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SCREENING UPDATE

BACK KIND WORDS  
2020



## Thank you

The Front of Hospital (FOH) Working Group would like to thank staff, patients and whānau for the smooth transition back from the alternative to main hospital entrance.

The main entrance re-opened on 26 January, as a specific walkway enables safe passage for the public through the site.

There will be a two staged approach over the coming months to bring the public through the site. Stage one will see the public access the hospital over the new Outpatient Department floor slab and then into a covered walkway. This will be for around 6 - 8 weeks. In stage two the public will use the ramp/stairs from Queen St that is currently being built. It will remain like this until completion.

The FOH working Group includes Stacey Scott, Contractor; Simon Johnston, Facilities Project Manager; Rachel Mills, CNM Emergency Department; Floss Dynes, CNM Outpatients; Sharon Daniels, Acting CNM ATR; Brad Hale, Theatre Manager; Denise Witbrock, Administration Team Leader; Anne Greaney, Duty Nurse Manager; Pete Moore, Health, Safety and Wellbeing Manager; Angela Foster, Infection Prevention and Control Nurse; Debbie-Kaye Gardner, St John; Darryn Grigsby, St John; Natasha Hoskins, Communications Manager.

# FROM THE CEO

He waka eke noa – We are all in this together

## This year will be a year like no other.

COVID-19 was and still is a raging pandemic that impacts on each and every person. It placed extreme pressure on health care workers and the whole health care system across the world. As we move into a new normal, we need to ensure we continuously adapt to make room for this ever changing environment.

### Health Needs Assessment

South Canterbury DHB is well placed to ensure the health and independence of its people. In 2020 the DHB commissioned a Health Needs Assessment and Service Profile for South Canterbury. The purpose of this assessment was to support future planning and investment to improve population and disability outcomes. In conjunction with the Health Needs Assessment, persona developments were conducted which help support the Health Needs Assessment data. This is where the voices of the South Canterbury community can be heard.

### Hospital Redevelopment

The foundation for a strong health system in South Canterbury is literally being laid with development and renovations to the Timaru Hospital.

Our paper-based health system is slowly but surely digitising as information is accessed at the bed-side by patients and staff alike. Over the coming years, models of care will be enabled with facilities which allow and support best practice.

### Workforce Cultural Competency

Our biggest strength has always been our workforce. Our response to COVID-19 demonstrated an ability to change at incredible speed.

We need this agility again if we are going to address health inequity.

Nationally our health care system does not meet the needs of Māori and our local Health Needs Assessment shows this to be true in South Canterbury also. Culture change needs to be swift and driven by tangible skills development that empowers whānau to achieve their dreams and aspirations.

We welcome 2021 as we continue to provide quality health care in our new normal, ensuring 'every moment matters' by living our values of, Pono – Integrity, Mahi Tahi – Collaboration, Whaiwhakaaro – Accountability, Whakaute – Respect, Hiraka – Excellence.



**Nigel Trainor**

CHIEF EXECUTIVE

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# above and beyond

### Serena Smith, Orderly

Serena came in on her own time to clean the windows at the front of the hospital.

They look 100 times better. Well done Serena.

Donna Russell-Reihana, Team Lead Orderlies



### Kate Lea, Needs Assessment Service Coordination (NASC)

Kate demonstrates a passion and expertise for her role as a Needs Assessor. During a recent crisis event Kate went the extra mile to ensure the safety of a vulnerable client. This challenging event highlighted Kate's skills and knowledge in older persons health and the needs of the vulnerable client.

Kate is a valued member of the Needs Assessment team and deserves this award for her ongoing support to the community of South Canterbury.

Thank you Kate, Tracey Foster, NASC Clinical Lead



### Janice Chong, Administrative Support

I would like to nominate Janice from maintenance department, she is fantastic at her job. She actions any requests promptly and is always able to update progress on maintenance requests. Store requests are also actioned promptly and she always questions if she is unsure. She is a team player and very valuable to the organisation. Thank you.

Floss Dynes, CNM Outpatients



### Karen Smale, Ward Receptionist, Surgical

Karen helps co-ordinate visits to Radiology by surgical ward patients, often checking how they will be travelling and ensuring they will be available when the orderly comes to the ward. This avoids multiple trips to the ward for orderlies.

Karen is always happy to answer queries or find out the answer for Radiology staff, thus eliminating phone calls to the nursing stations – enabling the nurses to continue their work.

These tasks are not part of Karen's role, but it makes the whole process of transporting patients to Radiology seamless and efficient. Thanks Karen

Brenda Braddick, Clinical Leader Radiology



## Extra Mile Award

Do you know someone who has gone the extra mile? Email [nhoskins@scdhb.health.nz](mailto:nhoskins@scdhb.health.nz)

# COVID-19 VACCINATION

The COVID-19 Immunisation Programme is underway.

