

QUALITY:
**Patient safety
Week**



SPOTLIGHT:
Primary Care
A voice at the table



LEADERSHIP:
**Snapshot from
Clinical Board**



UPDATE:
Meet the
Learning Hub



A safer, healthier, happier tomorrow

We know here at South Canterbury DHB we are unique.

Without a PHO we have one of the best integrated health systems in the country. We are small enough that we can call our colleagues friends and large enough that we can support a diverse range of care, delivered closer to home for our community.

In 2018 we are going to become the “first of the new”. The DHB and participating unions are committing to work together in partnership to continually engage in creating and maintaining our sustainable healthcare delivery.

This means working together to identify the areas that matter to us. It means flattening the hierarchy and giving voice to those closest to the issues. It means understanding the business and contributing to its success.

Its about being led by our professionalism and values and understanding that in order to deliver the best care for our community, we need to first provide the best care for ourselves.

As the first DHB and unions to engage in the High Performance High Engagement principles, there is much for us to learn. We are right at the beginning of this journey. I look forward to communicating with you further as we progress, but for now please take a look at our South Canterbury High Performance High Engagement Charter.

Nigel Trainor, CEO

This message has been endorsed by:



South Canterbury Charter High Performance High Engagement

The South Canterbury District Health Board and participating Unions (NZNO, PSA and E tū) commit to work in partnership in accordance with Te Tiriti o Waitangi and to utilise the principles of High Performance High Engagement (HPHE).

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.

Vision

We are continually engaged in creating and maintaining sustainable healthcare delivery that:

- Provides high quality, equitable and safe healthcare that aligns with the New Zealand Health Strategy,
- Ensures that we can all contribute to improving the day-to-day delivery of healthcare,
- Provides transparent, timely communication in all directions
- Shares decision making and ownership,
- Utilises evidence-based problem solving approaches to support decision making,
- Creates a high trust environment.

Objectives

1. Quality patient experience and outcomes that are equitable.
2. A safe and healthy workplace that supports the well-being of the workforce.
3. To be financially responsible and support best use of available resources.
4. A shared commitment to and ownership of high performance.
5. Effective and innovative practices that best apply resources to delivering services.
6. A positive work environment where everyone feels valued and wants to get involved.
7. Skill and career development opportunities for all staff.
8. The South Canterbury DHB is an employer of choice.
9. Enhanced public recognition of and confidence in the DHB and Unions.

from the CEO

Every moment matters.

I've been fortunate enough these past months to sit in on some very special meetings. Since our staff wellbeing and engagement survey we have known that we need to take action. But it can sometimes seem as if there is no forward momentum.

However three very important pieces of work have come to fruition these last few months which really lay the foundation for our organisation going forward.

1) Our Strategic Direction

In October the Board signed off on our Strategic Direction. This document sets our vision for the future and outlines the path we are looking to take to get there.

The strategic direction is a reflection of staff feedback and Board input. It aligns to the overall New Zealand Health Strategy.

In the new year we will be working with you to help embed the strategic direction in your area.

2) High Performance High Engagement

In South Canterbury we have traditionally had a good relationship with our unions. However this relationship was taken to another level with the first meeting of the High Performance High Engagement working team.

Our Strategic Leadership Team along with participating Union Organisers and Delegates met to discuss how we could work in partnership to create a safer, healthier, happier workplace.

3) Promoting Professional Accountability

With the Speaking Up for Safety programme well underway a planning meeting was held for the next phase, known as Promoting Professional Accountability.

The Promoting Professional Accountability programme looks at those situations where it may not be safe, possible or effective to provide feedback to a colleague in the moment.

This programme acknowledges that we are all professionals. As professionals, if we are given the opportunity, we are able to moderate our behaviour to better reflect the values and behaviours we expect to see here in our organisation.

So as the end of the year approaches my message would be to keep the faith. Your voice has been heard. You have made an impact. Although it may seem at times there is little action, the momentum is really building for a fantastic 2018!

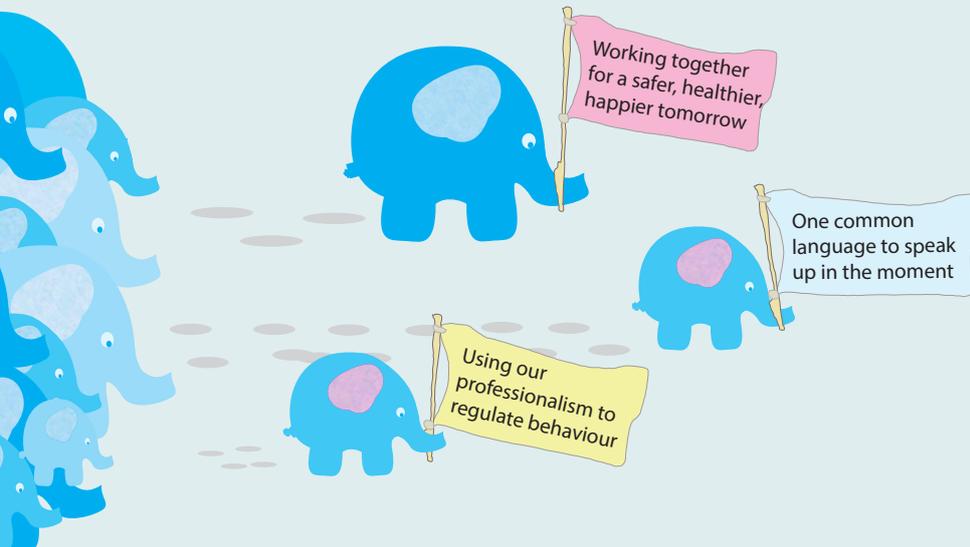


Nigel Trainor

CHIEF EXECUTIVE

ntrainor@scdhb.health.nz

Our Culture Reset: It's more than just a one ^{elephant} ~~horse~~ race



High Performance High Engagement

Status: Establishing governance	Involvement: Unions, DHB and all staff
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Speaking Up for Safety

Status: Delivering to all staff	Involvement: All staff (over 700 trained)
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Promoting Professional Accountability

Status: Preparing the systems	Involvement: Will involve peer-peer messaging
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Speaking Up for Safety

With over 700 staff and contractors now trained in the Safety C.O.D.E. we caught up with presenter Dr Peter Doran about his role in bringing Speaking Up for Safety to our DHB.

"I'm really passionate about the culture change that is envisaged for our DHB. The promotion of a safety culture. A culture in which we are explicit in our expectation that we will both speak up in the moment and that we will receive the message appropriately. And in the future, I'm hoping these skills will spread to other areas of the way we communicate, not just to do with patient safety.

My involvement with the Speaking Up for Safety programme began in the very early stages. As a representative for ASMS, we have been looking to increase the level of clinical engagement whereby senior doctors work in partnership with senior leaders in the management of our health system.

So when Nigel asked who might want to be involved in this opportunity to look at our culture I didn't hesitate to get involved.

I'm into patient safety and hoping to do my bit to make our place a good place to work. I really value the community that is our workplace. To me this programme is an important part of making it a better place to work and also making it a better place to be a patient, and those things are completely complementary. When we are doing a good job for our patients we will feel good about our workplace, and when we feel good about our workplace then we will be doing a good job for our patients.

"Most importantly we need a culture where people don't need to feel brave when they are uncomfortable about what is going on. First and most explicitly in terms of patient safety, but then following on from that in other areas as well."

