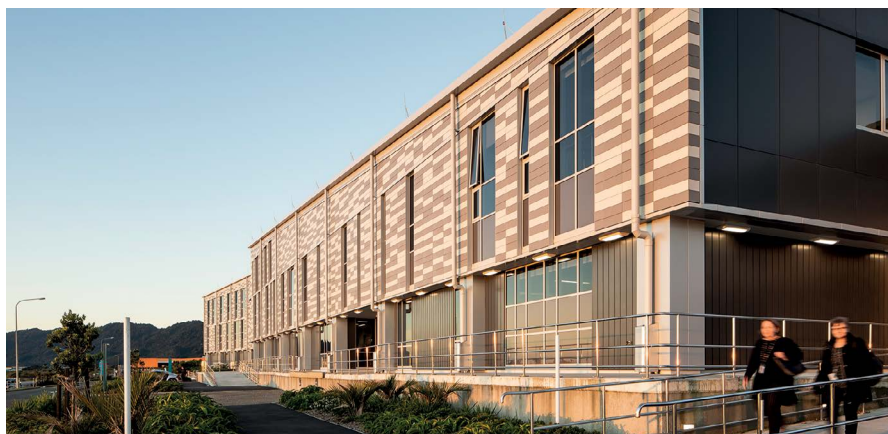
Matatiki curtains add lively colour to the children's areas.



Bedroom in Children's Ward.



Te Nīkau Hospital & Health Centre plaque in the main entrance.



Western side of Te Nīkau.

Hours

- Hospital services, such as, 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

Enter 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.

West Coast Facilities update cont'd

BULLER HEALTH CENTRE

The planned demolition that's needed to make way for the new Buller Health Centre is well underway with construction of the new Buller Health Centre expected to start early in 2021.

The removal of asbestos containing material (ACM) and demolition work commenced at the end of July 2020 with an anticipated completion date of February 2021. This work has involved the removal of all internal furniture and fittings, floor coverings and internal linings; disconnection and removal of all services including electrical, central heating, fire alarms, sprinklers; set up of decontamination units for asbestos removal and the removal of various types of asbestos containing materials throughout the buildings. This month will see the removal of roofing material along with some demolition work.

Site clearance and earthworks are also underway, to ensure that the site is ready for the main contractor

to start work. The request for proposal was released to the shortlisted contractors for the main contract work on Thursday, 12 November 2020 with a closing date of Wednesday, 16 December 2020.

The 12-bed 2,360m² 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, Hauora Māori 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**



Waiting room.



Workspace.

SOUTH WESTLAND CLINIC

Construction work to fit out the new Haast Health Centre was completed in early December with the move into the new facility undertaken on Tuesday, 15 December. The new clinic is co-located with St John in the existing St John premises in Haast Township.

The facility has a similar number of rooms as the old clinic in Hannahs Clearing, but the rooms are larger in size. It includes an accessible toilet, waiting room, consult room, treatment room and multiuse storage/utility room with staff amenities being shared with St John staff. There is direct access from the clinic into St John, to facilitate patient transfer.

The move to the new premises provides several improved clinical safety benefits such as better internet services, increased reliability for mobile phone coverage and increased coordination with St John in the event of a local level emergency.

The new location not only results in the largest population in the wider Haast area having easier access to a safer and more sustainable health clinic, it also provides an opportunity for the DHB to improve the resiliency of health care service for the Haast community.

ePharmacy now live across the five South Island DHBs

An electronic pharmacy management solution is now live across the five South Island DHBs, enabling hospital pharmacy inventory to be managed within a single system, improving service delivery and saving time.

ePharmacy provides full inventory management, dispensing, compounding, and repacking functionality for hospital pharmacy services, and integrates with patient management systems, financial systems, and MedChart prescribing and administration software.

Developed in close consultation with hospital pharmacy expertise, ePharmacy replaces end-of-life software, WinDose. The upgrade will allow more efficient and productive ways of working, improved functionality and regional patient information sharing to pharmacy services.

Since August, all five DHBs are now using ePharmacy. For Nelson



(Left to right) Pharmacy Team Leader Lisa Jackson, Intern Pharmacist Alex Henkel, Pharmacy Technician John Hutt and Pharmacist Tracey Makinson.