## Key messages for Healthcare Workers

- The first COVID-19 vaccines have been delivered to the MIQ facility and border workforce by Auckland DHB, Lakes DHB, and Capital and Coast DHB, with Canterbury DHB and Waikato DHB coming onboard this week.
- South Canterbury DHB will begin vaccination of border workers from 1 March followed by their household contacts.
- Frontline workforces including health and aged residential care workers will be in the next group to be offered the vaccine.

## Key messages for Public

- COVID-19 vaccinations are publicly funded for everyone in New Zealand regardless of immigration or citizenship status.
- The vaccine is suitable for use in New Zealand for people 16 years of age and over. Vaccine use for people under 16 may be reconsidered when more clinical data is available.
- The vaccine is being rolled out to those most at risk first, such as those who work at our borders. Vaccinations are expected to be available for the general public in the second half of the year.

## Where to find information

The COVID-19 vaccination landscape has developed at immense speed. Here's a wee summary on where to find more detailed information.

### For Healthcare Workers



The Immunisation Advisory Centre are responsible for training qualified/ authorised and provisional vaccinators through a COVID-19 specific education course.

Find out more about the Provisional Vaccinator Foundation Course on their website:

[www.immune.org.nz/covid-19-vaccinator-information](http://www.immune.org.nz/covid-19-vaccinator-information)



The Ministry of Health are responsible for the COVID-19 Immunisation Programme.

Sign up to the COVID-19 Vaccine and Immunisation Programme Update at the Ministry of Health website:

[www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-updates-health-sector](http://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-vaccines/covid-19-vaccine-updates-health-sector)

Āwhina

Supporting and informing health workers



The Āwhina app has been specifically designed for frontline healthcare workers.

The app is a simple way to find the latest information on cases, vaccine updates and clinical information for the health sector.

Download free on your phone or tablet from the App Store (Apple users) or Google Play (Android).

### For Public



The Immunisation Advisory Centre routinely provide information for healthcare professionals and consumers on immunisation, disease and vaccines.

They are leading the public information for the COVID-19 Vaccine and already have a Frequently Asked Questions section on their website for the public.

[www.immune.org.nz/covid-19-vaccines](http://www.immune.org.nz/covid-19-vaccines)



The All of Government group have information regarding the Vaccine Strategy, vaccine safety and efficacy, and consumer information regarding getting a COVID-19 vaccine.

[www.covid19.govt.nz/health-andwellbeing/covid-19-vaccines/](http://www.covid19.govt.nz/health-andwellbeing/covid-19-vaccines/)



Unite against COVID-19

# Balancing rights, safety and others

“Every consumer has the right to have one or more support persons of his or her choice present, except where safety may be compromised or another consumer’s rights may be unreasonably infringed.”

Right 8 Health and Disability Code of Rights.

## The South Canterbury DHB Visitor and Support Person’s Policy has been updated.

The new policy looks to empower staff to enact the policy by adding clarity around terminology, settings and service specific exemptions. It supports consumers to think about why they are visiting and whether it is appropriate to visit, before they visit.

### Support Person

A support person is someone who is nominated by the patient to be present.

- **In the inpatient setting** (where someone stays overnight), a support person/s may be present between 8am-8pm, except where safety may be compromised or another consumer’s rights may be unreasonably infringed.
- **In the outpatient setting** (where you come in for an appointment or Emergency Department), a support person may be present anytime, except where safety may be compromised or another consumer’s rights may be unreasonably infringed.
- **Special instructions:** The Emergency Department and Oncology and Medical Day Unit are limited to one support person per patient due to space constraints, safety around infection risk and chemotherapy administration. Jean Todd Maternity is available for one support person at anytime.

### Visitor

A person who attends the South Canterbury DHB sites for the purpose of visiting a patient who is staying overnight.

- **In the inpatient setting** (where someone stays overnight), a maximum of two visitors at a time are welcome between 2pm - 8pm except where safety may be compromised or another consumer’s rights may be unreasonably infringed.
- **Parents/guardians of children** are not considered to be visitors and have access to their children at any time. Provision for them to be admitted as “boarders” with their children will be arranged as appropriate.
- **Special instructions:** Jean Todd Maternity is available for two or more visitors during the hours of 2pm-8pm.

## COVID-19 VISITOR POLICY

Please note that we have a COVID-19 Visitor Policy which comes into play as we move up alert levels.

Did you know you can use the Speaking Up for Safety framework to raise concerns with consumers about their visiting behaviour?