From a doctors point of view it is really important that this programme is rolled out across the whole organisation. Firstly it makes it clear to doctors that certain behaviours are expected of them not just everyone else. Secondly it also makes it clear that we can expect this behaviour from other people. There is no excuse for anyone in our organisation to think that this programme doesn't apply to them. In the

same manner it is also crucial that the expectation goes up to the highest level of the organisation too. It's not something that management are doing to people it is something across the whole of the organisation, including the management right up to the CEO.

It would be my hope that the anaesthetic techs who I work most closely with in theatre roles, already felt empowered to speak up to me. But the beauty of this programme is that it encourages others, like the nurses in theatre and the nurses

in ICU, to speak up too. So I hope I was doing it anyway but I am also hoping that it will become more and more common and we will see it with a wider group of people and to other professionals. This should raise the bar higher and make it more widespread."

Dr Peter Doran
ANAESTHETIST

SPEAKING UP FOR SAFETY: The Speaking Up for Safety trainers received their accreditation certificates. *Back row, R-L:* Tracey McLellan (NZNO Organiser), Dr Peter Doran. *Middle row, R-L:* Debbie Hayes, Jen Wilson (PSA Organiser), Gayle Borman, Phillipa McGregor, Meron Bowman (Speaking Up for Safety organiser), Juno Pyun. *Front row R-L:* Natasha Hoskins, Robbie Moginie.



A voice at the table

Traditionally in New Zealand primary care falls under the leadership of Primary Health Organisations. These sit outside of District Health Boards. In South Canterbury however we are unique.

How are we different from other DHBs and what impact does this have on our health system?

Because we have no PHO we have closer relationship with our Board. The director, CMO and nursing, have a unique relationship with both primary and secondary clinicians. There are no intermediaries so communication is easier. Access to management means issues are dealt with at a personal level and that is appreciated and effective by all.

It is important to keep the communication lines open and ensuring Primary Care is part of the conversations. This will be particularly important going forward around evolving models of care and devolution of services into the community. Our diversity of practices both in ownership model and rurality make some of this difficult.

Why is it important that we see ourselves as a more than just a hospital?

In theory DHBs have always been more than hospitals but it is often not recognised as that by Boards and by public. Our board and management see their roles across the whole spectrum of health within the DHB boundary. This means our patients have a more seamless journey through the health system and that services potentially are better integrated. This is an ongoing process.

What are some of the challenges facing Primary Care?

We are frequently told we have the highest percentage of elderly people in any DHB. Many of our youth move away for education and job opportunities but many come back. We are also gaining an increasing number of immigrants. These

two factors mean we have a large number of patients with chronic conditions and with expectations that are different from other areas. In effect primary care needs to be aware of this and look at models of care that provide appropriate and effective services in these situations.

Another challenge or opportunity is the diversity of business models in Primary Care. In theory all general practices are small independent businesses usually run by the owners. Doctors and nurses would generally prefer to see patients so the running of the business gets deferred to practice managers. There is also a move to the shareholder/employee model where the ownership of the practice is with a bigger entity but a portion is retained by the GP. This also frees up time for patient contact while still retaining some control in the practice. South Canterbury practices have been great at responding to issues that have arisen and have frequently accepted challenges that have arisen often because of policy outside our control. Examples of this include meeting targets and completing Cornerstone or Foundation standards.



Dr Bruce Small

CHIEF MEDICAL OFFICER
PRIMARY CARE



Primary Care receives thumbs up in first Patient Experience Survey (PES)

August saw the introduction of the Primary Care Patient Experience Survey. For a week each quarter, visitors to a GP will be asked to complete an online survey on their experience. In August, 108 people completed the survey providing a 49 per cent response rate.

South Canterbury DHB Primary Care providers were above the national average in coordination, physical and emotional needs, and communication. There is an opportunity to increase the level of partnership in care.

Hot topics in Primary Care

Patient Portals

There are over 3,500 patients across eight practices using patient portals in South Canterbury. Two more practices have portals coming online in the next quarter.

Patient Experience Survey (PES)

The second round of surveys is to take place in November. The August results show that despite reservations by some about the method of collection, the level of uptake and the positive results are encouraging for both practices participating and the Alliance. There remain unresolved concerns from the Primary Care Alliance which will continue to be a focus for this group.

St John Clinical Hub

St John Clinical Hub

This is went live for South Canterbury on 4 December. This will see the triage of non-urgent 111 calls through a nurse triage process with possible referral to alternative providers, as opposed to ambulance transportation. In conjunction with this, pathways are being worked on to agree the clinical referral pathways for St John personnel for those people they do not transport to hospital. This will involve the linking into primary care.



Stop Smoking Service

This service continues to offer face to face cessation support throughout South Canterbury. This service is on target for all its indicators apart from the number smoke free at four weeks for Q1. The service had 21 persons Smokefree against a target of 30.

The service at the Waimate Shears held mid October (right is Stop Smoking Practitioner Koriana Waller at the Waimate Shears helping punters enter a prize draw for 'Smokefree' gear; participants can tick "would like support to quit smoking")

Brief Advice to Stop Smoking Target

This target has proven challenging with a performance last quarter of 83% against a 90% target. A Performance Improvement Plan to achieve target for both total population and Maori by March 2018 has been developed and agreed with monthly monitoring.

National Enrolment Service (NES)

This national project is now at the stage of reconciling the current and the new systems. Most practices are requiring a significant amount of support from the primary care team to undertake this work. There are tight time frames on this in order for the national reconciliation process to be audited. This is placing additional strain on practice personnel.



Quality Standards in Primary Care

50% of our practices have now fully achieved the standard, and a further 30% have completed their audit and are completing outstanding tasks. 20% of our practices (two targeting each of Foundations and Cornerstone have yet to be audited. Plans are in place for this to occur).

System Level Measures Framework

Reporting to Ministry on the first four System Level Measures indicated that all actions were on target to be completed. The additional components of the plan relating to the two developmental measures have been submitted to the Ministry in November.

Practice Nurse on Pool

A plan is being developed that includes the DHB having practice nurses on the nursing pool, available for practices to book. This could support primary health care in the provision of cover for both planned and unplanned leave.

Snapshot from Clinical Board

Things are changing at the Clinical Board! Here are some of the discussions from September and October.

SEPTEMBER '17

- Welcome to Maria Parish from Arowhenua Whānau Services to the clinical board membership.
- A presentation from Dr Chris Grey on the benefits of magnetic sentinel lymph node biopsy in breast surgery. Clinical Board supported the efficiencies presented around patient experience, time, and costs. Financial implications final approval will be discussed at the Strategic Leadership Team.
- An update on two Calderdale Projects (skill sharing and delegation) were shared
 1. Move More and Sit Less – implemented in the AT&R ward, presented by Sonya Veale
 2. Service Accreditation – Implemented by the allied health team, presented by Phillipa McGregor.
- Both projects highlighted considerably positive impacts on efficiencies, capability and culture of the workforce. The projects are now looking to engage with the wider health sector inclusive of primary care, and aged care providers. Discussion also included sustainability competency and training in order for the Calderdale projects to become business as usual.
- A presentation from Julian Waller on Stroke Clot Retrieval / Thrombectomy and Telectroke implications for the South Canterbury region. Discussion included timely access to services for South Canterbury consumers and the vision for the future.
- A presentation from Angela Foster on the infection prevention and control committee future goals and aspirations. Current momentum highlighted with extension of targets to achieve excellence.
- Clinical Handover Project members have highlighted areas for potential improvement of handover between primary and secondary settings (vice versa). Work is progressing.
- Maternity Review update highlighted the excellent progress made towards achievement of the 21 recommendations made in the review. Thus far 25/59 actions have been completed, 25/59 actions are underway, and 9/59 are to be commenced. Acknowledgement from the clinical board on the work completed thus far.
- A general discussion on the complaints process, transparency of resolution and investigation. This discussion highlighted the need to update the complainant of progress and ensure a robust clinical and personal support process is in place.
- General discussion about the visibility of learnings from adverse event investigations and service complaints. Clinical board to now get appendices reports in order to raise the visibility.

