

QUALITY:
Nurse
Prescribing



NEWS:
Evidence of
health outcomes



LEARNING HUB:
Electronic
resources



NOTICEBOARD:
Community
Events



EVERY *moment* MATTERS

February saw the launch of our strategic direction, Navigating Our Future.

"Thank you to everyone who took part in putting the strategy together. In particular the Board and the staff who attended consultations which gave us the ideas to put into the document. This document is just the beginning of the journey. It is the beginning of all the hard work we need to do over the coming years to make sure we stay up there as one of the best DHBs in the country."

- Nigel Trainor, CEO

iHub: noticeboard/staff-news/navigating-our-future



from the CEO

If you read the news the future for healthcare can look rather bleak, and not just here in New Zealand, but across the globe.

With an aging population whereby life expectancy is growing faster than health expectancy, we require radical change in the way we deliver health services.

However here in South Canterbury, the future is not bleak. Here, when we see increasing life expectancy and stagnant funding, we see opportunity. When we hear our community want to be more involved in their care, we see an empowered future. When we look around the room, we don't see an aging workforce, we see years of experience and the best minds in the business coming together.

No one knows our community like we do. By establish High Performance High Engagement here at South Canterbury we are ensuring the people closest to the opportunity are involved and engaged in working through its solution.

At a time where health could feel restrictive and cumbersome with a focus on financials, we want to remove barriers, enable free thinking, and really challenge our assumptions about how we deliver health.

High Performance High Engagement won't change the world overnight. It takes courage to hand over the reins and empower the collective to not only solve the problem but to identify it to begin with. But what HPHE has done is unlock a new way of thinking and elevate the engagement of the individual, the workforce and the DHB to take us forward to a brighter future.

Our journey so far

Launch

In early November a group of DHB leaders, union delegates and union organisers gathered to discuss an idea coming from the Health Sector Relationship Agreement (HSRA) Steering Group on a new way of working together. As a group we were introduced to the philosophy of High Performance High Engagement and heard the evidence of how this process had transformed organisations such as KIWI Rail and Air New Zealand.

To be honest, I had expected greater scepticism and while those around the room were able to share their concerns, it became apparent very quickly that there was a common drive to improve our organisation for the benefit of staff and patients. Instead of trepidation there was enthusiasm.

Development of the South Canterbury DHB Charter

There was an existing national charter however we felt in order for HPHE to be successful in South Canterbury it had to be reflective of our unique situation. And so we began the arduous task of creating a charter by group. Line by



painstaking line I learnt of the patience that would be required during the HPHE process. But during this time we not only developed a charter that we all believe in, we developed relationships, knowledge, respect and trust. I can't think of a better foundation to build from.

Selection of Projects

The health system is on the cusp of change and we are no different here in South Canterbury. The list of projects we were able to collectively come up with far exceeded our ability to implement them. So we needed to be really clear about what projects were going to deliver the best outcomes for patients and improve the working lives of our staff.

The four projects we have agreed to look at include:

- The Surgical journey
- The Mental Health and Addictions review
- Staff Leave
- IT IS strategy

It does not escape my notice the magnitude of these broad projects. In South Canterbury we are lucky to have Primary Care as part of our system as we act as both the DHB and Primary Health Organisation. This means we have a real opportunity to look across the system to implement change. We have seen Air New Zealand embrace HPHE and become one of the best airlines in the world; there is no reason why we can't achieve the same in health.

What is clear, as we now get ready to embark on the projects, is High Performance High Engagement has created a platform for us to establish change.

He waka eke noa – a canoe which we are all in with no exception – reminds us that our goals cannot be achieved unless we all work together.

A handwritten signature in black ink, appearing to read 'Nigel Trainor', is written over a light-colored background.

Nigel Trainor

CHIEF EXECUTIVE

ntrainor@scdhb.health.nz



What is HPHE?

High Performance High Engagement (HPHE) is about working together to continually engage in creating and maintaining sustainable healthcare delivery for our community.

It is a partnership between the DHB and participating Unions (NZNO, PSA and E tū). HPHE has a clear focus on engagement and empowering the collective to identify opportunities and work through their solutions.

What does HPHE mean to you?

"It's the idea that we will meet our most important objectives and live our values when we all know what they are and agree on how we will involve everyone in achieving them."

"Working differently to include everyone in how the organisation works and thrives."

"Is a collaborative approach with unions to drive engagement in an organisation through important projects that matter to staff."

What does it look like?

Traditional lines of reporting for Unions and DHB

This preserves the rights of the individual parties and ensures decisions go through appropriate channels of consultation and governance.

HPHE Governance Team

This team ensures the process and principles of HPHE are adhered to as per the HPHE Charter.
Read the Charter on iHub: [knowledgebase/culture](https://www.knowledgebase.org.nz/culture)

Co-Sponsors
Robbie Moginie, DHB
Jen Wilson, PSA
Tracey McLellan, NZNO

LEAVE MANAGEMENT

Project team

Co-Sponsors
Dr Bruce Small, DHB
Jen Wilson, PSA
Tracey McLellan, NZNO

SURGICAL JOURNEY

Steering Committee

Co-Sponsors
Ruth Kibble, DHB
Jen Wilson, PSA
Tracey McLellan, NZNO

MENTAL HEALTH REVIEW

Steering Committee

Co-Sponsors
Kevin Moginie, DHB
Jen Wilson, PSA
Tracey McLellan, NZNO

ITIS STRATEGY (Information Technology and Information Systems)

Project team

Engaging the community of healthcare

The HPHE process will include all in the community of healthcare: DHB staff (unionised, non-unionised and contracted), other healthcare providers, participating Unions, patients, families and whānau.