Marlborough Health and West Coast DHB, the project involved 'on-boarding' to a Canterbury DHB hosted instance of ePharmacy, which was already live. The Southern DHB and South Canterbury DHB ePharmacy projects were configured separately and hosted by Southern DHB. Pharmacy workflows and business requirements were standardised and aligned across the regional instances.

Anna Mitchell, Regional ePharmacy Programme Specialist, South Island Alliance, says despite project delays due to COVID-19, the go-lives across the South Island went smoothly and are a credit to the dedication of the teams. "The project involved a real regional collaboration and I personally formed valuable working relationships with the project teams. It was nice to share the knowledge I gained with others and learn technical aspects of the software, and also learn how other DHB pharmacies work. The project teams worked really hard to configure the software, which involved setting up each medicine kept at their pharmacy, testing the software multiple times and implementing it on top of their regular work."

Lisa Jackson, Pharmacy Team Leader at Te Nīkau Hospital Pharmacy, says the go-live process went smoothly, which was down to the hard work and planning put in by everyone in the team. "The connections and support networks that have come out of this project are incredibly valuable, and we are excited about future opportunities to work collaboratively as a region."



Testing for COVID-19 – an integral part of the West Coast DHB's pandemic response

As part of the national COVID-19 pandemic response, the West Coast DHB set up four COVID-19 Community-based Assessment Centres (CBACs) – in Westport, Reefton, Greymouth and Hokitika – along with mobile testing stations at various locations across the Coast.

David Smith Manager of Integrated Services – Southern says that “Setting up the CBACs seemed like a fairly straight forward exercise except we needed to ensure that all the relevant processes were in place and that we had the people available to staff them. One of the challenges was that information about COVID-19 including the case definition was regularly changing which meant we had to continually review our processes to ensure that they were up-to-date.”

“In the week before Alert Level 4 lockdown, the Greymouth CBAC was up and running which provided the opportunity we needed to finalise our processes. We developed guidelines that included everything from testing procedures, use of Personal Protective Equipment (PPE), reporting and staffing requirements through to communication with the community and information leaflets.”

“The other three fixed CBACs were established during the first week of ‘lockdown’. Each of the CBACs needed to be set up in a location that didn't require community members to enter other areas within any of our facilities. We later refined our processes and where



West Coast DHB Registered Nurse Chris Hallaran assessing long-haul Truck Driver, Philip at the Springs Junction mobile CBAC.

possible a drive through model was established,” Mr Smith says.

“To determine the presence of COVID-19 on the Coast, the DHB's COVID-19 Emergency Operations Centre (EOC) made the decision to set up mobile testing clinics across the Coast. The planning and implementation of this testing was significant and included how we would manage traffic flow, where we would set up the stations and working with Police and Fire & Emergency to support the mobile clinics.

The first mobile testing clinics were held in Haast and Bruce Bay and provided a great opportunity to connect with South Westland residents. The team was able to promote public health messages and to provide flu jabs to anyone at greatest risk of serious illness from influenza. We subsequently held clinics in Franz Josef, Fox Glacier, Arahura, Reefton and Springs Junction.”

“During all this, we had to get the swabs to Christchurch by the end of each day for laboratory analysis by Canterbury Health Laboratories. With limited courier and other transport services available, we had to find a suitable solution. A list of DHB staff that were able to flex from their usual roles due to COVID-19 restrictions was compiled and using this we establish a transport roster. With occasional support from West Coast Civil Defence staff,

we were able to get the samples to Christchurch in time for the main batching analysis. A great example of good team work,” Mr Smith says.

“As we head into the holiday season, it's important that we remain focused on keeping ourselves, our family/whānau and friends safe. We can all continue to help reduce the spread of any infections by practicing good hand hygiene, appropriate coughing or sneezing etiquette and safe physical distancing.”

If you have the **COVID-19 Tracer app** installed on your phone or device, please scan the QR code each time you visit somewhere new. This helps make contact tracing easier. As always, if you are unwell please stay at home.

Please call your general practice team or Healthline on 0800 358 5453 for advice (a free, 24/7 service with interpreters available) if you have any symptoms of COVID-19 – high temperature (at least 38°C), cough, shortness of breath, sore throat, sneezing and runny nose, temporary loss of smell. These symptoms do not necessarily mean you have COVID-19. The symptoms are like other illnesses that are much more common, such as cold and flu. Shortness of breath is a sign of possible pneumonia and requires immediate medical attention. Remember, if it is an emergency – phone 111.

