pulse

NOVEMBER 2020

NEWS FOR SCDHB STAFF & PROVIDERS

New screening programme set to target high rates of bowel cancer in South Canterbury

Time to screen National Bowel Screening Programme

Residents of Timaru, and surrounding districts are about to get access to free bowel screening with South Canterbury District Health Board joining the National Bowel Screening Programme.

Over the next two years around 12,000 people in the region, aged 60 to 74, will be invited to complete a home testing kit that can detect early bowel cancer, which can often be successfully treated. Around 30 cancers are expected to be found over the two years and hundreds of people will have potentially cancerous polyps (growths) removed.

National Bowel Screening Programme Clinical Director Dr Susan Parry says the South Canterbury region has one of the highest bowel cancer rates in the country with 113 cancers found per 100,000 people, compared to a national average of 65.7.

'Communities in South Canterbury will benefit greatly from this life-saving programme. As well as having high rates of bowel cancer, the region has a generally older population with around half its residents aged between 60 to 74 and therefore eligible for free bowel screening.'

Bowel cancer is often a symptomless disease. Dr Parry says, 'that's why screening is so important. The home testing kit is designed to pick up tiny traces of blood in a bowel motion and to catch cancers before they become advanced and more difficult to treat.'

Dr Parry today congratulated the team at South Canterbury DHB, for their months of preparation to launch bowel screening whilst meeting the challenge of COVID-19.

The National Bowel Screening Programme is now available in 12 DHBs with Canterbury DHB the next to launch. The programme is expected to be implemented nationwide by the end of 2021.

Since it began, just over three years ago, the NBSP has detected cancers in around 730 people, as well as removing hundreds of potentially cancerous growths.

Find out more about bowel cancer and the National Bowel Screening Programme here: **www.timetoscreen.nz/bowel-screening**

FROM THE CEO

He aha te kai ō te rangatira? He Kōrero, he kōrero, he kōrero.

What is the food of the leader? It is knowledge. It is communication.

While I'm sure we will be glad to see the back of 2020, it has also been a year to show us what we are truly made of.

In 2017 we began a cultural reset journey to flatten our structure to enable distributive leadership, innovation and decision making closer to the patient.

During the early days of the pandemic, this meant we were able to quickly shift and adjust. Positive trust relationships already developed across the organisation enabled us to unite to continue frontline delivery and recover quickly.

Strong union partnerships meant any lost voices were found and that we have learnt along the way, always ready to unite again.

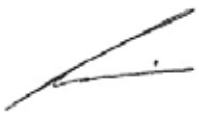
But it isn't just a pandemic where our cultural shift is evident. A few years on now we are beginning to see the fruits of planning as increased staff engagement sees each of us taking on two interdependent roles: doing the work and improving the work.

This November sees the launch of a range of projects including the National Bowel Screening Programme, a new Preadmission system, initiation of South Island Patient Information Care System (PICS), trial of Korero Mai patient deterioration, and the ACC Know Your IV Lines project.

We are seeing the shift we are because of your individual commitment to our culture, to each other, to making this a wonderful place to work.

And because we stand on the shoulders of giants. This month saw the passing of Jenny Williams who was the Personal Assistant to the CEO for 23 years. It wasn't just her smiling face, or organised manner that made her great, it was her commitment to high standards of service and continual improvement in a role that saw constant change.

At a time when we would normally be winding down to the end of the year we are enthusiastically embracing the changes that allow us to make every moment matter for the people of South Canterbury.



Nigel Trainor

CHIEF EXECUTIVE

ntrainor@scdhb.health.nz

Farewell too soon

Jenny first commenced with what was then known as the South Canterbury Hospital Board on 21 July 1977 in a general Clerical post.

On 27 Oct 1987 she progressed into a Secretarial role full time.

After a break on Maternity Leave from Feb 91 to Feb 92 she returned on a part-time basis to a similar role as a general Secretary/Typist.

Then on 12 September 1994 Jenny became the full-time Personal Assistant to the CEO, a position she proudly and efficient held for 23 years, until her retirement on 2 Jun 2017.

Jenny became renown for her smiling bubby welcome to anyone needing to do business with the CEO/SLT and was also considered an expert at shepherding successive CEO's (and the Board) to keeping to their schedules.

Organised and always well informed, Jenny was the goto person when you needed some important information sorted out with the CEO or Chief Medical Officer.

Reliability was Jenny's middle name (well actually it was Margaret but that possibly wasn't so well known).

It was an emotional farewell held in the SCDHB Board Room when reluctantly due to health concerns Jenny felt it necessary to call time out on her lengthy career.

She left big shoes to fill, having successfully seen many CEOs come and go, (having such a level of organisational historic knowledge to draw from, must have made it easier for successive CEOs to find their way when first settling in).

Now it seems is time to bid her the final farewell (too soon) and so our thoughts and prayers are with Rod and family at this sad time.

RIP Jenny, from all your colleagues here at SCDHB.

Ross Yarrall

Human Resource Business Partner

Above and beyond

On behalf of the CNM group, we would like to nominate Molly Fry for the extra mile award.