### C CHECKS

**You** – Can I just check you’re here at the right time?  
**Them** – What do you mean?

### O OPTIONS

**You** – I’m concerned that you might be here outside of visiting hours. We have strict rules about visiting hours to protect our vulnerable patients by reducing infection control risk and ensuring they have time to rest and recover. Can I suggest you wait in the cafe or come back during visiting hours between 2pm and 8pm? Or could I help set your Dad up with a phone / technology so you can talk with them?  
**Them** – My dad wants us all here now so we are all staying.

### D DEMANDS

**You** – I can see how much you all care for your father, he is lucky to have you. He is allowed one support person between the hours of 8am-8pm. I am still concerned though that a group of you increases infection risk, and infringes on the rights of your father and other patients in his room to rest and recover. What could we do to remove the risk and allow the patients rest, while making sure your father knows you care?  
**Them** – We have come all the way from CHCH we are going to stay with Dad now.

### E DEMANDS

**You** (forecasting) – Your father is clearly very important to you. I am still concerned that we are operating outside of our policy. If you insist on staying I am going to need to get my manager to talk with you.  
 Are you sure one of you can’t stay while the rest of you catch-up in the whānau room or cafe?



I’VE GOT YOUR BACK

# Ultra sound training weekend

SCDHB was the first DHB to invite UIE into their hospital to hold an ultra sound training weekend.

We had 10 House Officers and 14 Senior Consultants across all specialities, plus 24 volunteers. A big thank you to the volunteers as we couldn't have done it without them (mostly hospital staff).

Lastly, a big thanks to Michelle Muir from UIE who helped me coordinate the event.

**Penny Barlow, Resident Medical Officer (RMO) Manager**

Good mix of skills and opportunity to learn and teach each other

Great course, really good day



A group watching/participating in an ultra sound on a volunteer.

Great opportunity doing training with Senior Consultants, get to hear a lot of different experiences

Really nice to be mixing with colleagues and learning from others more experienced



Ellen Woodcock (Echocardiographer), Wendy Finnie (Echocardiographer) and Janet Pribble (ED Waitemata DHB).

# Patient escalation pathway launched in Medical, Surgical and ATR

**Kōrero Mai – Speak to me** is a protocol which allows patients, family and whānau to raise concerns to identify patient deterioration before it's too late.

South Canterbury DHB completed a pilot in Medical, ATR and Surgical wards in November and launched the new process on 1 February.

The Kōrero Mai protocol is designed to mimic the natural process for managing patient, family and whānau concern. The protocol ensures that every patient, every time, has a consistent response for acute deterioration and that you have clarity as to what is expected of you and those around you.

Look out for the new posters, fact sheets, and brochures at each of the wards or watch this video to find out more about the programme from Clinical Director Peter Doran

<https://vimeo.com/502790029>





## Learning Hub

*Inspiring Meaningful Learning*

*Ka whakamanawatia te akoraka whai tikaka*

# Leading the way for Enrolled Nurses

This Ara cohort of EN graduates have completed an 18 month Course and have come out with a Diploma in Enrolled Nursing.

We employed all of the four from this first cohort, however one has recently left to further her training as an Anaesthetic Technician. We have been proud to welcome these EN graduates on the newly established Enrolled Nurse Support in to Practice Programme (ENSIPP).

In this programme they attend 10 study days to help support their ongoing professional development. Enrolled Nurses on our ENSIPP programme attend many of the study days with our Registered Nurse (RN) graduates which allows the RNs to further understand the EN role and gives the opportunity to learn alongside each other.



### **Karen Carlaw, Outpatient Department, SCDHB**

#### **Why did you become an EN?**

I worked in the hospital booking office. The way the programme was offered suited my lifestyle because we didn't have to leave the region. We had block courses in Christchurch and the rest of it was done online so it wasn't a big upheaval. It was perfect timing. There is a lot of pressure as we are the flagship group coming through. We've got to make this work and show our worth and our value so people will employ other graduating Enrolled Nurses.

#### **What do you like best about your role?**

We see a lot of post-surgical people and acute injuries. So they might come through ED and then follow-up with us for plaster check, plaster removal, wound check, stitches out.

It is very fast-paced and can change in a heartbeat as clinics can be pulled or increased. My role predominantly is in an orthopaedic clinic. I work alongside the registrar. We prep the clinic before they arrive so we have an idea of who is coming in and for what. My role is to make sure that the right patient gets to the right registrar or specialists and the right procedure is carried out.

I have a real passion for orthopaedic and I've been exposed to many casting techniques, types and changes. So I'm really keen on the wound care and plaster side of it.

### **Katie Ackroyd, Four Peak Health**

#### **Why did you become an EN?**

I was an HCA at a dementia ward in Geraldine, predominantly doing night shift because I have two young kids. I was driven by my curiosity, I wanted more, wanted to know more about what I was doing. I couldn't dedicate the three years study for becoming a Registered Nurse with my kids, the ages they are, so this gave me a step in the field without putting too much pressure on the family as well.