Glossary

Unions: At this stage the participating Unions are NZNO, PSA and E tū. Employees who fall under other unions or are non-unionised are still part of HPHE, they simply act as an individual rather than on behalf of a collective.

HPHE Governance Team: This team is made up of Union and DHB representatives. Their role is to uphold the HPHE Charter and allocate HPHE projects. Although they can endorse a recommendation, recommendations still need to go through traditional lines of reporting for approval.

Co-Sponsors: A representative from each of the participating Unions and DHB are invited to be a Co-Sponsor of a project. This role sets the terms of reference for the project, allocates those on the project team or steering committee, and provides leadership as required throughout the project. They are not hands-on in the day-to-day of the project.

Steering Committee/ Project Teams: Multifaceted projects have a steering committee with a number of project teams underneath looking at particular aspects of the overall project. More specific projects have just a project team.

District Nursing

District nursing is a community based healthcare service providing a wide variety of in-home care and nurse led clinics, meals on wheels and post hospital discharge support. District Nurses also provide support to external partners with specialised wound care advice, palliative care support, continence and stomal care. We work closely with Speciality Nurses, Clinical Nurse Specialist teams, General Practice, Nurse Practitioners, SDHB, CDHB and private practice. Clients are admitted to the District Nursing Service following referrals received from hospital, GP, and other external health providers.

District nurses are specially trained registered and enrolled nurses, located throughout South Canterbury. We run a hub and spoke model from the Woollcombe Street base covering urban and rural Timaru, Geraldine, Temuka and Pleasant Point, separate bases are located in Waimate, MacKenzie and Twizel Districts. District Nurses are extremely caring and skilled in developing positive and mutually beneficial partnerships with our clients and their whānau. It is a privilege to care for people in their own homes assisting clients in their recovery or providing appropriate end of life care. The greatest challenge is the geographical spread of the workload across South Canterbury to ensure a high standard of care is delivered within our usual operating hours. Nurses work independently to manage their own client list whilst working collaboratively as a team to ensure client needs are met.

Future planning is underway to modernise our District Nursing Service. The community team is working to stream line the referral process and develop electronic systems capable of improving sharing of relevant health information between primary and secondary services all aimed at supporting people in their own homes. We are currently reviewing a specialised medical encrypted messaging and a photo sharing app. This is a highly innovative and exciting development for our service because it will greatly improve client healthcare by reducing delays communicating with health professionals outside our service, particularly around complex wound care management and reducing client presentations to GP and hospital.

Jackie Grigsby

COMMUNITY SERVICES CNM

What people said

"During the course of my chemo treatment I found the District Nursing service to be nothing short of wonderful. All the nurses I encountered during my treatment showed a high level of skill, compassion and commitment to their work. I, of course, include yourself here! Having been diagnosed with bowel cancer 8 years ago, I have undergone almost continual medical treatment, in one form or another, since then and in a number of different countries. The standard of treatment I have received from yourselves is comparable to the best treatment I have had elsewhere in the world and you and your team are to be commended."

"I just received a call from the wife of [removed] who passed away in May. She wishes you all a merry Christmas and happy new year. She would like to express her thanks for the comfort and support she was given during the time her and her husband were under our service. A special mention to both Barbara and Jenny as they were the nurses that spent most time with them."

Key areas of care: wound-care, palliative care, oxygen therapy, meals on wheels, complex medication administration, continence and catheter care, stomal care, wound assessment clinic.

Business hours - 0800-1700

Afterhours - essential work outside usual week day operating hours and urgent on-call cover

22

District Nurses

450

Client visits per month average

23000

Contacts per month average

Nurse Prescribing

Enabling Designated Nurse Prescribing

Making best use of the knowledge and skills of nurses, inclusive of the significant focus on health care demands, puts Registered Nurse Prescribing at the forefront.

From September, 2016, Registered Nurses working in general practice and specialty health services that have completed the educational requirements are able to apply to Nursing Council of New Zealand to become a Registered Nurse (RN) prescriber.

Registered Nurses with prescribing authority are increasingly common in overseas jurisdictions, and international and national research evidence supports the benefits and safety of nurse prescribing.

The regulations allow for RN prescribers to prescribe from a specified list for a range of common and long term conditions.

The most evidenced benefits of nurse prescribing include:

- Improved patient access and convenience to health care
- Freeing up of medical prescriber time
- Improved inter-professional collaboration
- Enhanced use of advanced nursing knowledge and skills
- Elimination of the need for standing orders or prescriber time for signing prescriptions
- Improved client, and RN satisfaction.

(Coull et al., 2013; NCNZ, 2016)

The challenge now, is for our local health services in South Canterbury to develop service provisions, which allow for RN prescribing to contribute to the health and wellbeing of the people of South Canterbury.