OCTOBER '17

- Acknowledgement that a new clinical board chairperson has been appointed, Nicola Hornsby. Nicola will commence as board chair next month. Nicola brings significant experience in leadership & governance.
- A draft Clinical Governance Framework was presented outlining the role of the clinical board in setting the direction, strategy and monitoring performance. This Framework will be further defined by the clinical board with the introduction of the new chairperson.
- A presentation on a new pharmacy initiative, Medifix, was received from Nagham Ailabouni. This programme aims to advise on medication management. Teams are meeting to support integration into primary care and community pharmacies, in support of a whole of system approach.
- A presentation from Lisa Dobson, on Health Learn, an internet learning platform for health professionals. This is a South Island wide, learner centric, learning platform that is available for whole of health system approach inclusive of the Multidisciplinary team. Reporting from this system enables a digital learning record to be maintained.
- A new draft Clinical Documentation policy and audit tool was discussed with a system wide approach.
- Central Sterilising Unit (CSU) presented their plans to upgrade their workspace to allow improved work-flow.
- Results from the Primary Care Patient Experience Survey were presented. The South Canterbury results aligned closely with national averages. These results highlight the positive work done by the local primary care teams.



Have you activated your health learn account?

Lisa Dobson is running drop-in sessions for those wanting some help with health Learn.

Tuesday 12 December, 3pm-4pm

Wednesday 20 December, 10am- 11am

Tuesday 9 January, 1pm-2pm

IT Training Suite, Level 5, Gardens Block.

New to the Clinical Board

We are delighted to have a new chairperson of the Clinical Board.

Nicola Hornsby

Consumer Representative



I have a legal background and over the last twenty years I have held a number of governance roles in various community, health and education organisations throughout the South Island, including four years as an appointed member of the South Canterbury District Health Board.

The Clinical Board is an important link between the new Consumer Council and the District Health Board and I am looking forward to contributing to the work of the Clinical Board in my role as Chair.

"...I also enjoy working with people to make a positive difference to the lives of others..."

With its focus on continually improving the quality of clinical services provided by the Health Board's primary, community and secondary health care providers to ensure that all patients receive the best possible care, the Clinical Board has responsibility for driving improvements by developing and supporting initiatives and projects, providing policy and strategic advice and monitoring quality and assurance.

I live in the Mackenzie Country and enjoy the great outdoors. I also enjoy working with people to make a positive difference to the lives of others which, with the support and contributions of my fellow Board members, is what I hope to achieve during my tenure on the Clinical Governance Board.

The Clinical Board meets on the fourth Tuesday of each month from 4pm - 6pm in Education Centre Room One. All staff are welcome to come and view the meeting.

Consumer Council

The SCDHB Consumer Council was established in August 2017 in order to provide a strong and viable voice for the South Canterbury community on the planning and delivery of health services.

The Council has two co-chairs:

Anne-Marie McRae: Lawyer for 16 years. 12 years of national and local governance and management committee experience, including Hockey New Zealand, Timaru Parents Centre and Trust Aoraki Limited. I wanted to become involved with the Consumer Council because our family has used local health services regularly and I want to ensure that the community are receiving high quality and accessible health care and experiences are as positive as possible.

Mark Rogers: 16 years in banking industry. 20 years with YMCA in both local and national governance roles. Member of two other SCDHB committees, including Credentialling (which has a patient safety emphasis). Consumers are in a good position to make quality recommendations, so I joined this team with a view to enhancing this.

The Council is still in its infancy and the team have spent the first meetings orientating themselves with South Canterbury DHB, the New Zealand health system, and understanding the role of Consumer Councils.

Although new, the team is already having an impact and was involved in casting a consumer lens over the complaints process.

The Consumer Council is interested in hearing feedback on strategic level priorities and what matters to consumers of health services in our community. They can be contacted on: consumercouncil@scdhb.health.nz



CONSUMER COUNCIL: Co-chairs Anne-Marie McRae and Mark Rogers are passionate about raising the voice of the consumer in health here at South Canterbury DHB.

Children's Worker Safety Checking

All new SCDHB staff who work with children in a role described as a core children's worker are now subject to safety checks including a police vet before being offered a position. This is a legal requirement under the Vulnerable Children's Act 2014.

The aim of the Vulnerable Children's Act is to protect vulnerable children and help them thrive, achieve and belong. Having a safe and competent children's workforce is the key to achieving this.

A core worker is described as someone who works in or provides a service when they are the only children's worker present or they have primary responsibility for a child. The other group which requires safety checking are non-core children's workers. This group includes staff that have regular or overnight contact with a child that takes place without the parent or guardian present. Mandatory police vetting for non-core children's workers started on the 1st July 2016.

The Act also requires that all existing SCDHB staff who are children's workers are retrospectively safety checked between 1 July 2016 and 1 July 2019. If you've been here for a while you may have had a Ministry of Justice check when you first started, but the Safety Checking process requires a Police Vet which discloses a lot more information than the Ministry of Justice check as it voids the 'Clean Slate' Act.

A Police Vet may disclose any concerns the Police have in any context, even if there have not been charges laid, or charges have been withdrawn, or if a person has been found not guilty of a charge, as well as convictions which would not have appeared on the Ministry of Justice check due to the Clean Slate Act provisions.

If something comes up when you are checked, a risk assessment will be carried out and your manager will be

involved. This is an early 'heads up' to all staff to let you know that this will be happening. If there's anything you are concerned about in relation to the screening or what it may reveal, talk to your manager. You will be asked to give consent before a police vetting check is carried out, but compliance will be required.

Police vetting needs to be repeated every three years for both core and non-core children's workers.

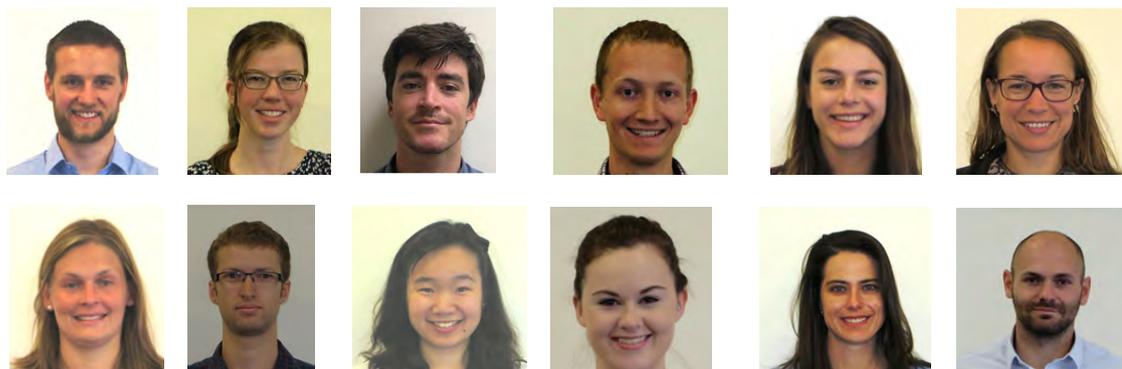
It also applies to staff working in services provided through general practice teams, maternity services, in home disability services and ambulance services – in fact any publicly-funded health service has to comply with the legislation.