She has single handed, eliminated linen stock shortages which previously had been a major issue.

We appreciate that suppling linen to the entire organisation is an immense job and the ability for one person to maintain stock levels in each department shows a dedication to the job deserving of recognition.

I would like to recommend two of our senior staff Pamela Oliver and Eleanor Luscombe for the extra mile award.

They both have been working at ATR for a long time and their commitment towards patients and their workplace is exceptional. I strongly believe that their compassion, kindness and optimism should not go unnoticed.

Pam has been a strong advocate for patients as well as staff.

Eleanor has showed exceptional professionalism throughout her career.

Thanks, John Mathai RN

Extra Mile Award

Do you know someone who has gone the extra mile?

Email nhoskins@scdhb.health.nz

Health needs assessment

South Canterbury DHB has embarked on a journey to understand the needs of our population, their current access to services and the impact that this may have on their health outcomes.

As a consequence, we are developing the South Canterbury Health Needs Assessment and Service Profile (HNA / SP). Ernst & Young has supported us in the development of this profile, which has brought together a range of sources and has documented the experiences of some of our patients in the district.

This has included:

- An analysis of the demographic, geographic, socio-economic and epidemiological factors that shape current demand
- An analysis of current utilisation of services, and the performance of these services against national, regional and specific DHB benchmarks and targets
- Expected future baseline demand based on demographic and performance parameters, assuming the current way of working continues
- An analysis of current trends and consideration for how the DHB should prioritise effort and planning in the future.

The development of this profile has been directed by the project's Steering Group (Ruth Kibble, Lik Loh, Sheila Van Den Heever, Jason Power, Robyn Carey, Joseph Tyro, Lisa Blackler, and Robbie Moginie). A series of workshops have been held with key stakeholders that were selected by the Steering Group to give feedback on the initial findings of the project. Nine interviews have also been conducted with Māori and older patients within the South Canterbury district, to reflect the real experiences of patients.

The draft HNA / SP will be submitted to the Steering Group for feedback. It is then expected to be socialised more broadly, ideally before Christmas.

Table 1: SC population projections by ethnicity

Ethnicity	2019	%2019	2038	%2038	2019-2038% growth	% growth pa
Māori	5,430	8.9%	8,880	13.1%	59%	3.0%
Pacific	895	1.5%	1,515	2.3%	86%	3.4%
Asian	3,100	5.1%	6,030	9.1%	93%	4.6%
Other	51,720	84.6%	49,410	75.5%	-4%	-0.2%

SOUTH ISLAND ALLIANCE
best for people, best for system

Health Connect South (HCS) + South Island Patient Information Care System (SI PICS)

PICS is here

South Canterbury DHB has signed up to implement of the South Island Patient Information Care System (PICS).

South Island PICS will provide access to:

- Patient demographics
- Appointment booking
- Waiting list management
- Patient transfers
- Record of patient activity
- Reporting
- Admission and discharge

Project Manager Gary Woodcock is delighted to be onboard with the project which is expected to take 9-11 months to implement.

"South Canterbury is implementing PICS at a really exciting point in the systems journey.

The system itself has been evolving functionallity to meet the needs of DHBs. It was introduced in Canterbury DHB in 2016 to Burwood Hospital, then Christchurch hospital in 2018, and Nelson-Marlborough DHB came onbaord in 2018.

During this time more functionality and improvements have been added to meet the foundational aspects. By April next year the system will start to add "future" functionality, making it perfect timing for implementation into South Canterbury."

"Technology is a key enabler to an integrated health system and we know that we can no longer work in isolation. The Health and Disability System Review provided a clear case for integration and the need for technology to enable and support emerging models of healthcare delivery."

South Island PICS is a regional solution for patient information management. It streamlines and integrates clinical and administrative functions, making tasks simpler for staff while providing people with a more efficient and joined up patient experience.

"The first thing we need to do in this project initiation stage is gain a detailed understanding of the task ahead", said Gary. "Over the coming month I am meeting with various stakeholders to put the plan together."

"The project will be centred around supporting and helping staff through the change with a huge emphasis on training"

CONTACT: Gary Woodcock
gwoodcock@scdhb.health.nz

What are you looking forward to?

"Strengthening the communication and integration of clinical information across the south island."

Robyn Carey, Chief Medical Officer

"Standardised information and system across the South Island."

Brad Hale, Operating Theatre Manager

"Increased visibility of the patient journey"

Paula Hefford, Decision Support Analyst

"Streamlined data meaning less duplication and data entry."

Denise Witbrock, Administration Team Leader; Kim McCone, Administrative Co-ordinator

"Moving forward with technology together with our South Island partners."

Nell Wilson, Planned Care Administrator

New Preadmission Service

From Monday 9 November most patients will no longer need to visit hospital to receive preadmission services.

"It has been clear to many that the process of preadmitting patients for elective surgery was in need of a shakeup," said Clinical Director of Anaesthesia, Dr Peter Doran.