South Canterbury District Health Board has produced a local framework, aimed at supporting and guiding any local individual, organization, or service that is interested in RN prescribing.

Please access the framework on iHub: [knowledge-base/nursing](#)

If anyone is on the pathway to RN prescribing, or wishes to discuss RN prescribing please reach out on the details below.

Recommended reading:

Coull, A., Murray, L., Turner-Holliday, F., & Watterson, A. (2013). *The expansion of the nurse prescribing in Scotland: an evaluation. British Journal of Community Nursing, 18(5), 234-242.*
 Nursing Council of New Zealand [NCNZ]. (2016). *Guidelines for Registered Nurses Prescribing in Primary health and Speciality Teams.* Wellington, New Zealand: Author.

Anna Wheeler

ASSOCIATE DIRECTOR

NURSING AND MIDWIFERY

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03 687 2296

Congratulations

We have a new Designated Registered Nurse Prescriber in South Canterbury.

Congratulations to Sue Talbot, Clinical Nurse Specialist, Diabetes, in becoming a designated nurse prescriber. Sue works within the Diabetes service at SCDHB.

Becoming a nurse prescriber now means that she is able to optimize the patient experience by offering prescribing services in a effective and timely manner from her nurse lead diabetes clinics. She works closely with the consultant specialist to ensure a seamless service is delivered.

Sue has pioneered the journey to registered nurse prescribing locally, which includes completing postgraduate qualifications and prescribing competencies. A big shout out to medical consultant, Dr Camille Hemlock, for her dedication, and ongoing prescribing mentorship supervision.

It is absolutely fabulous to see our local nurse, Sue, achieve this massive goal, which ultimately influences the service delivery to the people of South Canterbury.



strategic goal focus

6

FIT FOR FUTURE

INFORMATION TECHNOLOGY INFORMATION SYSTEMS (ITIS)

Information Technology and Information Systems are initiatives and work programmes designed to deliver better health outcomes for our community.

As a DHB we work towards an Information Services Strategy Plan 2017-2020. As part of the South Island Alliance Information Services we work on systems and tools such

as South Island Patient Information Care System (PICS), eReferrals, Health Connect South and eMedicines.

One of the upcoming High Performance High Engagement projects will look at pulling the local, regional and national information together to ensure we have a comprehensive strategy for the people of South Canterbury.

WHAT IS THE MINISTRY UP TO?

The Ministry of Health is developing a Digital Health Strategy.

The strategy will align with the New Zealand Health Strategy, which aims to create a people-powered, smart health system by 2025. It will also give life to the Vision for Health Technology, guiding investment in technologies across the health and disability sector.

The Vision for Health Technology outlines how we see technology shaping the way New Zealanders 'live well, stay well and get well' in 2027.

Digital technologies are rapidly changing the way that people manage their health and wellbeing and transforming the nature of healthcare delivery.

The rate of change and the emergence of new business models that leverage disruptive technologies in new ways makes it difficult to predict what digital technologies will have an impact, how and when.

Technology Trend	Impact and application
 Telemedicine Remote diagnosis and treatment of patients using telecommunications technology.	Virtual consult/virtual visits – regional, national, international.
 mHealth Leveraging the power of mobile communication in health care services.	Real-time access to information, patient-centred engagement, self-management support.
 Wearables Wearable health devices are capable of tracking medically useful health information.	Monitoring support e.g. heart rate, personal health information e.g. fitness trackers.
 Social and health integration Integration of social care and healthcare services for patients and whānau that require support from multiple agencies.	Better coordination of care and alignment of service delivery to need across setting and provider.
 Internet of things Use of data captured remotely from sensors on 'things' to inform decisions and improve outcomes, remote monitoring to self-regulating medication.	Remote monitoring of people e.g. frail elderly, medications, equipment function, location, home environment e.g. child asthma.
 Analytics/Machine Learning/AI Forms of real-time data analysis and decision-making undertaken by machines (e.g. reasoning, planning, learning, decision making) within a business process.	Identify out of range activity and recommend action, recommendation of patients for treatment/prioritisation, assessment of drug/ treatment efficacy, environmental analysis and prediction.
 Business Model disruption Disruptive business models enabled by technology that change the way services are delivered.	Buy home and community care services directly rather than through an agency, casual staffing, equipment and consumables.
 Virtual Reality The adoption of Virtual Reality and Augmented Reality technologies in a clinical context.	Clinical education, patient education, simulation and modelling.
 Precision medicine Precision medicine uses enhanced diagnostic capability using individual variability in genes, environment and lifestyle to tailor medical treatment to those characteristics.	Preventive or therapeutic interventions can be concentrated on those who will benefit, sparing expense and side effects for those who will not.
 Big Data, including Social Analysis of large sets of data, including data generated by social media, other consumer-generated health and non-health data to identify patterns, trends and insights.	Inform strategic decisions about a population – identification trends and impact of interventions. Improve operational effectiveness e.g. rapid response to precursors to cold/flu.
 Connected Home/Portable Diagnostics The increasing sophistication and reliability of home-based/community-based diagnostic platforms and their integration with the diagnosis and treatment process.	Ability to use home-collected data to inform treatment and management of care in combination with new models of care e.g. telehealth. Transition some hospital diagnostics to the community.