There is a significant amount of information on safety checking and the Children's Action Plan online. If you're recruiting and have further questions, please contact the Human Resources Department.



New House Officers

We are delighted to introduce the new PGY1 and 2 house officers who began on Monday 27 October. I'm sure you will make them all feel welcome.



NEW HOUSE OFFICERS:

Top right-left; Dr Alastair Cadzow, Dr Natalie Cadzow, Dr Sean Cox, Dr William Crawford, Dr Emily Hayward, Dr Marjie Jansen.

Bottom right-left; Dr Florence Lock, Dr Harry McGuigan, Dr Fiona Poh, Dr Niamh Ryan, Dr Robyn Scott, Dr Zak Wilson.

Quality and safety markers

The Health Quality and Safety Commission (HQSC) is driving improvement in the safety and quality of New Zealand health care through its quality improvement programmes.

The set of quality and safety markers (QSM) help to evaluate the success of the programmes and determine whether the desired changes in practice and reductions in harm and costs have occurred. The markers do this through setting expected levels of improvement, public reporting of progress against these thresholds and supporting links to accountability mechanisms.

The markers are a mix of process and outcome measures focused on driving improvement for four key safety priorities:

1. Falls
2. healthcare associated infections
 - surgical harm
 - hand hygiene
 - surgical site infection (cardiac and orthopaedic – hip and knee arthroplasty) surgeries
3. safe surgery
4. medication safety

Falls: Falls are a leading cause of injuries to older people. One out of three older people have a fall each year. Underlying conditions or problems with balance, strength or mobility increase the risk of falling for older people. The national target requires that 90% of older inpatients are given a falls risk assessment. Our results over the last year have been between 96 and 100% of older inpatients have received a falls risk assessment.

Hand Hygiene: Effective hand hygiene is the single most important strategy in preventing healthcare associated infections. Hand hygiene is a general term for washing hands with soap/solution and water or using a waterless antimicrobial gel on the hands. When performed correctly, hand hygiene results in a reduction of microorganisms on hands, helping to reduce the risk that infectious organisms will be spread between patients on the hands of healthcare workers. The 5 moments when hand hygiene should be performed are:

1. Before touching a patient
2. Before a procedure
3. After a procedure or body fluid exposure risk
4. After touching a patient
5. After touching a patient's surroundings

The national target requires 80% compliance with good hand hygiene practice (5 moments). Our results over the last year have been between 66 and 80%. These results have resulted in a renewed focus on educating staff to improve their hand hygiene understanding and compliance.

Surgical Site Infection: Health care associated infections are a significant risk to patients. It was identified that surgical site infections were among the highest proportion of these risks



so the programme was established to provide a standardized approach for initially hip and knee replacement surgery that could be measured and compared nationally. There are two national targets for this marker: 100% of the primary hip and knee replacement patients receiving prophylactic antibiotics 0-60 minutes before incision. Our results over the last year have been between 93-100%.

The second marker is 95% of hip and knee replacement patients receive 1.5g or more of cefazolin or 1.5g or more of cefuroxime. Our results over the last year have been 90-95%.

Safe surgery: The safe surgery programme aims to improve the perioperative care by encouraging operating theatre teams to consistently use evidence-based practices (safety checks) on all patients to improve teamwork and communication. There are three national targets:

1. safe surgery measures are the levels of teamwork and communication around the use of the three paperless surgical checklist parts: sign in, time out and sign out via direct observational audit (with a minimum of 50 observational audits per quarter per part required before the observation is included in uptake and engagement assessments).
2. 100 percent of audits where all components of the checklist were reviewed
3. 95 percent of audits with engagement scores of 5 or higher

This measure is new to SCDHB and our first quarter results are:

1. Sign in – 15; Time out – 126; Sign out – 63
2. Sign in – insufficient observations; Time out – 100%; Sign out – 100%
3. Sign in – insufficient observations; Time out – 83%; Sign out – 65%

We have a plan in place to increase the audits and compliance.

Medication Safety: The QSM for medication safety focuses on medicine reconciliation. This is a process by which health professionals accurately document all medicines a patient is taking and their adverse reactions history (including allergy). The information is then used during the patient's journey across transitions in care. The national programme to roll out the electronic medicine reconciliation (eMR) process has so far been implemented in five DHBs and South Canterbury DHB is not one of them.

Karen Foster

QUALITY AND RISK
NURSE COORDINATOR



Learning Hub

Inspiring Meaningful Learning

Ka whakamanawatia te akoraka whai tikaka

Inspiring meaningful learning

Staff Development Unit was relaunched as the Learning Hub on 1 November 2017 with a launch party held in the Education Facility.

The rebrand came about as the team is now a self managed team, under the Director Organisational Capability and Safety. Our motto 'Inspiring Meaningful Learning' captures our focus to grow and sustain professional development activities across SCDHB.

Our goals include:

- We will strive to improve equity of access to learning and development,
- You will see more in-service training sessions,
- We will encourage you to share your knowledge and skills with others,
- We are embracing technology and will support you to do the same.

Did you see the changes to mandatory training?

Check out iHub: knowledgebase/learning-and-development

The team

The learning hub team is made up of:

- Megan Stark – Learning Hub Advisor NETP & Trauma Nurse Coordinator
- Tracy Foster – Learning Hub Advisor & PDRP Coordinator
- Fiona Gale – Learning Hub Advisor
- Jane Procter – Learning Hub Advisor
- Lisa Dobson – Clinical IT Trainer
- Leah Caldwell – Dementia Educator
- Hayley Rowe-Jones – Midwifery Educator
- Meron Bowman – Education Facility Coordinator
- Bronwyn Fleming – Learning Resource Advisor

Meron Bowman

Learning Hub Coordinator

I can support you with:

- ✓ Applications for your Learning and Development
- ✓ Education Facility room bookings
- ✓ CME Meetings
- ✓ Staff Orientation
- ✓ General Learning Hub enquiries

Ph: 03 6872 355 or Ext. 8355

learninghub@scdhb.health.nz



Leah Caldwell

Learning Hub Advisor

Clinical Psychologist

Portfolio Includes:

- ✓ Walking in Another's Shoes
- ✓ Dementia Educator
- ✓ Person Centred Care
- ✓ Psychological Wellbeing

Ph: 027 355 3003 or Ext. 8828

lcaldwell@scdhb.health.nz



Lisa Dobson

Clinical IT Trainer

Providing training in:

- ✓ MedChart
- ✓ healthLearn
- ✓ HCS & HPS
- ✓ Safety First
- ✓ iHub
- ✓ Microsoft Office Applications

Ph: 022 6371573 or Ext. 8736

ittrainer@scdhb.health.nz



RELAUNCH: Megan Stark RN instructing members from the pharmacy team on life support at the Learning Hub relaunch.