Infection Prevention and Control

– gloved up and ready to go

The Infection Prevention and Control (IP&C) Service are trained specialists with expertise in stopping the spread of infections. A handy superpower to have in these challenging times.

As early as January, the team developed COVID-19 Preparedness/ personal protective equipment (PPE) training resources and started delivering education sessions for staff.

As the Pandemic unfolded and evolved, a multitude of emails and phone calls from across the West Coast Health System flooded in, says Clinical Nurse Specialist – Infection Prevention & Control Julie Ritchie.

“Working with our Emergency Operations Centre (EOC) colleagues, we provided in-depth education sessions for all staff about COVID-19 and what infection prevention & control precautions were necessary. These sessions were followed up with practical PPE education sessions to ensure that all staff were competent with the relevant procedures.”

“Early on during the pandemic, the COVID-19 case definition was regularly changing which meant that the IPC team was very active across the West Coast health system assisting with patient management, staff safety, patient



(left to right) Members of the Greymouth CBAC's multi-disciplinary team – Lynette Skeats, Ann Knipe, Lisa Smith, Tena Wilson, Nyoli Waghorn-Rogatski, Sue Donaldson, Raelene Holden, Sheila Stopher, Vani Kantamnani.

flow and Isolation/PPE procedures. We were fortunate to have access to resources such as guidelines for managing COVID-19 through the Canterbury IP&C service,” says Julie.

In ‘normal’ times, the West Coast DHB has the continual challenge of relying on transportation for all supplies so managing the procurement and distribution of PPE during the pandemic was often quite a challenge which our amazing supply team rose to. Their input enabled us to obtain critical stock items, especially PPE stock, cleaning and disinfection products and waste management supplies during a turbulent international supply environment.

“We were involved in setting up our Community-based Assessment Centres (CBACs) where staff from across the health system such as Population Health Nurses, Physiotherapists, District Health Nurses and Clinical Nurse Specialists were redeployed during Alert Level 4 lockdown to undertake COVID-19 testing. The team also supported our trades and nursing staff in the set up and management of the Isolation Ward, which was no mean feat especially given that the staff who

worked in this unit initially did so on a voluntary basis.”

In conjunction with the EOC team, we completed COVID-19 preparedness assessments of all aged residential care (ARCs) facilities across the West Coast. This included ensuring that all ARCs had access to adequate PPE supplies and that visitor restrictions were implemented to ensure that the number of people entering facilities was limited. The value of video conferencing became very apparent during this time and even more so when New Zealand was in ‘lockdown’.

“It was a really challenging and emotional time especially given that the first recorded COVID-19 death in New Zealand was here on the Coast. The amazing way everyone stepped up to take on this work was incredible – it was a fantastic example of all of health system team work.”

“A positive spin off of the pandemic is that it really highlighted the importance of hand hygiene. Our message to our colleagues and to the public is keep up the good work and remember if you need IP&C advise and support we’re here to help,” says Julie.



Using telehealth for group programmes during the COVID-19 pandemic lockdown

Knotted stomach, rapid heartbeat, sweaty palms and scrambled thoughts – the experiences of people facing anxiety. People experiencing anxiety often wonder if they are going mad and feel alone in a world that appears to be coping.

Recognising the need to share stories, connect, and give people tools to manage fears, the West Coast DHB's Mental Health Service partnered with Pact in 2014, delivering the successful anxiety management programme "Unknot Me". The group is facilitated in Greymouth by Occupational Therapist Rachelle Hunt, Consumer Advisor Joe Hall, and group alumni Mark Crashley; with Social Worker Jose Timmerman facilitating Hokitika groups.

The global pandemic added a new layer of anxiety for many and the lockdown restrictions brought new challenges for groups. Gatherings

were not allowed at a time when people needed support to "unknot" more than ever. However, from a place of restriction, new opportunities are birthed, and the fledgling "Virtually Unknot Me" programme began.

The team developed an online programme, while keeping the ethos of Unknot Me's user-friendly, approachable, and straightforward approach. Zoom was the platform of choice due to its usability, and ideal features for group activities.

Participants from across the Coast were encouraged to self-reflect and assess the intensity and impact of their anxiety before commencing. Some rated their anxiety as very disruptive to their relationships and usual tasks.