WHAT IS HAPPENING ON THE GROUND?

It is all about healthLearn, healthLearn, healthLearn.....

As some of our mandatory learning is now on healthLearn, this has been the focus since I started in this role six months ago. Fire Training, Privacy and the Mauriora Foundation Course in Cultural Competency are three courses that all staff are required to complete on healthLearn, as one off courses. I am holding weekly sessions with the first hour as a healthLearn drop in session where staff can set up accounts, ask questions or complete training, and the second hour is for staff who wish to complete the Mauriora Foundation Course in Cultural Competence and upload their certificate to healthLearn.

healthLearn tip: Add the three mandatory courses above to a Learning Plan on your healthLearn account and they will be on your Record of Learning to remind you what courses you need to complete. One is already set up – My Learning Plan – under the Learning Plans tab. You just need to click on it and click on Courses, Add Courses, find the courses you wish to add (the easiest way is to click on SEARCH tab and use the search bar), then click save.

Do you know you can add other evidence of learning from other providers to your healthLearn account? If you scan certificates and save them to your computer, you can 'Add Evidence' from your Record of Learning by clicking on the 'Other Evidence' tab, and upload the saved certificates one by one. You will never lose a certificate again!

In the near future SCDHB mandatory face to face courses, such as Life Support, will be booked and approved via healthLearn so once staff have attended the course it is marked as complete on their healthLearn record of learning. This will give managers a complete picture of who has completed mandatory learning and staff and managers will be reminded when the course is due to be completed again .

I have also had several sessions recently sharing Health Connect South with departments that currently use other patient management systems, exploring the benefits of sharing information with other areas and health care providers.

Lisa Dobson

CLINICAL IT TRAINER

ldobson@scdhb.health.nz

Extension 8736



IT HELP DESK

The SCDHB IT department has just finished trialling new helpdesk software that is now available for use by all staff.

With constantly changing technology and growth within the hospital, the IT Departments workload has increased significantly. The new software will enable them to deliver support where it is most needed, without missing the little jobs either.

How do we use it? Simple, if you have an issue, send an email to helpdesk@scdhb.health.nz outlining your issue, if there are errors on your screen, screen shots are always welcome and help sort out the issue faster.

Additionally you will now be able to quickly see if there are any major issues (preview below) affecting the SCDHB Information Communication Technology (ICT) network by clicking on the new helpdesk icon (see below) that has been added to your desktop and browser favourites. You will also be able to login using your current network username and password to see the progress of any jobs you have outstanding. Look for the new icons on your desktop!

Dave Frater

IT MANAGER

helpdesk@scdhb.health.nz



New Announcement Banner



Helpdesk Icon



Learning Hub

Inspiring Meaningful Learning

Ka whakamanawatia te akoraka whai tikaka

8

Electronic resources

In February the Learning Hub focus was on Electronic Resources. Take a look at our top three resources through the South Canterbury DHB library:

- EBSCO – an online database for journal articles
- Lippincott Procedures – an online resource containing evidence based clinical procedures
- UptoDate – an evidence-based, physician-authored clinical decision support resource

Bronwyn Fleming

LEARNING RESOURCE ADVISOR

library@scdhb.health.nz

Access the South Canterbury DHB Library through iHub:

<http://scdhbintranet.sunsystem.timhosp.co.nz/applications>

or direct weblink:

<http://scdhb.softlinkhosting.co.nz/liberty/libraryHome.do>

Mauriora Foundation Course



We are lucky to live in a country which not only embraces its cultural heritage, but embodies it. Here at our DHB we are empowering staff to do this through the Mauriora Foundation course in Cultural Competency as part of your mandatory training.

Lisa Dobson, our Clinical IT trainer, has been running healthLearn and Mauriora training sessions to help get people up to speed. See below for upcoming session dates and email ldobson@scdhb.health.nz to register to take part.

TRAINING TOGETHER: Staff enjoying the Mauriora training session in the IT suite on Level 5 Gardens Block.

Tuesday 13 March

healthLearn drop-in session
9 am - 10 am
IT suite, Level 5, Gardens Block

Mauriora training
10 am - 11 am
IT suite, Level 5, Gardens Block
Register: ldobson@scdhb.health.nz

Thurs 22 March

healthLearn drop-in session
9 am - 10 am
IT suite, Level 5, Gardens Block

Mauriora training
10 am - 11 am
IT suite, Level 5, Gardens Block
Register:
ldobson@scdhb.health.nz

Mon 26 March

healthLearn drop-in session
9 am - 10 am
IT suite, Level 5, Gardens Block

Mauriora training
10 am - 11 am
IT suite, Level 5, Gardens Block
Register:
ldobson@scdhb.health.nz

KEEP UP TO DATE WITH TRAINING SCHEDULE ON IHUB: EVENTS/LEARNING-HUB



WHAT'S ON?

March 2018

Professional Responsibilities

There are many definitions of Professional and Responsibility, but what do these words mean to you and how do you demonstrate this in your role?

What professional responsibilities do you have? The Learning Hub invite you to participate in some of the sessions that we have available in March.