"With this in mind a group of highly motivated DHB people got together to see what could be achieved."

The High Performance High Engagement project, accelerated by COVID-19 and the shift to virtual healthcare, will now see most patients accessing preadmission services via telehealth.

Cherie Ballinger, Clinical Nurse Coordinator Day Patient Services explained the change won't happen overnight.

"Due to the shift to align preadmission with the decision for surgery, rather than the surgical date, there will be a transition period whereby we will need to run both the old and the new system.

"The new system will be supported in Outpatients before being triaged by Rochelle Williams, the new Specialty Clinical Nurse (SCN) Preadmission."

The technical advisory group have established a set of protocol and guidelines for triaging, with patients either experiencing a telehealth or face-to-face appointment with the SCN Preadmission, a telehealth appointment with the Anaesthetists or a face-to-face appointment in a high-risk Anaesthetic clinic.

"The changes are very exciting," said Peter. "The audit conducted by Dr Olivia Thompson during the project showed that under the old system anaesthetists were not assessing a large proportion of elective surgery patients before the day of surgery including the sickest or those having the biggest operations."

The transition of the service is just the start for this close knit team with further projects afoot to tighten the links between Primary Care and the preadmission service.

Photo: Rochelle Wilson, Speciality Clinical Nurse Preadmission talks with Cherie Ballinger, Clinical Nurse Coordinator about the new Preadmision process.

COMING SOON

Refreshed inpatient experience survey results

Results will soon be out for the refreshed inpatient experience survey. This survey is run at a national level, across the 20 DHBs, and offers us an opportunity to see where our successes lie, and what we can do to improve the experience for our patients.

The survey is co-ordinated by the Health Quality & Safety Commission, and is run by an external research agency, Ipsos.

The survey was sent to patients (this may be all patients, or a selection based on the size of the DHB) who were cared for between the 13th July – 9th Aug (for smaller DHBs) or 27th Jul – 9th Aug (for larger DHBs).

Sound familiar? This survey has been running since 2014 but recently underwent a refresh to ensure that the questions being asked were relevant to today's patients.

There will also likely be some more changes to the survey in the coming quarters as we navigate how the survey is working for patients, and ensuring that we are able to collect relevant information. If you have seen results from the previous surveys, much of it will be similar, however you may notice some changes.

The most important part for you is making sure you are able to see the results from your patients, and knowing how best to make changes and celebrate successes.

You will be sent some more information about how to access your results by the person/people responsible for this within your DHB. These results will be available through an online interactive portal. Ipsos will have sessions set up so that you can learn how to use the tool and answer any questions you have.

They will update you about the timings of these sessions, and provide some additional information, in due course.

In the meantime, if you have any queries about the survey, please direct these to NZPatientExperienceSurveys@ipsos.com or Barb Gilchrist, Nurse Coordinator, Quality & Risk, ext. 8292.

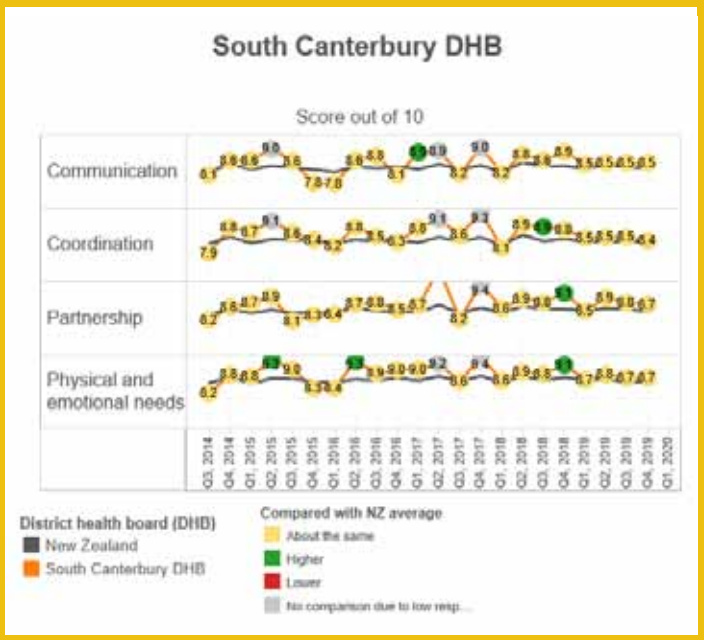


Figure: Summary of South Canterbury results under the old inpatient experience survey.

The South Canterbury DHB joins the National Bowel Screening Programme

We are delighted to confirm that the National Bowel Screening Programme has officially gone live in South Canterbury on the 20 October.

A heartfelt thank you to all the staff, clinical and non-clinical for your hard work and commitment to getting the South Canterbury DHB to the go-live stage.

The programme will save lives through detecting pre-cancerous polyps, or finding bowel cancer early, when it can often be successfully treated.

We estimate that around 30 cases of cancer will be detected during the first two years of the programme in South Canterbury.