- **"I want to feel like I'm not alone"**
- **"I'm worried about being seen as weak"**
- **"I want to learn simple ways to cope".**

Feedback showed delivering the online group was worthwhile. While challenging for facilitators, it allowed for geographically or socially isolated people to access supports and develop helpful strategies and networks. Attending from the privacy of their own home, the ability to choose a pseudonym or disable their camera, added an optional layer of emotional safety.

Virtual programmes don't replace in-person groups, and won't work for everyone, however sometimes we need to challenge traditional settings. Group telehealth appears to be a promising resource for addressing geographical inequities and improving the health of our wider West Coast population.



**GETTING
THROUGH
TOGETHER**

WHĀIA E TĀTOU TE PĀE TAWHITI



Catch up on your free vaccination to avoid catching measles

If you're between 15 and 30 years old and haven't had your MMR (measles, mumps, rubella) vaccine, or you're not sure, get your free immunisation now.

Last year more than 2,000 Kiwis got sick from measles and more than 700 needed hospital treatment, while 80 people in Samoa, mostly children, died from the disease.

West Coast Medical Officer of Health Dr Cheryl Brunton says last year's measles outbreak and this year's COVID-19 pandemic have shown the impact infectious diseases can have when we are not immune.

"Now is the time to catch up on the vaccinations we have easy access to, such as MMR, to protect our community and whānau in the future," Dr Brunton says.

People born between 1990 and 2005 have the lowest immunity against measles and are most at risk of catching it because a higher than usual proportion of this age group didn't have their scheduled childhood MMR vaccinations. This group is not only more likely to catch measles but also spread it to others, which is why there is now a national catch-up programme focusing on improving the immunity of this group.

In most people, one dose of MMR vaccine ensures about 95 percent protection from measles, while two doses provide around 99 percent protection. The vaccine also protects against mumps and rubella. It is safe to have an MMR even if you are unsure if you have been fully immunised.

"We're urging everyone aged 15 to 30 years old to get at least one MMR vaccination to help prevent future outbreaks of measles.



Young man taking part in the MMR vaccination catch-up campaign.

"Ask your doctor, parents or caregiver if you had two doses of MMR as a kid, and if you didn't or aren't sure, it's a good idea to get one MMR dose now," says Dr Brunton.

General Practice teams across the Coast have started inviting people in this age group to come in for their free measles catch up. You can also get an MMR catch up from some pharmacies if you are aged over 16.

"Measles is more than eight times more infectious than COVID-19. It can make you very sick and affect your health for the rest of your life.

"Getting a catch-up MMR vaccination now will make sure you and those around you are protected in the future," says Dr Brunton.

MMR is also part of the childhood immunisation schedule (which moved to 12 and 15 months from 1 October). Anyone born after 1969 continues to be eligible for two free MMR doses.

For more information about measles and the MMR vaccination, visit the Ministry of Health's website – protectagainstmeasles.org.nz.

PROTECT THE WEST COAST AGAINST MEASLES

GET YOUR FREE IMMUNISATION

Aged 15–30?

If you haven't had two doses of MMR or aren't sure, get a free vaccination.

Available now from GPs and most pharmacies.

immunise
your best protection

**MINISTRY OF
HEALTH**
MANATU HAUORA

hpo te hīringa hauora
HEALTH PROMOTION AGENCY

**PROTECT
AGAINST
MEASLES**
org.nz

The grubby days before hand washing, and how something so simple can stop infectious disease in its tracks

Ignaz Semmelweis (1818 – 1865) was a Hungarian obstetrician who worked in maternity wards, where typically one in ten women died from childbed (puerperal) fever.

Following the death of a close friend from an infected wound, he blamed dirty, unwashed hands for the death and set about testing his theory. Within three months Semmelweis had reduced the number of deaths from childbed fever to one in a hundred. Still dire by today's standards, but ten times better than it had been.

Many medical professionals considered the new idea to be 'quackery' (a kind of 19th century medical 'fake news'). It would be years before the majority of the scientific community accepted the idea and began to take steps to improve hand hygiene.

Back then, clinicians didn't know about bacteria. People often described illnesses as being caused by 'humours' or 'miasmas' (bad air or

foul vapours). The treatments of the day for childbed fever for example were induced vomiting, bloodletting (using non-sterile equipment), enemas, and the use of leeches to 'purge' the sickness from the body.