<p>5 Monday DHB Strategy- Nigel Trainor & Carol Murphy <i>Social Work Dept. 12pm</i> <i>Outpatients Dept. 12.40pm</i></p>	<p>7 Wednesday DHB Strategy- Nigel Trainor & Carol Murphy <i>NASC. 8.35am</i> <i>Orderlies Dept. 9.30am</i> Importance of Timesheets Learning Hub Advisor <i>AT&R 2pm</i> Social Media Boundaries Learning Hub Advisor <i>Surgical Ward 3pm</i></p>	<p>8 Thursday PDRP Drop in Session Tracey Foster <i>Education Facility</i> <i>2.30pm-3.15pm</i></p>	<p>9 Friday DHB Strategy- Nigel Trainor & Carol Murphy <i>Emergency Dept. 9am</i> <i>ICU 2pm</i> <i>Pharmacy 3pm</i></p>
<p>12 Monday Importance of Timesheets Learning Hub Advisor <i>Talbot Park 8.25am</i> <i>OPD 12.40pm</i> Social Media Boundaries Learning Hub Advisor <i>Talbot Park 8.25am</i></p>	<p>14 Wednesday DHB Strategy- Nigel Trainor & Carol Murphy <i>AT&R 2pm</i> Social Media Boundaries Learning Hub Advisor <i>Medical Ward 3pm</i></p>	<p>15 Thursday Importance of Timesheets & Social Media Boundaries Learning Hub Advisor <i>DPS 3pm</i></p>	<p>16 Friday Importance of Timesheets Learning Hub Advisor <i>Ward 10 Kensington 230pm</i></p>
<p>21 Wednesday DHB Strategy- Nigel Trainor & Carol Murphy <i>Surgical Ward 3pm</i> Social Media Boundaries Learning Hub Advisor <i>AT&R 2pm</i> Importance of Timesheets Learning Hub Advisor <i>Medical Ward 3pm</i></p>	<p>22 Thursday Importance of Timesheets Learning Hub Advisor <i>Talbot Park 8.25am</i></p>	<p>27 Tuesday DHB Strategy- Nigel Trainor & Carol Murphy <i>Occ Therapy 11.30am</i> Importance of Timesheets Learning Hub Advisor <i>ICU 2pm</i></p>	<p>28 Wednesday DHB Strategy- Nigel Trainor & Carol Murphy <i>Medical Ward 3pm</i> Importance of Timesheets Learning Hub Advisor <i>Surgical Ward 3pm</i> Importance of Timesheets & Social Media Boundaries Learning Hub Advisor <i>Talbot Park 6pm</i></p>



five moments

Here are 5 moments relating to infection prevention and control to consider and discuss with each other.

Hand Hygiene- Gloves are designed to give us that extra bit of protection against blood and body fluids, or potentially infectious matter. To get the most out of them we need to use them correctly. When wearing gloves, think about the way you can transmit organisms from one place to another. PPE means “personal protective equipment”- you should only be wearing PPE to protect you, so if you have it on for a different purpose then you’re not doing it right.

GLOVES ARE NOT A SUBSTITUTE FOR HAND HYGIENE!

Before touching a patient or doing a procedure with gloves on, you must always clean your hands because of the risk of passing on the germs underneath your gloves to another surface. You must also remove your gloves before leaving the area (if possible) and clean your hands after the procedure or contact with a patient. Too many times we see staff in the hallways with gloves on. Unless you are on your way to the sluice, there is no need for this. If you see a staff member using gloves inappropriately, use the Safety C.O.D.E. and help each other out.

Cleaning and Disinfection- I’m continuing to hear great things about wipes. Staff are even saying that they clean more than they used to- this is great to hear. Please remember that the blue wipes should be used ONLY for blood and body fluids and infectious material. The green (detergent wipes) should be most visible and used. The overuse of disinfectants is unnecessary and can become harmful if used incorrectly too often- so lets only use them when we need to.

Isolations- We are about a year on with our new isolation packs. I’m hearing staff love the colourful new door signs, and the addition of the transportation signs has seen an increase in communication between staff. We also have isolation front sheets, which we need to fill in for each isolation patient, and are to be kept in the patient’s clinical records. If you haven’t looked through these folders check them out - they’ve been designed to make isolations a bit easier for everyone.

Flu- Planning has begun and this season is going to be full on! Are you prepared? Check out www.fightflu.co.nz/influenza-facts

Contact me with any “MOMENTS” you’d like highlighted.

Angie Foster

INFECTION PREVENTION
AND CONTROL NURSE
afoster@scdhb.health.nz
03 687 2255



PRIZE TIME



The “5 moments for hand hygiene” and “Infection Prevention & Control” modules on healthLearn are HIGHLY RECOMMENDED for staff. And because I love prizes...

All DHB staff who send me their completion certificates of BOTH of the above courses between now and the 30th of March will go in the draw to win a \$50 meal voucher for Street Food Kitchen (New restaurant in Timaru).

Email afoster@scdhb.health.nz or send through internal mail.
GOOD LUCK!

Human Resources FAQ

For our first article we would like to address some frequently asked questions from our staff.