Time to meet

Jackie Hawkins

NBSP Primary Care Liaison & Equity – Outreach Coordinator

Kia Ora, I'm so excited and proud to be part of the National Bowel Screening Programme team within the South Canterbury DHB helping to promote awareness of better bowel health and hopefully reduce incidences of bowel cancers in this beautiful region of New Zealand.

I'm a Nutritionist with a Public Health background. I started my career on my O.E. (overseas experience), in Neath Port Talbot Hospital in Wales before moving on to the National Public Health Service, establishing health promotion initiatives for people of South Wales.

My Welsh husband and I moved back to Wellington where I worked with schools promoting healthier eating practices as well as with Plunket with child development. My husband, two daughters and I decided to move to Fairlie in August this year to make the most of the outdoors pursuits and lifestyle choices on offer here. So, any tips on places to go is well appreciated!

Carla Spence

NBSP Nurse and Endoscopy Service Polyp

I'm very excited to step into the National Bowel Screening Programme Nurse and Endoscopy Service Polyp Triage Nurse role for the next three years, for the last seven years since I moved to New Zealand I have been working as a Registered Nurse in the Medical Ward and the Operating Theatre at the South Canterbury DHB.

Jackie Hawkins (left) and Carla Spence (right)

I completed my Bachelors of Science in Nursing in Saint Louis University in the Philippines and I have been working as a Registered Nurse since 2010. When I moved to New Zealand in 2012, I took my Competency Assessment Programme in Eastern Institute of Technology (EIT) in Napier.

My friends and family describe me as a bubbly and easy going lady. I love going to the gym and train with friends on most days and on my spare time just spending time with my husband and our fur babies.

To find out more please contact: Karen Berry, NBSP Communications & Media Coordinator.

Face-to-face key for Oncology

In January 2020 South Canterbury DHB began the process of shifting Oncology service delivery from Christchurch to Timaru.

Clinical Nurse Specialist Chrissy Kerr said the case for change was clear as the number of patients requiring services in Timaru continued to climb.

"With the general march of patients becoming older and sicker, combined with advances allowing us to treat people that maybe 20 years ago you wouldn't have treated, the number of patients in our service was growing.

There have been a whole range of new or expanded oncology options meaning that it wasn't just the quantity of patients but also the throughput that was expanding. When we then looked at the Inter District Flow (IDF) costs we realised there is room for a physician here."

Enter Dr Jessica Lowe and Dr Jo Paddison.

Dr Lowe began in January and has made a huge impact for patients locally while Dr Paddison will be joining in January 2021 following a maternity break.

"My research fellowship in experimental cancer medicine in Manchester was coming to an end," said Jessica. "I had worked in New Zealand for 10 years prior to that. But you don't move to New Zealand to live in a city. You live in New Zealand to be near the ocean and the hills and enjoy the countryside so Timaru is the perfect spot for me."

"At the moment I probably cover about 70 percent of the patient load seeing the most common tumour streams. With Jo onboard we will pick up majority of the other patients seeing 90 percent of the South Canterbury patients. So there will still be a small proportion of patients who have rare tumour types who will always go to Christchurch because actually rare tumour types always go to a bigger centre anywhere in New Zealand."

"It will change the way the CNSs run as well," Chrissy said. "A lot of our time has been as the eyes and the ears on the ground for Christchurch. With having Jess and Jo here that will be absolutely fantastic that we will be able to pursue general service development ensuring international policy and protocol and the time to do audits to prove we are up to standard."

Jessica said, "Before I took the job I knew that it was an area that was in need of face-to-face interaction, and the reception that I have had from patients has been really nice. I'm almost famous because everyone knows somebody with cancer and everybody knows that they have to drive up to Christchurch to talk to an oncologist and everybody knows that they have to talk to a telehealth screen to talk to their oncologist and so when they come and they don't have to do that, they have just been so grateful to have a person."

"I could be anybody, but just to have a person, that they can come and see is greatly appreciated."

Pictured here is Dr Jessica Lowe (left) and Chrissy Kerr (right).

Cancer Society
Te Kāhui Matepukupuku o Aotearoa

"Jessica really goes above and beyond. She is even volunteering at the local Recycled Runway Fundraising event"

Sharon Gray - Support Cancer Society

"Jessica is the calm to the chaos for our patients. We are thrilled to have her here. She is so approachable and we can see the difference in our clients every day."

Michelle Robertson – Fundraiser and Health promoter

KNOW YOUR IV LINES

Reflections from a patient's story

By Angie Foster, Infection Prevention And Control (afoster@scdhb.health.nz)

You may recall in the last Pulse, for the "Know Your IV Lines" project, we started with an introduction to the project, and the impact Peripheral IV Line infections can have on the patient and also the healthcare system.

In this edition of pulse for the Know Your IV Lines segment, we thought it would be good to have a patient's perspective in the mix. This article will be a recount of a patient's perspective of an IV infection while being treated in hospital. Many of the details have been changed to protect the patient's privacy.