At around the same time a British doctor, John Snow, didn't subscribe to the 'miasma' theory either.

Dr Snow was a London-based physician when a cholera outbreak killed tens of thousands, at a time when human waste was still dumped in the street where the next rain would wash it into drains and rivers. Almost nobody washed their hands and perhaps unsurprisingly, children had only a 50 percent chance of making it past their fifth birthday.

He suspected that the cholera outbreak was somehow connected to London's drinking water. Using hospital records and morgue reports he created a map of where cholera deaths were occurring. He found a cluster of 500 deaths that could be traced directly back to one area surrounding the Broad Street public pump, a frequently-used drinking water source in that part of the city.



John Snow memorial.

out, in stopping the spread of cholera in that area almost overnight.

While medical knowledge and sanitation have both taken huge leaps over the past 200 or so years, the basics are as true as ever – cleaning your hands thoroughly saves lives. Washing for 20 seconds with soap or using a 70 percent alcohol hand sanitiser kills viruses by breaking down the layer of fat and protein that protects them. Drying hands completely is also important, wet hands spread germs more easily.



A stamp printed by Austria shows Ignaz Philipp Semmelweis – Hungarian physician, now known as an early pioneer of antiseptic procedures.



Snow thought that pump might have something to do with how cholera was passed from person to person. He managed to convince local officials to remove the Broad Street pump handle, a crude but effective way of stopping people from using it. It was also just as effective as it turns



COVID-19 will be with us for some time yet, but there are simple things you can do to take some control. One of the most effective ways to protect yourself and others is, and has always been, quite literally, in your hands.



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.

Lemon Yoghurt Cake

Serves 10-12 / vegetarian-friendly option

INGREDIENTS

- 1 $\frac{3}{4}$ cups sugar (white)
- 2 lemons grated
- 2 Eggs
- $\frac{3}{4}$ cup oil (Canola)
- $\frac{1}{2}$ teaspoon salt
- 1 cup yoghurt (plain)
- 3 teaspoons lemon juice
- 2 cups self-raising flour

ICING

- 1 $\frac{3}{4}$ cups icing sugar
- Lemon juice – enough to create desired consistency



METHOD

1. Heat oven to 180 degrees Celsius. Grease round 20cm cake tin, then line base and sides with baking paper. Alternatively, use a 20cm spring-form cake tin.
2. Combine sugar and lemon rind in a bowl.
3. Add the eggs, oil, and salt and mix together until thick and smooth, then add the yoghurt and lemon juice and blend until smooth.
4. Add the flour and mix just enough to combine with the rest of the mixture.
5. Pour into baking tin and bake for 30-35 minutes until golden brown.
6. Make icing by combining the icing ingredients together. Pour icing over the cake.
7. Serve with plain yoghurt.



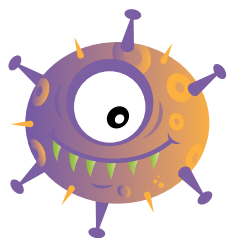
We welcome your feedback

Email: wcdhbcmmms@wcdhb.health.nz

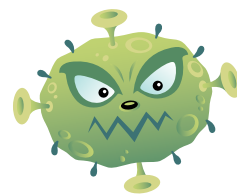
Or write to:
Communications team
West Coast District Health Board
PO Box 387
Greymouth 7840

For more information about the West Coast DHB, visit www.wcdhb.health.nz

How To



HAND WASH



<p>1</p>  <p>Wet hands with water and apply enough soap to cover all hand surfaces</p>	<p>2</p>  <p>Rub hands palm to palm, up to and including wrists</p>	<p>3</p>  <p>Right palm over back of left with linked fingers and vice versa</p>
<p>4</p>  <p>Palm to palm with fingers linked</p>	<p>5</p>  <p>Backs of fingers to opposing palms with fingers interlocked</p>	<p>6</p>  <p>Rotational rubbing of left thumb held in right palm and vice versa</p>
<p>7</p>  <p>Rotational rubbing firmly, with closed fingers of right hand in left palm and vice versa</p>	<p>8</p>  <p>Rinse your hands with water</p>	<p>9</p>  <p>Dry hands thoroughly with a paper towel</p>