1. Where can I find information regarding union agreements?

These agreements are available on ihub through the following path: ihub > Knowledge Base > Human Resources > Collective Agreements

2. Where are the Organisational policies stored?

All policies are available in ihub through the following path: ihub > Policies > Organisational Policies

3. How do I go about cashing up leave?

In accordance with the Holidays Amendment Act 2010, employees can request to have up to one week of their leave entitlement paid out in any entitlement year. Request must be:

- In writing, and signed by the employee
- Considered within a reasonable time frame
- The approval is usually only granted where the individual has a surplus balance of leave owing and cannot be granted if that would deprive the individual from having the ability to take the necessary two weeks uninterrupted time off each year as required under the act. The employee will be notified if the request has either been approved or not approved by the second level manager (in consultation with the relevant Director).
- Payment is made as soon as practicable after the decision is approved

For more information regarding leave, please view the Leave Management policy (HR11) which is available on ihub.

4. How do I view current internal vacancies?

The vacancies can be viewed on ihub's home page (recent addition)

and they can also be found on our South Canterbury DHB website when using the following link address <https://scdhub.careercentre.net.nz/job/staff> (otherwise internal only listings won't appear if you are accessing the site externally in the same way a member of the public might).

5. Am I entitled to domestic leave as well as sick leave?

Some employees confuse the difference between domestic and sick leave – these are the same thing. If you need to take domestic leave to take care of other sick people in your household, it deducts from your sick leave. It is not additional sick leave. For more information on leave, please view the Leave Management policy (HR11) which is available on ihub,

6. Am I eligible for a retirement gratuity?

It depends on:

1. Which MECA or Other Agreement you are employed under
2. Your Length of Service
3. Whether you are genuinely retiring from all paid employment or just moving jobs
4. If you have received a gratuity in the past

7. What are Union fees?

You will need to speak to the appropriate Union delegate. If you are unaware of who the delegate in your area is, please ask your Manager. Alternatively, you may seek this information via the applicable Union website

8. What are the benefits of joining a Union?

When you join a Union, your employment will be covered by the current Collective Employment Agreement. Please contact the appropriate Union delegate for more details.



9. I've just joined a Union, can my fees be deducted from my pay?

Yes, your Union fees can be deducted from your pay subject to your written authorization (usually via a signed Union Form). You will need to obtain that form from your union and contact the Payroll department to arrange this.

10. I have left the Union, what impact will this have on my pay?

If you leave the Union, your contract will be "translated" into a derived Individual Employment Agreement (IEA), giving you the same terms and conditions as you were receiving on the relevant collective agreement. You will no longer be entitled to be covered under any subsequent MECA which may then be negotiated between the Union and DHB

11. I have left the Union, how do I stop my deductions?

You will need to notify the Union in writing with a copy to the Payroll department.

**Check out iHub:
knowledge-base/
human-resources**

Consumer Council

Being a 'consumer' in the health system can sometimes leave you feeling like the least knowledgeable person in the room.

But as consumers, we provide a unique perspective on the experience of health. At South Canterbury DHB you understand that the best health system you can provide for your community, is one where your community has a voice.

I feel very privileged to be one of the co-chairs of the Consumer Council. But as a group we will only be as successful as the feedback we receive from consumers.

This quarter we are interested in hearing from consumers around way-finding in the Timaru Hospital.

After my personal experiences of tertiary hospital settings, coming to the rather small Timaru Hospital feels like coming home. But even I found myself in a wee bit of bother the other day as I took an unintended short cut.

I had to collect my patient from the hospital. On enquiring at the reception, they pointed where to go and said "follow the arrows".

In a bit of a rush, I followed where they pointed, but I must have taken a short cut through the recovery area, where three women were! More embarrassing for me than them.



CONSUMER COUNCIL: Co-chairs Anne-Marie McRae and Mark Rogers outside Timaru Hospital.

When I was then with my patient in recovery I noticed other members of the public do the same as I had done. It made me wonder, is there a better way to help people move around the hospital and find their way?

- Mark Rogers, Co-chair Consumer Council, South Canterbury DHB

We want to hear what consumers, your patients and their families think. Please share our email so they can tell us of their experiences and share suggestions with us:

consumercouncil@scdhb.health.nz

1. What works well
2. What needs some attention
3. Where should we look for inspiration

Thank you Audiology

People in Christchurch often asked me why I chose Timaru for my public placement, and my answers always dribbled out with doubtful intonations.

A new town with no one I knew, it didn't seem to make sense.

However, coming just shy of a month, I can confidently confess your nationally renowned reputation is an unjust understatement for just how incredible you truly are. Your pragmatic knowledge in the profession has uprooted misconceptions of fear when walking the tight-rope of "best-practice".

The opportunities for making mistakes have been paramount to the process of progress, and I will treasure every audiogram that I've had to redraw.

Marie-Anne once said "they'll come right, they always do." It was at that moment that I understood this team was just as much about grace as they were about growth.

But beyond all this, I have developed a great reverence for the integrity of your team. To serve one another and the public with a selfless agenda; it has been an honour to work and learn from all of you. Please do not stop.

Justin Yau
STUDENT

Patient Experience Survey

Co-ordination

When I was admitted I went directly to the ICU. The care and service was excellent. The Medical Ward was closed during my stay and when the ICU filled up I was apparently the fittest to be moved and a Lady from clinical came and informed me I would be moving to another ward area, so this move was to the children's ward for my last night in hospital. I was very impressed with how smoothly this move was organised and delighted with the very warm welcome by the staff in children's ward.