Learning Hub

Inspiring Meaningful Learning

Ka whakamanawatia te akoraka whai tikaka

Bronwyn Fleming

Learning Resource Advisor

I can support you with:

- ✓ Research Help
- ✓ Interloans
- ✓ Study Advice
- ✓ Information Seeking
- ✓ Online resources
- ✓ Resources-Books/Journals

Ph: 03 687 2396 or Ext. 8396

library@scdhb.health.nz



Tracey Foster RN

Learning Hub Advisor

Portfolio Includes:

- ✓ PDRP Coordinator
- ✓ PDRP Assessor
- ✓ Careerforce Assessor
- ✓ Facilitator for In-Services and Interprofessional study days
- ✓ Infection Control Rep

Ph: 03 687 2344 or Ext. 8344

tfoster@scdhb.health.nz



Fiona Gale RN

Learning Hub Advisor

Portfolio Includes:

- ✓ HealthLearn
- ✓ IVRT
- ✓ Life Support Instructor
- ✓ Recognition & Response - NZEWS
- ✓ Lippincott Procedures
- ✓ HWNZ PG Coordinator

Ph: 03 6872 384 or Ext. 8384

fgale@scdhb.health.nz



Jane Procter RN

Learning Hub Advisor

Portfolio Includes:

- ✓ NETP
- ✓ IVRT
- ✓ Infection Control
- ✓ Gold Hand Hygiene Auditor
- ✓ ODNZ Link Nurse
- ✓ PDRP Assessor & Resource Nurse
- ✓ Lippincott Advisor for Perioperative

jprocter@scdhb.health.nz



Hayley Rowe-Jones

Midwifery Educator

Portfolio Includes:

- ✓ Combined Emergency Skills
- ✓ PROMPT
- ✓ QLP Coordinator
- ✓ Facilitator of in-services
- ✓ Facilitator of CTG/Journal club
- ✓ Midwifery Education Resource

Ph: 021 0247 3755

mideducator@scdhb.health.nz



Megan Stark RN

Learning Hub Advisor

Portfolio Includes:

- ✓ NETP Coordinator
- ✓ Life Support Instructor
- ✓ Facilitator for Preceptorship
- ✓ Facilitator for Cannulation
- ✓ PDRP Assessor
- ✓ Trauma Nurse Coordinator

Ph: 03 6872 358 or Ext. 8358

mstark@scdhb.health.nz



Updates from the Learning Hub

PDRP Update—Tracey Foster

We have received 21 applicants for PDRP in November. Successful applicants will be advised. PDRP Ping Pong was played at the Learning Hub launch party to gain another nine applicants committed to submitting their PDRP next year. We are well on our way to target of 50% by November 2018.

NETP Update – Megan Stark

October was a busy month for the Nurse Entry To Practice program. The January intake of new graduates attended a three day Ara rapid assessment course of the deteriorating adult. On the 1st November they had submitted their competent level portfolios for assessment; this is a celebration of evidence from their first year of practice. The learning hub held an assessment centre for recruitment for new graduate nursing positions for 2018. On this day 40 student nurses were seen as they took part in group exercises and had individual interviews. For the January 2018 intake of new graduate nurses we have 13 positions for NETP and an additional two positions for mental health (NESP). We had positive engagement from aged care and primary care with aged care taking one new graduate position and two primary care positions. We have this year increased our mid year

intake of nurses to six which is up on the previous mid year intake of two. This makes it a total of 19 new graduates for the SCDHB NETP program for 2017. Mid October I attended the Boston four day simulation workshop along with Elaine Clark, Beth Williams and Donna Schrader. We are excited about the future for simulation in health and having the opportunity to implement regular simulation to the health workforce .

Library News - Bronwyn Fleming

Get the latest Medical news delivered to your inbox. If you would like the latest full text issue of the JAMA, NEJM, Lancet or BMJ sent to your SCDHB mailbox each week please email Bronwyn at the Library.

Health and Wellness Section: We are currently setting up a Health and Wellness section in the Library; do you have any books on the topic of health and wellness you would like to donate for staff to read? These could include subjects such as healthy eating, exercise, inspirational and motivational books. We also have a good selection of recreational reading, but would like more donations to keep stock fresh. You don't have to fill anything out when borrowing these books, just take to read at your leisure.

Remember the Library is open 24/7 with swipe card access, and is a quiet place you can come for time out and a coffee! EBooks: We have a small selection of eBooks available from Ebsco. Check them out on the Library webpage on iHub> Knowledge Base>Library.

Patient Safety Week

Each year Health Quality and Safety Commission (HQSC) run a Patient Safety Week, which was on the 5-11 November 2017.

This year the focus has continued from last years "Lets Talk" theme encouraging communication between consumers and health professionals to a specific focus on medication safety. This aligns with the World Health Organisation global patient safety challenge; featuring medication safety over a five year period.

Other reasons the medication safety theme was chosen included:

- feedback from patient experience surveys where patient responses as to whether they were clearly told about their medication consistently received the lowest scores
- the number of medication errors relating to high-risk medicines having the potential to be very serious

To celebrate Patient Safety week at Timaru Hospital we shared some resources from HQSC including:

- Posters were put up around the hospital encouraging patients to ask questions of health professionals about their medications
- Appropriate staff wore pink lanyards and/or stickers which said "ask me about your medicines"
- Handouts for patients, "preparing to leave hospital" that encouraged them to ask questions about appointments, medication and looking after themselves when they left hospital. This included an area for them to make notes.
- ACC has partnered with HQSC to provide a book "Know What to Ask" which included questions for different situations eg treatments, tests, surgery and medication, which was distributed to patients during this week.

While primary care was unable to participate at the time due to their patient survey, the resources have been made available to be distributed in the next few weeks with their newsletter.

Karen Foster

QUALITY AND RISK
NURSE COORDINATOR

**Taking medicines?
Have questions? Please ask.**



#PSWNZ



PATIENT SAFETY WEEK: The Pharmacy team celebrate Patient Safety Week by encouraging consumers to talk about medications. R-L; Janet Wright, Kannikar Muangklang, Natalie Antill, Nagham Ailabouni, Jazzmin Wilson, Leah Bates.



The Health Quality and Safety Commission have released accompanying resources to assist patients to ask about medication. They also have fantastic resources for staff around helping to raise health literacy in our community.

Find out more on iHub: [noticeboard/staff-news/lets-talk-medicine](https://www.hqsc.govt.nz/noticeboard/staff-news/lets-talk-medicine)

World Diabetes day

On the 14 November 2017 we celebrated World Diabetes day. This day highlighted the important role everyone in healthcare plays in supporting people living with diabetes.

At South Canterbury DHB we are privileged to have three wonderful clinical nurse specialists who focus on Diabetes at different stages.

Sue Talbot has recently completed her Masters of Nursing which had a major focus on Diabetes. Sue works with the diabetes physician Dr Hemlock. She now holds a parallel nurse led clinic alongside the physician led weekly Adult Diabetes Clinics.

Karen Tollan has completed level 7 papers in nursing people with diabetes in hospital and community settings. Karen will be involved in Paediatric clinics with Dr Mick Goodwin and Dr Sona Zaleta. She will follow up from clinics and facilitate outpatient clinics between Paediatric MD diabetes clinic for high risk patients, working closely with Helen Sharples Paediatric Dietitian to better manage diabetes care.

Diane Reid is completing her post graduate certificate in advanced diabetes practice. She has been working with the diabetes Physician, Dr Hemlock, Karen CNS and Sue CNS. She works collaboratively with GPs, nurse practitioners and practice nurses, providing education to the community health sector.

What is Diabetes?