During the beginning of this project, Sara and I started taking photos of peripheral IV lines that may have had issues with them, such as the dressings weren't clean or dry, or there was no date on them, or there were signs of phlebitis. We thought we would do this to use visual aids during our education sessions. The launch date of November 16th is coming up fast, and we are trying to use all the tools we can think of to help our key messages of "Ready, Review, and Remove" stick to improve the PIVC experience for the patient and our own infection rates and issues with PIVCs.

I came across a lady in one of the inpatient rooms who I was actually alerted to because she had a PICC line inserted to deliver IVABs because of a severe sepsis that she was being treated for from of a Hospital Acquired Peripheral IV infection. I asked her permission to talk about her IV infection and the experience for her. She was more than happy to discuss it as she felt whatever came out of our chat could be used as a teaching point for the future.

She told me how she had come in for an issue relating to her heart. She was transferred to another facility for treatment when she started feeling unwell and was diagnosed with a Staph Aureus Bacteraemia due to infected IV lines. Her first IV had been inserted by us inside her elbow, and it had been getting sore. Her IV line was noticed to be red when she was admission to the other facility and they removed it and replaced it at a different site. I could see there was a large cellulitic and marked area where the IV had been removed, and she said it was only now becoming more comfortable to move her arm.

Her blood cultures had showed a Staph Aureus Bacteraemia. Interestingly the other two sites where PIVCs had been were also red and cellulitic which she said happened a couple of days after they were removed.

A PICC had been placed in her upper arm so that IV antibiotics could be delivered for the next few weeks. She was feeling very frightened of having a PICC line as she'd had so many issues with peripheral lines and didn't feel she'd been given much information about caring for her PICC at home. We took some time together to talk over the PICC patient info sheet I was able to print off iHub and she started to feel more comfortable with how to advocate for her own care at home.

One thing she touched on which hit home for me was that while she felt all the staff were very kind to her, she didn't feel she could say much about her IV lines because she thought that we were so busy and we knew what we were doing. She said no one really asked her if her IV lines felt ok and didn't feel like they were looked at much in the beginning. She ended up staying in for at least a week longer than her estimated date of discharge for the condition she was admitted for, and then continued to have another 3 weeks of IV antibiotic treatment through her PICC at home.

It's hard to tell where things may have gone wrong for this lady as there are so many points of IV care that can introduce risk.

For example, on insertion, if we haven't done our hand hygiene, or aseptic technique, or scrub the hub and let dry properly, we could risk introducing bacteria either from her own skin or from the environment. Choosing the right size and location for the IV is also important, as well as using an extension tubing for anyone who is likely to be admitted for more than 24 hours. These actions will help decrease the risk of mechanical phlebitis and will keep the line healthy for longer.

During management of the IV, again, it's important to make sure we do hand hygiene every time we touch the IV, and scrub the hub (and let dry) whenever we access it. We have to also remember that when a patient has an IV line in, we need to check it each shift to make sure it is still required and if it is that it is looking ok and record the VIP score at that time.

It is also really important to talk with our patients about what they can expect with an IV line and when it's ok for them to speak up too. We can use the experience of our patients and their knowledge about their own care to help improve their experience with IV lines. The more we can help our patients understand about the management and care of their IV lines, the more we can work together to make sure they are kept safe.

Keep an eye out for more Know Your IV Lines info coming your way!!!

BREAST SCREENING

Breast cancer is the most common cancer affecting New Zealand women. Chances of surviving breast cancer are increased if it is found early and is still small.

Mammograms can show changes inside a breast before they are able to be felt. A mammogram is an X-ray that takes pictures showing the inside of the breast. The pictures are then reviewed by two specialist doctors to check for signs of breast cancer.

Did you know, if you are aged between 45-69 years of age you are eligible to have a free screening mammogram every 2 years? To meet the criteria for free screening you must meet all of the following

- aged 45-69 years
- have no symptoms of breast cancer
- have not had a mammogram in the screening programme within the last 2 years
- are not pregnant or breast feeding
- are eligible for public health services in New Zealand

You can register by visiting the Time to Screen website, asking your doctor, Maori or Pacific Primary Health Care Team to refer you or by telephoning 0800 270 200.

Women under the age of 45 years are not eligible as the risk of breast cancer is much lower in this age group. Younger women's breast tissue can be dense, which can make the mammogram less clear.

Mammograms are the most reliable way of detecting a breast cancer sooner, but like other screening tests, they are not 100% reliable. Not all breast cancers can be seen on a mammogram, some are very difficult to see. In between mammograms it is important to get to know what your breasts look and feel like normally, this will enable you to see or feel any changes that are unusual for you.

You should see your Primary Health Provider if you feel or notice any of the following changes in your breasts

- A new lump or thickening
- Puckering or dimpling on the breast
- A change in breast colour (reddening or inflammation)
- Skin that has an orange peel appearance
- Any change in one nipple such as
  - An newly retracted or turned in nipple
  - A discharge (either bloodstained or clear) that occurs without squeezing
- Changes in the shape and size of the breast
- A rash or crustiness on or around the nipple. This may be a reddened rash or flaky, scaly skin.

These symptoms may not be cancer but you need to have them checked.