#### **What do you like best about your role?**

I love being more involved. I'm still working under the RNs direction but I've got my own scope of practice that allows me to investigate things if I need to. In a smaller community like Geraldine you do see a diverse population and you can help people who aren't as well off. You can help in a holistic way, helping the whole person.

You can step into areas that people didn't even realise they were struggling with. We have time for things that the RNs don't have time for, so we really come into our own with things like health education about diabetes or weight or kids having trouble at school. We can actually spend time with them and help them into different areas. You build the rapport with people, they trust you with their health and they come back to see you. It's a big responsibility. You do feel like you are helping the community enormously.

### **Nicola Baltrop, Practice Nurse at Waimate Medical Center**

#### **Why did you become an Enrolled Nurse?**

I used to work in a health food shop and came back to Waimate because my parents are there and worked as a care giver at Lister Home. My boss was an EN and she said Nicola, come here, you need to be an EN. So I'm at that time in my life when I wanted to do it before retiring and I thought why not, lots of variety, good stimulation, make some good friends.

#### **What do you like best about your role?**

I love talking with people. We get lots of new people into the practice and I like hearing their stories. I like the practice work rather than working on the ward because you get to look after a whole family and throughout their ages. Also I really like walk-ins and managing that moment.

#### **Where to next?**

ENs haven't been around for such a long time, so people are adjusting to us coming back in. We are still defining what my role is in the practice, but I am very well supported and I work under the direction and delegation of the registered nurse. There are a lot of things that I can't do yet, but there are lots of courses I can do like my immunisation training.

# REMINDER

## Temporary Move

The Learning Hub, including staff offices, library, simulation and meeting rooms have shifted to Level Four of the Gardens Block at the Timaru Hospital.



# KNOW YOUR IV LINES

- READY**  
with chlorhexidine + alcohol and let dry.
- REVIEW**  
for phlebitis and document.
- REMOVE**  
as soon as not needed.

Our six month audit to check how our implementation of Know Your IV Lines is approaching very fast. This will happen early March. By that time, we are hoping that the education and resources provided have made an impact on the way we manage Peripheral IV Lines, to have better outcomes for our patients, and reduce IV associated infections.

During the six month repeat audit, the outputs we are hoping to achieve are:

- The proportion of patients with a PIVC (Peripheral IV Cannula) for no clear ongoing reason is <10%
- The proportion of patients with a PIVC that is unused for >24hrs is <15%
- The improved documentation of phlebitis score monitoring by nursing staff to >90%
- Improved patient experience as a result of education where the patients and whānau would speak up if their cannula has not been used in the past 24hours >70% of patients willing to answer this
- Reduce PIVC associated SAB's by 75% in the first year
- Improvement in the practice and care of PIVC such as improvement in aseptic technique.

So with that, continue to provide the wonderful care you are giving our patients at SCHDB by considering the following:

## READY

Be ready to insert the IV cannula by getting all your equipment ready, using aseptic technique when inserting, and choose the best location and IV gauge size appropriate for the patient. Record IV insertion in Patient Track. Give the patient a Know Your IV Lines Brochure.

If you haven't done the Health Learn Course on Know Your IV Lines, it really is worth doing. It takes less than 15 minutes and highlights the strategies of good care for IV lines. See code: RGIC006

## REVIEW

Each shift review the VIP (Visual Infusion Phlebitis) score and record in Patient Track, as well as flush the IV line. Consider if the PIVC is still required.

## REMOVE

The PIVC as soon as it's no longer needed or if there is any pain, or signs of phlebitis as appropriate.

Thank you for your interest and participation in this important area of care for our patients. Keep an eye out for more information about Know Your IV Lines.

**Angie Foster, Infection Prevention and Control**  
afoster@scdhb.health.nz

# Lippincott Procedures NZ Instance

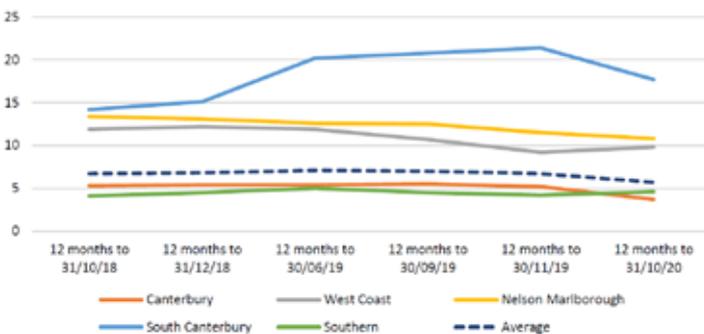
In 2018 the South Island DHBs collectively purchased a licence for Lippincott Nursing Procedures; an online comprehensive database of evidence-based procedures.