Partnership

I was told I could expect a referral from a social worker. No discussion entered into/compassion as to why I may have said some things that raised alarm bells.

Needs

I went through a very stressful medical event and felt safe in the hands of the people looking after me.

Communication

Dr Jensen gave me full confidence, I could ask her anything and got straight forward answers with every appt, and when visiting me in the surgical ward I gave her a big hug as the surgery has made a huge difference in my confidence and being able not to worry about going to do things without a toilet near by. Surgical staff also gave me wonderful care. The only thing I would say I didn't enjoy some staff staring at me or the white board above me to work out what I was in hospital for, as I work in the Timaru hospital myself.

Co-ordination

My GP always seems well informed if I've had treatment from a specialist. The anaesthetist knew I had a sensitivity to Quinapril, and I'd forgotten to tell him so my GP's notes were how he knew indicating excellent communication between them.

I was impressed that by the time I got to the emergency department, they had the fax from my GP about why I was there.

Final Comments

Yes, Very impressed with Dr Caspritz manner, how well he listened, and how well he explained, also his House Surgeon team.

Thank you to the wonderful staff at Talbot Park for the most amazing care you have given Mum. She was given 3 months to live in June and well we are still going! All thanks to Angela and you all, we will never forget your kindness.

Partnership

I think that patients should be given copies of their x-ray or scan results as a matter of course so they can read them for themselves then ask questions. I feel patients have a right to know what the reports say. We shouldn't have to ask for them.

Needs

Up to date care and always very good with reminders/ courtesy calls for tests etc.

He is an excellent Doctor and always has time to talk to me. The nurses are very good and keep me up to the mark. Enjoy it when he has student doctors getting experience.

I have no reason to challenge my doctor or nurse as we are always informed of our treatment and to get back to them if you do not respond to the medication.

Communication

Both my GP and his nurse are the most amazing health professionals I have ever had. They are caring, competent and honest. I wouldn't go anywhere else and have been with my GP for 21 years now. Please don't retire!!! Love going to the nurse as she is really interested, remembers family things and is just amazing.

Evidence of health outcomes

Green Prescription is a service providing support, advice and encouragement to patients whose health would benefit from increased physical activity.

This service is available throughout the South Canterbury region either face-to-face or by telephone.

Recent research comparing both mode of delivery and ethnicity has shown positive results for newly diagnosed diabetics. The study showed small but favourable improvements in health outcomes including reduction in body weight (1.8 kg), waist circumference (3.7 cm), total cholesterol (0.6 mmol/L) and glycated haemoglobin (3.1 mmol/mol) after six months. No significant differences were observed in regard to mode of delivery, ethnicity or gender.

Green Prescription is a low cost and simple intervention delivered in the community. It supports participants to establish regular exercise habits by introducing them to appropriate forms of exercise and provides ongoing follow-up for 4 – 6 months. Referrals are accepted from health professionals or by self-referral, for anyone >16 years of age, who is not meeting recommended physical activity levels (2.5 hours per week) and is medically stable. No particular health conditions are required to meet the criteria but patients with diabetes, hypertension, arthritis, high cholesterol, weight issues or other chronic, lifestyle conditions should be offered a referral.

Reference: NZ Med Journal 2017;130(1465):71-9

Debbie Esler

PHYSICAL ACTIVITY TEAM LEADER
SPORT CANTERBURY
03 9292501
debbie.esler@sportcanterbury.org.nz

STAYING ACTIVE: Top-bottom; Green prescription participants talking part in walking netball, Nordic walking and Tai Chi.



Patient Stories

Obtaining feedback from consumers is breaking new ground for SCDHB. Patient Stories uses real people telling their story of their experience in health care on camera.

Patient Stories can play an important role in health promotion as well as the education of all clinical staff. Collecting and showing a patient's story can assist with driving improvements or change, as they provide insight in to the patient's experience in their own words and voice.

Patient Stories are used by many other DHBs and have proven to be a valuable means of providing feedback, not only to those providing the care or service but to other consumers using the service.

Consumers are required to sign consent to being filmed and understand that filming is undertaken voluntarily. The

consumer is able to select the permissions as to how their story will be used.

Patient Stories can be obtained and screened for specific project work, provided at education sessions or at relevant meetings or forums.

We would like to build a local library of patient stories and need willing consumers to tell their story on camera.

If you would like to provide your story, or know someone who would, please pass on my contact information.

Jenny Ryan

PATIENT STORY FACILITATOR

feedback@scdhb.health.nz

03 687 2292

School based immunisation

As a community we have a strong history of protecting our children and whānau through high levels of immunisation coverage right through the ages; be it through early childhood immunisation, school based programmes, or protecting our elderly from conditions such as influenza and shingles.

When the HPV immunisation programme began, South Canterbury was above the national average in terms of immunisation rates. This means we were ensuring that our girls (boys had not yet been made eligible for free HPV immunisation) were protected from infection with the most common high risk types of HPV that cause cancers and genital warts.