If you have any questions the following websites may be helpful

BreastScreen Aotearoa
www.nsu.govt.nz

Time to Screen
www.timetoscreen.nz/breast-screening

CONTACT

Lynley Niles Clinical Nurse Specialist Breast Care
0220102659

Consumer council support chapel

The Consumer Council hosted the Migrant Leaders meeting at the hospital site on Tuesday 20 October strengthening links between the two groups.

The Consumer Council gave a tour of the redevelopments, chapel and whānau room. In particular the group were keen to hear of suggestions for ensuring the chapel space is as multiculturally approachable as possible.

The Leaders were then joined by Sarah Greensmith, Child and Youth Manager and Niamh Williamson, Immunisation Coordinator for a discussion on immunisation through the ages.

Hepatitis C Rapid Testing Kit trial

November will see the first of a series of pop-up rapid testing clinics in pharmacies and the needle exchange in Timaru.

South Canterbury DHB has been provided access to 90 rapid testing kits as part of a trial of the kits in the South Island.

Hepatitis C infection is sometimes referred to as the silent epidemic because a person may show no symptoms or experience only a mild illness during the initial acute phase.

The cycle of the disease from infection to symptomatic liver disease may take as long as 20 years.

"Anyone can attend the pop-up clinics," said Carly Bramley, Clinical Nurse Specialist Hepatitis C.

"It only takes one infected needle, a wild night out or a home-made tattoo, to become infected. People who had blood transfusions before 1980 could also be susceptible."

Statistics show an expected infected population of 50,000 for New Zealand.

"The trouble with this disease is because of the silent symptoms its likely only half of those infected actually know they have Hepatitis C."

CONTACT: Carly Bramley, Clinical Nurse Specialist Hepatitis C | cbramley@scdhb.health.nz

"With new drugs on the market, Hepatitis C is now 95 percent curable. So the race is on to find those unknown cases and get them treated before they end up with liver disease".

Kōrero mai pilot begins

Surgical, Medical and ATR wards will be piloting a new patient deterioration escalation pathway for two weeks from Monday 9 November.

The Korero Mai process acknowledges that patients, families and whānau may be the first to know when a patient is deteriorating. As such, a local escalation process is being developed to give them courage to speak up and confidence that their voice will be heard and acted upon.

The national project is led by the Health Quality and Safety Commission and stems from studies over 25 years which have shown that patients who suffer cardiac arrest or unplanned transfer to intensive care show signs of deterioration up to 24 hours before the event.

Korero Mai is the second of a three part series to see (New Zealand Early Warning Score), hear (Korero Mai) and talk (Shared Goals of Care) about patient deterioration.

Our smokefree team

Name Carmen Chamberlain

Job title Stop Smoking Practitioner

What is your background and credentials?

I initially studied Exercise Behaviour Change before discovering the world of Public Health and Tobacco Control. Population health is the area of health that excites me and motivates me to get up in the morning and try to make a difference. If COVID-19 has taught us anything, I hope that it is that we are all interconnected particularly when it comes to our health. I personally feel lucky to be living in South Canterbury.

When did you begin in your role?

I joined the SCDHB Smokefree Team in February 2011. I am very grateful to Barb Gilchrist and Ken Bagnall who were patient and generous in sharing their expertise with me. Although it seems a lifetime ago now!

What does your job involve?

Supporting individuals to stop smoking and helping health professionals to better understand nicotine addiction and the wider determinants of health that influence smoking behaviours.

Why did you choose to work in this field?

Helping people achieve their goals is really satisfying. Empowering people to believe in themselves and unleash their potential, it is a real privilege to be a part of that.

What are the challenging bits?

Being considered the "Smoking Police", our role is to promote Smokefree lifestyles and support those wanting to become smokefree.

Who inspires you?

Dr Ashley Bloomfield of course! He is so calm and reassuring and gets things done.

What do you like to do in your own time away from work?

I like to play Squash, a great sport you can fit in around your other commitments in all types of weather.

Name Trish Dovestone

Job title Smokefree Team Leader

What is your background and credentials?

I have been a registered nurse for 41 years. Nursing has given me the opportunity to work in many different areas over my career. Building connections with people and making a difference has always been an important to me. For the six years prior to this role I was manager of a local aged care facility.

When did you begin in your role?

June this year but with many interruptions due to also being part of the SCDHB Covid-19 response team.

What does your job involve?

Promotion of this local free service to our community, supporting the team members in their cessation roles, education, and working with other health professionals towards Smokefree NZ 2025. Lots of MoH reporting!

Why did you choose to work in this field?

It is very rewarding to work in an area supporting people to make positive changes to improve their own health and also the health and wellbeing of their whānau.

What are the challenging bits?

Giving up tobacco can be difficult. I think the challenge is for our clients. Nicotine replacement medications are very helpful but the face to face contact and support from our service goes along way when clients are on their journey to becoming smoke free.

What do you like to do in your own time away from work?

Love travelling , locally at the moment! Enjoy playing golf and swimming. Member of the Zonta Timaru Club.