Procedures are updated regularly with the most recent clinical evidence to support delivery of nursing care. The data below shows our whole of system in South Canterbury usage (including primary care). The usage of Lippincott in South Canterbury is the highest in the South Island, and the data indicates we are progressively improving our "hit" rate over time.

Average number of Lippincott "hits" per nurse\* by SI DHB for 12 months to 31 October 2020

	DHB data	Number of nurses (headcount)	Average hits per nurse
Canterbury DHB	14115	3810	3.7
West Coast DHB	3222	329	9.8
Nelson Marlborough DHB	9270	856	10.8
South Canterbury DHB	5701	321	17.7
Southern DHB	8855	1931	4.6
<b>South Island</b>	<b>41163</b>	<b>7247</b>	<b>5.7</b>

Average number of Lippincott "hits" per nurse\* by SI DHB for 1 November 2019 to 31 October 2020



\*May be affected by fluctuations in nursing numbers

Data Source: DHB Lippincott monthly usage data. Nursing numbers for quarter ending 30/6/20

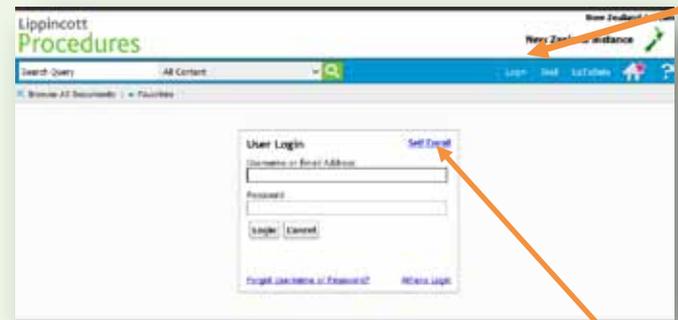
For those working within the DHB, Lippincott is available on iHub, or direct link from desktop.

**Anna Wheeler**  
Associate Director Nursing and Midwifery

## To access Lippincott on your device or computer

### Computer

1. Open Lippincott on a SCDHB computer, click on "login", then "self enrol"



2. Fill in the form and choose your username and password



### Device

Go to the Apple or Google app store, download the app and fill in your username and password

### To access from home computer after you have created an account

Google "Lippincott Procedures External Login" on your PC or laptop, enter username and password



## Waitangi Whānau Fun Day

# SMOKEFREE TEAM

The SCDHB Smokefree team recently attended the Waitangi Whānau Fun Day held at the Te Aitarakihi Marae in Timaru.

We shared our site with Arowhenua Whānau Services and Angela Bennison had her SUDI site next door too. Smokefree promoted the Smoking In Cars legislation change which comes into effect in November this year. People were friendly and keen for a chat, many proudly telling their “quitting stories”, while some were still on their journey to being smoke free and some still contemplating starting the journey. It is important that we do these community promotions to raise our profile and provide information to our community.

Smokers are usually aware of the health implications and sometimes it’s all about timing, seeing information or talking to someone about their smoking maybe enough to start them on the quitting journey.

We also provided colouring activities and a competition for children to enter which was popular.

There was a lot of interest in Vaping and our message is “if you don’t smoke, don’t vape” but vaping is a recommended cessation tool for people wishing to quit cigarettes.

It was a fun entertaining event (with great food) and we plan to have a site at Children’s Day on the 7th March too.



Trish Dovestone

# Safe Sleeping

I attended the Waitangi Day celebrations along with the Smokefree team to promote safe sleep which includes being smoke free during and after pregnancy.

On display were the safe sleep devices DHB provides for those who intend to co-sleep after birth. I gave away lots of information booklets on smoking during pregnancy and the Safe Sleep for P.E.P.E. message:

## Place

Place baby in their own bed in the same room as their parent or caregiver

## Eliminate

Smoking in pregnancy and protect baby with a smokefree whānau, whare and waka.

## Position

Baby flat on their back to sleep face clear of bedding

## Encourage and support

breastfeeding and gentle handling of baby.

## Where to from here?

I am happy to attend appropriate community events to promote P.E.P.E.

Angela Bennison RN, VIP Coordinator



## Security for Safety

Security and safety are a critical part of good healthcare provision. Crimes against the South Canterbury District Health Board (SCDHB) divert resources from their proper use and can have far-reaching effects on the ability of the DHB to meet the needs of the public.

There are many types of crime that could affect our place of work, including:

- violence
- criminal damage
- theft

Concern about violence and aggression towards our staff has grown over recent months and a lot of good work is underway to better understand our local needs and work at a national level to see best practice controls introduced across all DHBs.