Diabetes is having too much glucose in the blood. This can happen either because the pancreas cannot make insulin or the body cannot use it properly. When someone has diabetes their body is not able to control their blood glucose levels and keep it in a safe range.

Diabetes is New Zealand's fastest growing long-term health condition. Over 225,000 New Zealanders have diabetes. And NZ has one of the highest rates of paediatric Type 1 diabetes in the world, and numbers are estimated to be growing at 10% annually.

Type 1 diabetes is an auto-immune disease where the body's immune system destroys its own insulin-producing cells. It requires constant blood glucose testing and calculated insulin doses to mimic the natural action of the pancreas. It is not preventable, the cause is not yet known and there is no cure.

Type 2 diabetes is a condition in which the pancreas still makes insulin but your body isn't able to use it properly. The onset of Type 2 diabetes can be accelerated by lifestyle factors.



CELEBRATING WORLD DIABETES DAY: Julie, Jade and Quinn Potatau pose with Karen Tollan CNS for the Timaru Herald as part of the promotions for World Diabetes Day.

Occupational Therapy Week

Occupational therapy is a client centred health profession concerned with promoting health and wellbeing through occupation. The term occupation refers to all the activities that occupy a person's time and give meaning to their lives, including; looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity).

The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement.

CELEBRATING TOGETHER: The Occupational Therapy team celebrating with a shared morning tea. *Right-left;* Lauren Thompson, Jen du Plessis, Sophie Goddard, Mel Leggett, Kath Hollands, Murray Cheyne, Ash Ryalls, Annalyse Shaw, Jane Bruce, Meg Sutton.



Five moments

Here are 5 moments relating to infection prevention and control, to consider and discuss with each other. I hope you enjoy the info.

Hand Hygiene- Every decent piece of writing relating to IPC should always have a mention of Hand Hygiene, as it is the very forefront of Infection Prevention and the easiest most effective way to prevent the spread of infections in day to day life. Did you know, a whopping 80% of infectious diseases are transmitted by touch! That means, "give bugs the suds" by washing with soap and water, or an alcohol based hand rub! According to the Center for Disease Control and Prevention (CDC), it is estimated that a million deaths a year could be prevented if everyone routinely washed their hands: https://www.cdc.gov/healthywater/hygiene/fast_facts.html

Hand washing prevents infections and saves lives when practiced properly and regularly. Audits for the 5 moments of hand hygiene are going on daily- keep an eye out for new auditors coming your way soon!!

Hard Surface Wipes- a new exciting phase for the DHB is the purchase of hard surface wipes, to replace cleaning with spray detergent. This will look to improve our cleaning by making a more visible product available and easier to use, improving the way we clean our healthcare environment. We have chosen a product that meets NZ biodegradable standards, and is good for staff with sensitive skin, as well as being an effective cleaning agent. This product will save time and human error with mixing a spray bottle and be healthier for staff, by not exposing you to harmful cleaning aerosols. We are looking to have this implemented by early December- keep an eye out for in-services and education sessions about it.

Phlebitis Scoring- Did you know that we have moved away from removing peripheral IV's every 72 hours, and only removing them when clinically indicated (such as they are no longer in use, sign of infection/pain, etc)? This is great for patients who are difficult to cannulate and have an IV already in a great spot. It also means less invasive procedures, less pain, less cost, and more benefit for more patients.

However, it also means we need to step up our game when it comes to inspecting and DOCUMENTING peripheral IV phlebitis scores. Remember, this needs to be done once per shift, or more frequently as required.

HAI's- Hospital acquired infections (HAI's) happen to on average 10% of hospitalised patients in NZ. These can be infections such as urinary tract, post-op, IV, pneumonia, and bacteraemia, cdiff and others. These infections can occur at a great cost for patients and their families, and can also affect staff caring for them. To help understand our own HAI's and how to prevent them, it is important to communicate with your friendly IPC nurse (that's me) whenever you think you may know of a patient with a HAI. Please don't hesitate to phone or email me with a patient you might be concerned about having an HAI- or safety first form would be even better!!!

Five gross facts for your reading pleasure-

- There are 200% more faecal bacteria on cutting boards than toilet seats- make sure to wash between meat and vege (or use different boards) and change your wash cloths/sponges often.
- TV remote controls are a leading carrier of bacteria- 2-10x higher than what's acceptable in hospitals. Talk about infection CONTROL!!
- Germs from a flushing toilet can travel up to 6 feet- Another good reason to put the seat down haha
- Handbags carry up to 10,000 bacteria per square inch and 30% have faecal bacteria- So don't chuck it on your dining table :)
- 1 in 5 people don't wash their hands- EWW!

(These fun facts were found online at: <http://info.debgroup.com/blog/5-gross-hygiene-facts>)

Stop-the-press

1) Congratulations to Pam from Occupational Therapy who is the winner of the Infection Control week poster award.



2) Congratulations to the three new Hand Hygiene Gold Auditors for the SCDHB: Debbie Cotton (ICU), Cherie Ballinger (DPS), Diane Webley (AT&R). These ladies passed their training course and are now auditing in their areas. They have also helped double our current gold auditors team. Also, excitingly, now the DHB has a new Gold Auditor trainer (yours truly)- which makes a total of five now in the South Island.

3) We are switching from the Angel Care Blue Antimicrobial Hand Rub to a new Clear version as it has no colour or fragrance added, so gentler on sensitive hands. This is a cost neutral switch that will be better for more staff :)

4) Keep an eye out for detergent and disinfectant wipes coming to the DHB in early December to replace Tempo solution.

Angie Foster

INFECTIOUS PREVENTION
AND CONTROL NURSE

Co-ordinated Incident Management System (CIMS)

The first question I get asked when talking about Emergency management is 'what is Co-ordinated incident management and when is it used?'

The Coordinated Incident Management System (CIMS) was first developed in 1998 and is used by emergency services (Health, Fire, Police, and Ambulance) during a major incident or emergency. It uses common terminology so each agency is 'talking the same talk'. It is based on similar systems used in North America (NIMS) and Australia (AIIMS). It can be for a large incident (earthquake) involving lots of agencies or a small incident (loss of power) involving just the DHB.

The Incident Management team (who use CIMS) is made up of eight important roles and this team takes over the running of the DHB during the emergency.

- Incident Controller "the boss"
- EOC Manager "the foreman"
- Technical Advisory Group "the advisors"
- Planning and Intelligence "the thinkers and analysers"
- Operations "the doers"
- Logistics "the getters"
- Public Information Management "the talkers"
- Vulnerable People/Welfare "the carers"

Penny Dewar

EMERGENCY MANAGEMENT
COORDINATOR

In South Canterbury we align people with their business as usual role as it is easier to 'step up' rather than 'step across'. This means if you are an operational manager, you would not be expected to take on the logistics role.

CIMS TRAINING: : Our session on the 12 October included colleagues from Bidwill and they really enjoyed the learning and interaction with the DHB.



Ethnicity data

In New Zealand, ethnicity is based on self-identification. Some people will identify with more than one ethnicity. Guessing a person's ethnicity is not reliable, so the best way is to ask. Everyone should be asked the question so that they have the choice of responding.

Some people may also choose not to answer this questions. Their response can be recorded as 'not stated'.

How do I ask?

Give patients the opportunity to complete the ethnicity question themselves. If you are asking the question directly, be confident and matter-of-fact. Most people will not object to being asked this question.