Name Katherine Miller

Job title Stop Smoking Practitioner

What is your background and credentials?

I started in health and development research (longitudinal behavioural change), then moved to co-ordination of health services. Currently, I am a Rehabilitation Assistant in the Physiotherapy Department, motivating people with chronic conditions to self-manage their condition through exercise, support and education. Credentials = MA, PGDipArts, PGCertTESOL, BA and Cert in Health and Wellbeing support work.

When did you begin in your role?

Will start on 2 November but training underway.

What does your job involve?

Helping people to stop or reduce smoking through one to one treatment and hopefully in group settings.

Why did you choose to work in this field?

To help people in meaningful ways and behavioural change is an area of great interest. I am driven to support people to change their habits in positive ways so they can reach their full potential.

What do you like to do in your own time away from work?

Dancing, tramping and creative writing.

NAME Richard Rowley

JOB TITLE Smoke Free Practitioner

WHAT IS YOUR BACKGROUND AND CREDENTIALS?

Background in health and wellbeing and Service industry.

WHEN DID YOU BEGIN IN YOUR ROLE?

Smoke Free facilitating at Arowhenua Whānau Services August 2018

WHAT DOES YOUR JOB INVOLVE?

Facilitating a recognised health program helping people to stop smoking. This has been measured with results helping people stop smoking using the Nicotine Replacement Therapy program. Its face to face, sometimes the cessation work takes a couple of attempts to see goals of complete quit status occurring. This also includes assessing smoking history and past experience or quit attempts with stop smoking. Gathering the history helps apply the correct program for cessation. Referrals are essential and Team support where necessary.

Personally, a tribute to supporting and advising clients is patience and queuing in the best prompts of support to e.g. help client overcome the environment distraction and cope with the behavioural symptoms including dealing with withdrawal of nicotine. It's all achievable to quit but more successful with a coach.

WHAT ARE THE CHALLENGING BITS?

Reminding yourself that it is a privilege to help facilitate ones need to stop smoking. Quitting any habit has an element of challenge. I guess waiting for someone to commit to quitting and being honest to themselves. For us as smoke free facilitators it can be a frustrating "time challenge". It is a high empathy relationship you form. I am not the one quitting. And some clients often do not want to quit. But I am the one who cares and expresses genuine interest in seeing clients be fully empowered

WHAT DO YOU LIKE TO DO IN YOUR OWN TIME AWAY FROM WORK?

I'm a family man. So, where I can I extend the recreation to include family. I have always found fishing or walking in the hills for a chance of harvesting from nature's pantry satisfying. Community project work or something to make in a creative space over a cuppa tea or coffee with Blokes is good too. I enjoy a good Netflix film relying on the children to sort the technical side.

SMOKEFREE KENSINGTON

As part of a peer education initiative in Kensington Inpatient Service nurse Yvonne Fryer accepted the challenge of Smoking Cessation as her topic.

She had a week to display information and educate her peers on smoking cessation and the supports available. The goal was to support inpatient staff to have the same level of knowledge on smoking cessation as Yvonne had gained by doing this initiative. Carmen, from the SCDHB Smoke Free team worked alongside Yvonne to provide materials for her display and with two inservice education sessions for the staff. This proved to be a well received refresher on Smoking Cessation, including the ABC pathway, available on line training, use of NRT dosages and referral processes.

The display was in the entrance to the ward and very visual for both patients and visitors to the ward too.

We would like to thank Yvonne for her enthusiasm and engagement with Smoking Cessation and hopefully we have our first Smokefree champion for Kensington Inpatient Ward and the hospital.

We would love to hear from staff in other areas who would like to do something similar or be the Smokefree champion for their work area Contact Trish (0274633427) at Smokefree for further information.

What's on?

Whiringa-ā-rangi / November 2020

All courses/sessions held in the Learning Hub unless otherwise stated

Rāhina Monday	Rātū Tuesday	Rāapa Wednesday	Rāpare Thursday	Rāmere Friday
2 Library Drop-in Finding patient care sheets from SCDHB resources, Staff Library 1230-1330 hours	3	4 CVAD Workshop 1030 & 1300	5 Guy Fawkes 	6 Bridges Programme, all day Plaster Study session, OPD Plaster Room 1330-1630
9 Preceptor Update Day	10 healthLearn Drop-in session, 1400-1500, Staff Library	11	12	13 World Kindness Day 
16 New Staff Orientation, all day 	17	18	19 Library Drop-in Finding patient care sheets from SCDHB resources, Staff Library 1230-1330 hours	20 Plaster Study session, OPD Plaster Room 1330-1630
23	24 Calderdale CTI 1330-1430	25 Advanced Life Support – all day healthLearn Drop-in 0900-1000 Staff Library	26 	27
30 Level 2-3 Life Support, 1230-1530 				

Please contact the Learning Hub if you require any further information on 8355

Learning Hub *Inspiring Meaningful Learning Ka whakamanawatia te akoraka whai tikaka*

INTERNATIONAL YEAR OF THE NURSE AND MIDWIFE

NURSING STORIES

Name: Amanda Jennings **Role:** Palliative Care Clinical Nurse Specialist
Profession: Nursing **Years in Profession:** 15

1. Why did you get into nursing/ midwifery?

I dreamed of being a neonatal nurse, and now care for people at the other end of life! I wanted a career that had meaning to me, and value to society. A job that I could feel proud of.