Whilst we can now celebrate the phased implementation of a physical security presence [guard], this is just one element of numerous strategies and principles aimed to extend and strengthen our resilience being rolled out over the year.

We will be introducing a security strategy to identify security related problems and implement effective solutions to ensure that arrangements exist within the SCDHB for the protection of staff, patients and visitors, their

personal property and DHB property so that it can provide high quality healthcare to the people of South Canterbury.

The SCDHB will work to improve security and prevent / deter crime against its employees, patients, services and assets effectively and efficiently by ensuring a security culture is embraced by all. This will include managing information and intelligence in every part of the organisation and sharing it with relevant bodies so that, wherever possible, crime is reduced.

The SCDHB will continue to improve security awareness and anti-crime provision to safeguard the organisation and the services it provides. In order to ensure this continuous improvement, the SCDHB has four strategic aims.



### SCDHB Strategic Aims

1. Establishing robust security governance to provide leadership for all local security and anti-crime work within the organisation by applying an approach that is strategic, coordinated, intelligence-led and evidence based, supported by the Directors of Corporate Services, and Organisational Capability & Safety, and the SCDHB's chief security officer / chief information security officer.
2. Establishing a safe and secure environment, where physical security has systems and policies in place to protect SCDHB staff from violence, harassment and abuse; safeguard SCDHB property and assets from theft and misappropriation or criminal damage.
3. Establishing an information security culture, by implementing measures that match the information's value, sensitivity and protective marking.
4. Ensuring that access to information and assets is only given to suitable people through a risk-based approach to personnel security.

## So, what is our vision?

SCDHB will create safer places of work by:

**Detering** those who may be minded to breach security – using publicity to raise awareness of what the consequences of their intended actions could be.

**Preventing** security incidents or breaches from occurring, wherever possible, or minimising the risk of them occurring by conducting risk assessments, learning from operational experience about previous incidents, using technology wisely and sharing best practice.

**Detecting** security incidents or breaches and ensuring these are reported in a simple, consistent manner so that trends and risks can be analysed, allowing this data to properly inform the development of preventative measures or the revision of policies and procedures.

**Investigating** security incidents or breaches in a fair, objective and professional manner, to ensure the causes of such incidents or breaches are fully examined and fed into prevention work to minimise the risk of them occurring again and those responsible for such incidents are held to account for their actions.

As we take these positive steps towards creating an even safer and healthier workplace, this is a really exciting time for the SCDHB. If you would like to learn more about what is being planned, then please do give me a call.

**Pete Moore**

Health, Safety and Wellbeing  
Manager

027 447 8727

## Safety tips for working night shift

For those working late or on night shift, here are some simple tips to help keep you safe.

### 1. Use the recommended hospital parking spaces

There is dedicated parking for night shift workers located on the South side of the hospital (by Medical Records building).

These parks have improved lighting, video surveillance and swipe card access for added security.

### 2. Stick to well-lit areas

Park in well lit areas as close as possible to where you are working. Lighting should be adequate enough to see through your car at night.

### 3. Walk in pairs

If possible, walk in pairs or as a group. Ask an Orderly or Security staff to walk you to your car. Please note: Escorting

staff to cars can be supported, however, staff should consider coordinated movements (e.g., waiting to go together) and the location of where they are parking, for it to be manageable.

### 4. Reverse your car into the parking space

This allows you to face the direction in which you will leave, and also reduces the risks involved in reversing at night.

### 5. Have your keys ready before heading to your car

This includes house keys, so that when you arrive at your destination you'll be able to open the door straight away without fumbling through your bag.

### 6. Avoid wearing headphones or texting

When walking avoid texting or listening to music so that you can stay alert to your surroundings.

### 7. Keep valuables out of sight

Don't leave valuables in your car or on display, as these are an easy target.

### 8. Trust your instincts

If in doubt or you don't feel safe, talk to your manager or security.

### 9. Let someone know you are on your way home

### 10. Are you tired?

Check how you are feeling before driving home. Have a power nap before leaving work, or pull over in a safe location and take a break if you're feeling fatigued.

## Helicopter Safety Awareness Training

This month we teamed up with Garden City Helicopters (GCH) and Duty Nurse Manager Anne Greaney to deliver Helicopter Safety Awareness Training for key staff involved with working in and around the heliport.

It was a great turn out with thirty staff attending from across Maintenance, DNMs, Orderlies, Health & Safety, Midwives and St Johns. The training, which follows the opening of our new heliport and updated procedures covered topics like Foreign Object Debris (FOD), risks associated with helicopters and speaking up for safety.

The training highlighted that a successful transfer pro-cess depends on understanding both aviation safety and patient management requirements, working together with our helicopter providers, and ensuring that our procedures for receiving aircraft and treating patients on arrival are safe and efficient.