Avoid questioning an individual's response - it is their right to define their own ethnicity. Remember a child's ethnicity is not always the same as their parents'. For children, ask the parent or caregiver to complete the ethnicity question.

Avoid transferring data from another source. reassure the person about confidentiality if they are concerned about privacy.



Administration building and Kowhai house

On Friday 6 October we held an afternoon tea to reflect on the changes to the hospital site following the demolition of the Administration building and Kowhai house.

Below is an excerpt of the warm message delivered by Reverend Alan Cummins.

"Alan Cummins is my name and I serve as Chaplain to the South Canterbury District Health Board.

It is my privilege and delight to be with you today for this memorable gathering.

It is great to be among current and former staff who have worked in these buildings and walked these corridors.

Today you are sharing memories, reflecting and looking back as you remember colleagues, friendships and working days shared together.

Buildings are important, but they are just that, bricks and mortar. Friendships made and relationships deepened are really what it's all about and ultimately they stand the test of time.

So today we come to look back with thanks and gratitude and to look ahead to a bright and new future.

Let us pray,

God of the ages, God of history, we thank you for your presence with us and your love for us.

Today we look back with thankfulness and gratitude for all you have done in our lives.

We thank you for friendships made and relationships strengthened.

For the years we worked, studied and relaxed together, we give you thanks.

As two old buildings are demolished, there is a tinge of sadness, but we thank you that friendships endure and people often outlast buildings.

As we face the future, may we do so with courage and optimism, knowing that you are always there to guide and uphold us.

Thank you for the memories; thank you for the friendships; thank you for our work and for your presence.

We give thanks and we pray in the strong name of Jesus Christ,
Amen."

LOOKING BACK WITH THANKS: *Below right:* Reverend Alan Cummins shares his warm message. *Below left:* Current and former staff reflect on the history of the hospital site.



Coming soon...

Christmas brekkie

When: Wednesday 6 December

Time: 6.15am to 9.00am for Breakfast

Venue: Alzheimer's Centre (Old Park Bowling Centre), Botanic Gardens

RSVP: theap@scdhb.health.nz

Come along for bit of fun and frivolity, it's a great way to start the day.



WARU

Eight Māori female directors have each contributed a sequence to this powerful and challenging feature which unfolds around the tangi of a small boy who died at the hands of his caregiver.

Date: Saturday 9 December

Time: 6 – 9 pm

Where: Arowhenua Marae
38 Huirapa Street, Temuka

New starters

Dr Antonios Chasouris
*Consultant Clinical Child
 Psychologist
 iCAMHS*

Kia Ora,

I would be very happy to be the person of focus this month, it is a humbling and rare opportunity for me! I am also very happy to have joined the SCDHB with its fantastic people and excellent work environment.



I have a strong interest in child disability and I am considered a specialist in the psychological aspects of chromosomal disorders and especially on a condition called Williams Syndrome, where I have conducted research and published in scientific journals.

I have always wanted to work for SCDHB and I am very happy I have now the opportunity to do so. I feel very privileged to see the amount of effort being put by everybody to get me here and the support is fantastic.

Originally, I am from Greece but emigrated to New Zealand in 2009 and have worked in two different DHBs. I have also served as Assistant Professor of Clinical Psychology at King Saud Bin Abdulaziz University in Saudi Arabia.

I have started my role as Consultant Clinical Child Psychologist with iCAMHS on Monday November 13 2017.

I will be here for a year covering the maternity leave of my esteemed colleague Katrina Stanley.

My role will involve assessment and therapeutic services with children and families experiencing difficulties with mental health related difficulties.

I have not experienced any challenging bits in my career, it all comes to how you view and treat the people who come to you for help and support.

The best bits are when you manage to make a difference and get results, as well as, people remembering you when they see you in town and say hi to you with a smile.

Out of work I like to spend time with the family or read (I read pretty much everything). I also do walking and fishing.

Sheila Van Den Heever
HR Advisor



When did you start your role? I started on the 30 October 2017.

What does your job involve? I have been employed as an HR Advisor. I currently work on HR projects and support the Corporate Services Department

What are the challenging bits? Probably too early to say, although I look at challenges as great opportunities to learn and grow.

What are the best bits? I love working with people and this role definitely gives me the ability to do that. There is also a lot of improvement initiatives coming up so having the opportunity to be a part of this is great.

What do you do out of work? I have a busy four year old that keeps me entertained. I also love the outdoors and keeping fit and healthy, so most of my time is spent outdoors.

Farewell Dave Moore

After nine and a half years at the DHB, Human Resource Advisor Dave Moore moves on to the next adventure. At his leaving do he had this advice:

"I want to leave you with my view on what it takes to make this DHB the best little DHB in the country. Systems, processes and sound financial management are all very important but as the famous Moari proverb goes...

*What is the most important thing in the world?
 He tangata, he tangata, he tangata
 It is the people, it is the people, it is the people.*

So please keep pushing to change the culture - "Speaking Up for Safety" and beyond. Walk the talk, lead by example. Keep it simple. People just want to feel respected and valued and to grow and develop. So please go out of your way to thank people, take a real genuine interest in them personally. Somehow, in the middle of the busyness and stress find a way to lighten up and have fun. You'll be paid back tenfold.

My final words are that what you do here is highly valued by our community. I have had a handful of occasions to use this health service for me and my family and every time the professionalism and care has been outstanding. Be proud and keep up the good work... in case I need you again!



TH HR FAMILY: The HR team farewell Dave Moore after nine and a half years. *Back R-L:* Ross Yarall, Dave Moore, Geraldine Heanue-Callende. *Front R-L:* Andrea McAlister, Kara Hayes, Sheila Van Den Heever.

Falls prevention

Cathie Weith coordinates the 'Stay On Your Feet' falls prevention programme. Sport Canterbury delivers home based and community class programmes in the South Canterbury region.

Cathie started the Falls Prevention Coordinator role ten years ago and the programme is funded by SCDHB. The aim is to prevent falls in older adults 65 years of age and older. The programme focuses on exercises designed to improve balance and strengthen leg muscles based on the 'Otago Exercise Programme' (OEP).

A recent home based evaluation summary of 85 individuals who completed Stay On Your Feet showed 70% of participants reported improvement in balance and 72% reported improvement in leg strength. Clients comments included 'feeling better in myself', 'more active', 'getting out of a chair easier', can walk more confidently'.

"The programme is successful due to the commitment of the health professionals working with the clients and the clients themselves. It is pleasing to see the improvements people make in strength and balance whether they are 65 or over 90 years of age."

Anyone 65 + years who is living in a community dwelling can

be referred to the programme. If a person has had one or more falls, fear of falling or decreased leg strength they could benefit from the exercises. They should be able to practice independently at home or have support available.

Participants are encouraged to work at their own pace and are given an individualized exercise and walking programme. Maintaining mobility and muscle strength is vital to ensure better balance and prevention of falls.

To find out more about the programme contact Cathie to organise a 'practice visit' or check out the Falls Prevention section on Health Pathways. The falls prevention referral form can be found on the 'Older Persons Health' section of ERMS.



Cathie Weith

SPORT CANTERBURY

P: 03 9292519, F: 03 686 1353

CATHIE.WEITH@SPORTCANTERBURY.ORG.NZ

Mental Health Awareness week success

Nature is Key was the theme for this year's mental health awareness week. It inspired a wide range of fantastic activities in our community.

"Spending time with nature makes us feel happier and more optimistic, restores us when we're feeling run-down, reduces stress, and improves life satisfaction," says Anna Reihana, WAVE Mental Health promoter.