2. Tell us about your current role as an EN/RN/RM

I am a part of the Palliative care multi-disciplinary team. We provide specialised care for people who have a life limiting illness. As a clinical nurse specialist, I provide assessment, counsel, medication support, service improvement, education and guidance to the patients and whānau, and other health professionals involved in palliative care.

3. What do you love about what you do?

I love having the privilege of entering into people homes and lives, to have an opportunity to learn from them and try to understand the situation that they are in, in order to help in some small way. To carry that experience forward to continue to help others in their own unique set of circumstances. To be able to talk about dying and death, this part of life that affects us all, in a way that enables a shared experience between people.

4. What do you think is coming next for the future of nursing/Midwifery?

I think Nurses are being increasingly recognised as 'essential workers' – a term that thanks to COVID-19 is now common lore.

I have always believed that Nurses make the 'health world' go around, and the recent events that the world is facing in the health pandemic demonstrate that so clearly.

Next, hopefully, will come a recognition of the value of nurses, shown through hearing and valuing nurses voices in all aspects of health care; policy, planning, funding, in enabling equitable provision of service.

Name: Julie Lysaght **Role:** Nurse Practitioner **Profession:** General Practice
Years in Profession: Registered Nurse 30 years. Nurse Practitioner (NP) 9 months

1. Why did you get into nursing/ midwifery?

For as long as I can remember I had always wanted to become a nurse. From role playing as a child to focusing on subjects and projects related to nursing in high school. I have always enjoyed interacting with people and being able to make a positive change where I could.

2. Tell us about your current role as an NP

My current role is as a NP for an urban general practice in Timaru. This involves providing comprehensive care for acute presentations through to chronic condition management including those who are stable or decompensating across the lifespan. Management is based upon history findings, appropriate physical examination, ordering and interpretation of diagnostic tests, formulation of differential diagnosis leading to execution of a treatment plan that is delivered in a culturally sensitive and health literate manner. This can include lifestyle changes, risk-benefit pharmacotherapy and referrals to secondary care, allied health and multi-disciplinary services as required. I work independently as well as in collaboration with the practice team members, other health professionals and community agencies to achieve optimal health outcomes. I also provide mentorship and education to practice team members, new graduates via the Learning Hub, and I am involved in the Primary Care Alliance (distribution of funding and service to improve access for primary care), and part of a NP Peer review group.

3. What do you love about what you do?

It allows me to become involved with patients and their whānau across the lifespan to implement strategies and co-ordinate wide ranging services to achieve optimal health outcomes for patients. Our practice has a patient-centred care model which allows me to collaborate closely with the patient and their whānau to co-design and administer personalised care based upon their needs, preferences and beliefs, of which I find personally very rewarding. The dynamics and skills of our practice team provide a positive, fun, and enjoyable work environment.

4. What do you think is coming next for the future of nursing/Midwifery?

Particularly for primary care, I believe there will be an increasing focus on nursing representation (education and employment opportunity) through Nurse Practitioners and/or Practice Nurses working at top of their scope to ease the inevitable GP shortage. As a NP this is an exciting time in primary care because barriers to acknowledgement of skills and financial recognition of NP services are starting to be challenged and appropriate renumeration is being discussed and offered.

2020 INTERNATIONAL YEAR OF THE NURSE AND THE MIDWIFE

A Happy **Retirement Notice**

Maureen West – Registered Nurse in Day Patient Services (DPS) has hung up her apron for the last time and retired from nursing after a fantastic innings in the SCDHB.

Maureen worked within the District Nursing Service for many years before switching to DPS in the Hospital. Her career spanned over nearly half a century all within our DHB and she will be a greatly missed team member."

COME WORK FOR US

South Canterbury DHB employs between 950 and 1,000 staff at any given time, including part-timers, casuals and contractors. If you know of any colleagues who may be looking for a change of scene, please feel free to pass on our contact details, or if you are contemplating a change of role then look at the selection here or visit our website for more opportunities.

+ **Rehabilitation Assistant**
+ **Case Manager – ICAMHS**
+ **Main & Emergency Receptionist/ Telephonist**
+ **Triage & Assessment Clinician - ICAMHS**
+ **Registered Nurses & Enrolled Nurses – Casual**
+ **Occupational Health Nurse**
+ **Health Promoter – Liquor Licensing and Smokefree Enforcement**

contact

Human Resources | **Office:** 03 687 2230 | **Address:** Private Bag 911, Timaru 7910

pulse

is a snapshot of activity within the health board and wider health community. It is sent to South Canterbury DHB staff and providers including GPs, dentists, pharmacies and the health sector.

All written contributions are welcome.

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