## Fire Safety

Hi everyone and welcome to the Fire Safety update.

**This month I encourage everyone to revise:**

- What type of fire evacuation you have in your work area, (staged or total evacuation)?
- Where is the nearest manual call point in your work area?
- Where is the emergency assembly point for your work area?
- Who are the fire wardens in your area, and what do you do if the fire warden was not available when the alarms were activated?

The Fire Evacuation Plan and Procedures is being up-dated at present. If you would like to contribute to updating this document, please contact me on:

kfoster@scdhb.health.nz

**Karen Foster**, Fire Safety Coordinator

## COVID-19 Be kind

With the recent changes in alert levels and new community cases, this can be an unsettling and anxious time for some of us.

### It's all right not to be all right.

COVID-19 has had a significant impact on how we interact with others, our work, study and many other aspects of our daily lives. Everyone reacts differently to difficult events, and some may find this time more challenging than others. There is a range of mental health and wellbeing resources available online, and also on iHub (Knowledge Base > COVID-19). For practical tips on looking after yourself and your whānau, head to:

[www.allright.org.nz](http://www.allright.org.nz)

[www.health.govt.nz/covid-19-mental-wellbeing](http://www.health.govt.nz/covid-19-mental-wellbeing)

[www.wellbeingssessions.nz](http://www.wellbeingssessions.nz)

[Sparklers.org.nz/parenting](http://Sparklers.org.nz/parenting)



**If you're worried about how someone else is feeling, it's okay to talk about it.** The best way to start is to ask them if they're all right. Just being there and staying connected can be a big help.



### We value your feedback.

If you have any ideas or suggestions on what you would like to see in the next newsletter, please email Teresa: [tcaptein@scdhb.health.nz](mailto:tcaptein@scdhb.health.nz)

## Health & Safety Representatives



This month's Health and Safety Rep...

### Meet Bernie from Orderly Services

**Name:** Bernie Westerby

**Department:** Orderlies

**Role:** Health & Safety Rep



### How long have you been with SCDHB?

I first started working as an Orderly in 2016. My background is in aged care. Prior to this I worked as a caregiver for over 20 years, I still help out occasionally on my days off. Working for SCDHB is very much in the family. Both my sisters worked here for many years in the kitchen and as a cook and my daughter currently works in the kitchen... I was even born here when it was the old Jean Todd Building. Not that long ago of course :)

### What do you enjoy most about your job?

Being Timaru born and bred, I love the people. Being in a hospital environment can sometimes be an anxious and stressful place for people, it's the small things like helping out if they look lost or smiling and saying good morning that can make someone's day. I also enjoy that no two days are ever the same in this role, and we also do a lot of walking. One time I managed to clock over 23,000 steps in one day!

### What do you enjoy most about being a Health & Safety Rep?

I recently became a Health and Safety Rep last year in October. I like that I can be a voice for my team and raise any safety concerns in our monthly Committee meetings. I also enjoy learning. As part of the training for this role I completed a two day Health and Safety Rep course which involved delivering a presentation, I learnt a lot around hazard management and how to interpret safety data sheets, the whole course was quite interesting.

### What does your role as an Orderly involve?

As an Orderly we are very much hands on. In our role we do a bit of everything from patient transfers to milk and mail runs, taking patients to theatre, safety watch and assisting at the mortuary. A big part of my job is also washing the DHB cars. On an average day I wash around 14-18 cars.

Thanks Bernie, you're the reason our staff cars are always so sparkly clean. Thank you!

# Snapshot of Safety Updates



## New Security on Site

Starting 5th February for an initial fixed-term period, SCDHB is supporting the introduction of a security guard working 12-hour duties, Friday to Sunday night from 19.30-07.30. This is an exciting opportunity for us to build an effective working relationship with a local provider and develop the function. The security guard will support all teams throughout the hospital, regularly patrolling within the building and also the grounds. The guard will be able to bring additional support to duress incidents and look to raise everyone's awareness about security.



## Car Parking

Day staff are reminded not to park in the car parks located by the Medical Records building after 2:30pm. This ensures that these parks are available for night shift staff to use.