A highlight for the Mental Health and Addictions service was the Family Fun Day on Tuesday 10 October at Talbot Park. Despite the initial poor weather over 200 people attended the day, enjoying free activities such as rock hunting, a jumping castle, and pony and cart rides.

"We are so grateful for the support we received from local businesses who donated time, resources and skills to help the day become a success," said Kathryn Robinson, Mental Health Manager SCDHB.

"Feedback from families was that they really appreciated the simple but free activities. It avoided concerns over money, allowing them enjoy the day without worrying about any financial implications."

"We are already looking forward to creating a bigger event next year!"



FAMILY FUN DAY: *Top* Wayne Pateman and Allan Thomson of Timaru Motors cook up a storm. Ashley Mehrtens enjoys some sensory play with Naomi Tressler while Jimmy Bubbert gets hands-on with play dough. *Middle* The volunteer team from SCDHB, Victoria House, Adventure Development, and Arowhenua Whanau Services. Pony and cart rides donated by Farmlan. Timaru Hire donated a pirate ship bouncy castle. *Bottom* Timaru Rocks donated materials for the great rock hunt #timaru rocks. YMCA donated zorbing for the older kids. Volunteer face-painters Tracey and Penni were a hit with the younger children. We would also like to acknowledge Burgers Butchery, Timaru Produce Wholesalers, Gavin Hamel, and the Cancer Society.



General

There are no words to thank everyone from the NZ govt. to Drs, nurses and staff who have all been wonderful and caring. Many standouts but no energy left in my arm to write. Thank you from the bottom of my and my son's hearts. ICU, Medical, ReHab

Talbot Park

I would like to thank all the staff who looked after our precious friend Walter. Thank you so much for your cares. To Angela – thank you so much for keeping me informed, hugely appreciated.



Professionalism

I want to say a big thank you to all staff for your polite professionalism. Everyone was so kind and supportive, even when I wasn't being a perfect patient. Thank you for cups of tea and meals, for clean, tidy rooms, for effective and timely treatment in ED, for home treatment from the District Nursing staff, for skilful and professional action from the surgeons, and caring & knowledgeable attention from nurses. We are very lucky in Timaru to have such wonderful people.



Surgical

I felt the staff involved were genuinely concerned for my health and well-being. They were knowledgeable and took time to ensure I was informed. Everyone friendly, professional from Drs to cleaners.

Maternity

Staff were always available to help and give advice or answer questions I had and help out with the baby crying plus the breast feeding advisor was on hand and popped in to give assistance and advice but in a friendly way.

Surgical

Three months ago I had a knee replacement at the Timaru Hospital. I was operated on by Dr Khan who gave me an excellent service which I cannot fault. I hope he continues to serve the Timaru and surrounding community. The follow up therapy from the physiotherapist and the orthopaedic nurse have also been top class and may they continue. I thank you for being an excellent hospital.



Communication

The staff were mostly all very nice and friendly and caring and trying to do their best for me with a few standing out above the others. My problems with the time I was there was the lack of communication and the right hand not knowing what the left hand was doing. The fact that on my discharge forms there was incorrect information (saying I originally came into a&e with abdominal pain etc but each and every time I was asked I said I hadn't had any abominable pain) and there was no mention of my splitting migraine and pain behind my eyes which along with my chills and feeling of being unwell were the reasons I actually went to the hospital in the first place! I also never got any after care advice or any follow up info. I had to google everything and use common sense but I still have lots of questions that are unanswered. I ended up going to my doctor yesterday as I still have some possible signs things aren't good.



General

I would like to say how much I appreciated the care and attention I received at Timaru Public Hospital. I was there for 5 days and found the meals were excellent and the nursing staff were very caring as well. The cleaners work very hard and do a top job. The doctors who came around each morning were very professional and informative about my problem. Thanking you very much for getting me right again.



staff coming & going

welcome to our new staff & those in new roles...

CLERICAL RECEPTIONIST
PART TIME

Rebecca Smith

CLINICAL NURSE
COORDINATOR DPS
Tiffany Williams

CONTINUITY OF CARE
MIDWIFE

Caroline Campbell

DISTRICT NURSE P/T
Andrea Browne

DIVERSIONAL THERAPIST
PART TIME

Mary Smyth

FAMILY VIOLENCE
INTERVNTN COORD
Angela Bennison

HEALTH CARE ASSISTANT
PART TIME

Mercedes Macgregor
Jaimee Miller

HOUSE SURGEON
Alastair Cadzow

Natalie Cadzow
William Crawford
Emily Hayward

Matthew Hemmings
Robyn Scott

Charuni Sok One

ICAMHS CLINICAL
PSYCHOLOGIST P/T

Antonios Chasouris

ICAMHS SOCIAL WORKER

Sara Ryan

LAUNDRY WORKER
Shane Walker

NASC MH CLINICIAN
(NURSE)

Lynley Muir

OCC OCCUPATIONAL
THERAPIST P/T

Meghan Sutton

REGISTERED NURSE P/T

Siobhan Clancy

Jane Tayler

Anita Field

Sophie Seguin

REGISTERED NURSE POOL

Lisa Creba

Alicia Gollan

Jolly-Bert Manuel

Jessica Mcdonald

SENIOR HUMAN
RESOURCES ADVISOR

Sheila Van Den Heever

SUPPORT TECHNICIAN - IT

Daniel Wiltshire

farewell and good luck to...

ADMINISTRATOR
QUALITY,SAFETY &
WELLBEING
Sarah Tester

CONTINUITY OF CARE
MIDWIFE

Jane Arthur

Caroline Campbell

DECISION SUPPORT

ANALYST

Vicki Broad

ELECTRICIAN

Shem Hansen

EMERGENCY RECEPTION
PART TIME

Natasha Erasmus

HEALTH CARE ASSISTANT
PART TIME

Nola Hansen

HOUSE SURGEON

Helena Robinson

ICAMHS OCCUPATIONAL
THERAPIST

Christopher Cahill

ICAMHS SOCIAL WORKER
PART TIME

Pauline Riley

IMPRESTING STOREPERSON

Jaime Sargent

LAUNDRY WORKER

Lynda Johnson

Pamela Mchardy

Robin Phillips

REGISTERED NURSE

Jo-Anne Brown

Andrew Wylie

REGISTERED NURSE

PART TIME

Jasmin Campbell

Matthew Cookson

Jane Coombs

Jillian Keys

REGISTERED NURSE POOL

Melvin Macaraeg

Roona Maria

SOCW SOCIAL WORKER

Susan Thompson

SUPPORT SERVICES

MANAGER

Barnaby Hoskins

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:

job vacancies

Medical

- Mental Health and Addictions Manager
- Core Midwife
- Midwife
- Specialist Physician - Healthy Aging and Rehabilitation
- General Physician
- Emergency Physician

contact

Human Resources

Office: 03 687 2230

Address: Private Bag 911, Timaru 7910

MORE INFORMATION:

scdhb.carecentre.net.nz

SAVE-THE-DATE

GALA
South Canterbury
Health Awards
26 May 2018



South Canterbury
District Health Board

send us your news:

contact: Communications Manager
email: nhoskins@scdhb.health.nz
phone: +64 3 687 2100
address: Private Bag 911, High Street,
Timaru 7910
location: Level 6, Gardens Block,
High Street, Timaru
website: www.scdhb.health.nz