What the data shows is a clear decline in HPV immunisation. This means, although we have a way of protecting our girls, and now boys, from infection with nine of the most common disease causing HPV types, we are not taking up this opportunity as we have in the past.

As a community we can be reassured that Medsafe (New Zealand Medicines and Medical Devices Safety Authority) has completed a thorough review of the HPV vaccine and found it to be safe. In Australia and the US where HPV immunisation programmes have been in place for longer, there is clear evidence of decreases in HPV cancers and genital warts. So as a community we can be reassured that the immunisation is effective, if we take it up.

The opportunity to protect our children is there in the same way we defeated polio in the past, and have almost eliminated hospitalisations with rotavirus for children under five. It is up to us as a community to decide now what we do about it.

HPV immunisation is free for both boys and girls between the ages of 9 and 26 years. One way families can access HPV immunisation is through the Year 8 School Based Immunisation Programme which is run by the DHB.

This year we are looking to build on the momentum of visits by Dr Nikki Turner, Director of the Immunisation Advisory Centre and Dr Pat Tuohy, Chief Advisory Child and Youth Health last year, to ensure behind-the-scenes we are all aware of the topical and factual information about immunisation. We are also looking to leverage off the Health Promotion Agencies national media campaign, which includes online, TV and print advertising through our own social media and radio promotions.

While the school based programme is focused on young people in Year 8, HPV immunisation for all eligible ages can be accessed through your family doctor.

We would strongly encourage anyone who has questions around HPV, the vaccinations or the school based programme to talk to their public health nursing team or their family doctor. We are also very lucky in New Zealand to have the independent Immunisation Advisory Centre who can provide information online at www.immune.org.nz/ or through 0800 IMMUNE (0800 466 863).

Lisa Blackler

DIRECTOR PATIENT, NURSING
AND MIDWIFERY

Protect your child against serious diseases

If your child is aged 11 or 12, they will be offered free immunisations at school to help protect them against serious diseases such as **diphtheria, tetanus, whooping cough and most HPV cancers.**

Your child will bring home a Parent Consent Form which has more information. To make sure your child receives their school immunisations, remember to sign and return the consent form to school.

For more information:
visit health.govt.nz/immunisation-older-children
or call **0800 IMMUNE**



upcoming community events

Look out for the following community events:

- Meth Exposure Home Truths; Wednesday 21 March; 1.30-4.30pm; www.teritosc.org.nz
- Lifekeepers Suicide Prevention Training; Tuesday 10 April; 9am-5pm; www.lifekeepers.nz
- South Canterbury Health Care Awards GALA; Saturday 26 May; 6pm onwards; www.southcanterburyhealthcareawards.org.nz

METH EXPOSURE HOME TRUTHS
 METHCON
 LANDING SERVICES FUNCTION CENTRE
 21 MARCH 2018
 1.30PM TO 4.30PM

REGISTER NOW!
 TIMARU
 TUE 10 APR 2018
 9AM - 5PM

LIFEK
 Kia hua te marino, kia papa po...
 May calm and tranquil be wisdom...
 greenstone, and may their whero...
 The Lifekeepers programme aims to...
 knowledge and skills needed to help...
 Through this training you'll:
 • learn how to talk respons...
 • gain an understanding of...
 • learn what to look for, wh...
 • develop strategies for ho...
 • confidence and engage d...
 Lifekeepers suicide prevention trai...
 culturally responsive, and available...
 Register now via the

Let's CELEBRATE
 South Canterbury
 Health Care Awards GALA
 26 May 2018

DETAILS
 South Canterbury Health Care Awards GALA is a...
 opportunity for people employed who have...
 a difference to make. Life is better when...
 someone makes a difference to your world.

TICKETS
 How to get your tickets for the South Canterbury Health...
 Care Awards GALA?
 228 - Book via Outlook 22 April
 228 - 09:00 - 22 April

AWARDS NOMINATIONS
 How to get your nomination...
 for a South Canterbury Health Care Awards GALA...
 nomination...
 • Innovation Award
 • Recovery Award
 • Patient Award
 • Health Professional Award
 • Excellence Award
 • Lifetime Achievement Award

Highlights
 • Guest Speaker
 • Live Auction
 • Entertainment
 • Live Entertainment
 • Live Entertainment

TE RITONUI SOUTH CANTERBURY
REGISTRATION ESSENTIAL

come work for us

South Canterbury DHB employs between 950 and 1000 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 please consider the following:

Medical

- Specialist Physician - Healthy Aging and Rehabilitation – Full-time

Nursing/Midwifery

- District Nurse - Mackenzie District
- District Nurse - Twizel
- District Nurse - South Canterbury
- Registered Nurse - AT&R
- Recovery Staff Member
- Midwife
- Youth Justice Health Professional - ICA Mental Health

Support

- Maintenance Electrician
- All Trades Assistant
- Procurement and Contracts Manager
- Laundry Worker / Van Driver
- Laundry Team Leader

contact

Human Resources

Office: 03 687 2230

Address: Private Bag 911, Timaru 7910

Enhancing the health and independence of the people of South Canterbury



pulse...

is a snapshot of activity within the hospital 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.

send us your news:

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location: High Street, Timaru
website: www.scdhb.health.nz