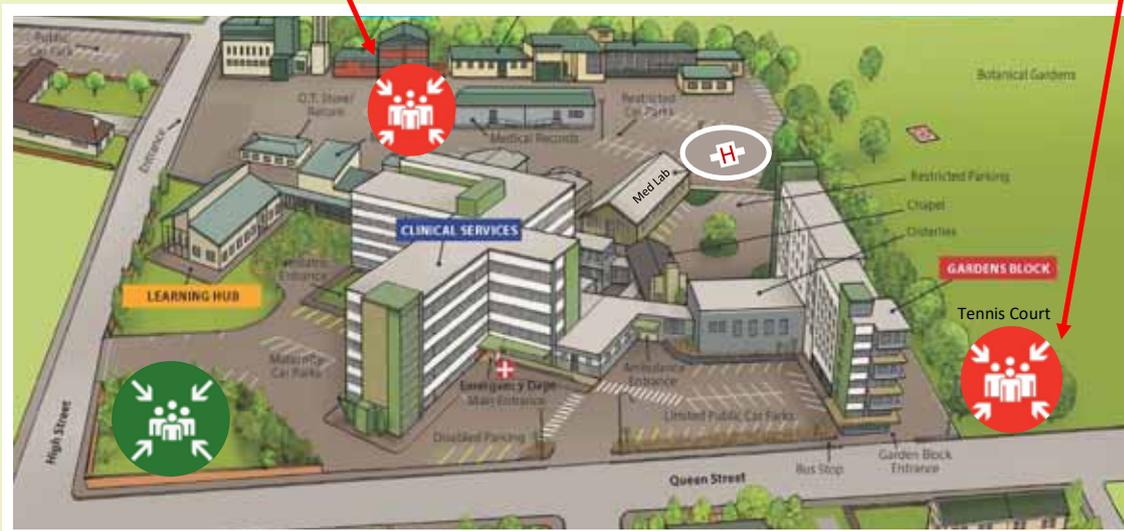
## CCTV Cameras

A friendly reminder not to place posters or items over glass doors, windows or areas that may obstruct the view of CCTV cameras.

# New Evacuation Assembly Points

As of 1st February 2021, changes came into effect for our new evacuation assembly points. Signage is now up marking the new assembly locations for Gardens Block and the back carpark (see below). All other assembly areas remain the same.

**Please re-familiarise yourself with your nearest assembly point.**



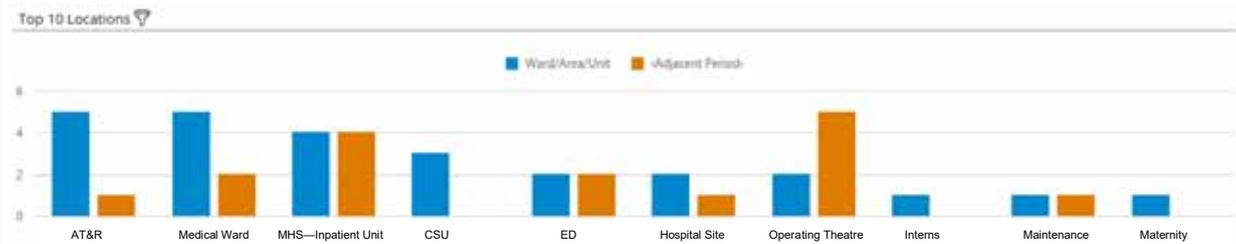
## Safety1st – This month’s stats

Data from Safety1st 15/01/21 – 15/02/21

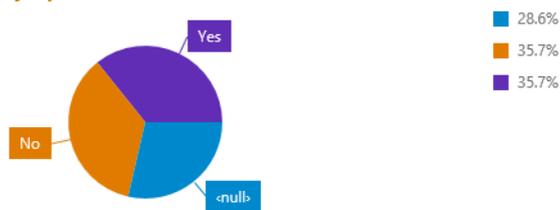
### Top 10 specific event types



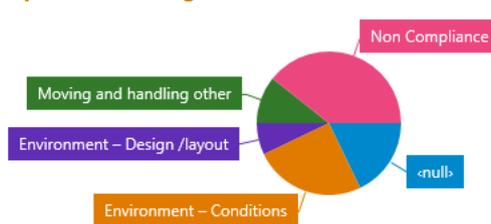
### Top 10 locations



### Injury incurred?



### Top 5 contributing factors



## The Dirty Dozen

Health professionals are all human and none of us are infallible; error is unavoidable. Training and experience alone will not stop us from making mistakes.

The Human Factors 'Dirty Dozen' is a concept developed by Gordon DuPont. He described elements that can act as precursors to accidents or incidents, or influence people to make mistakes. They are:

- |                       |                       |
|-----------------------|-----------------------|
| Lack of Communication | Stress                |
| Distraction           | Lack of Resources     |
| Complacency           | Fatigue               |
| Lack of Awareness     | Pressure              |
| Lack of knowledge     | Lack of assertiveness |
| Lack of Teamwork      | Norms                 |

Think of a time you may have been affected by any of the human factors above. What was the outcome?

By thinking about potential issues ahead of time, you can help identify risks or 'hot spots' in your area of work. By taking notice, understanding, reporting and planning ahead, we can help to avoid or mitigate errors.

Sourced from the Clinical Excellence Commission, NSW



## National bowel screening (NBSP) UPDATE



National Bowel Screening Programme

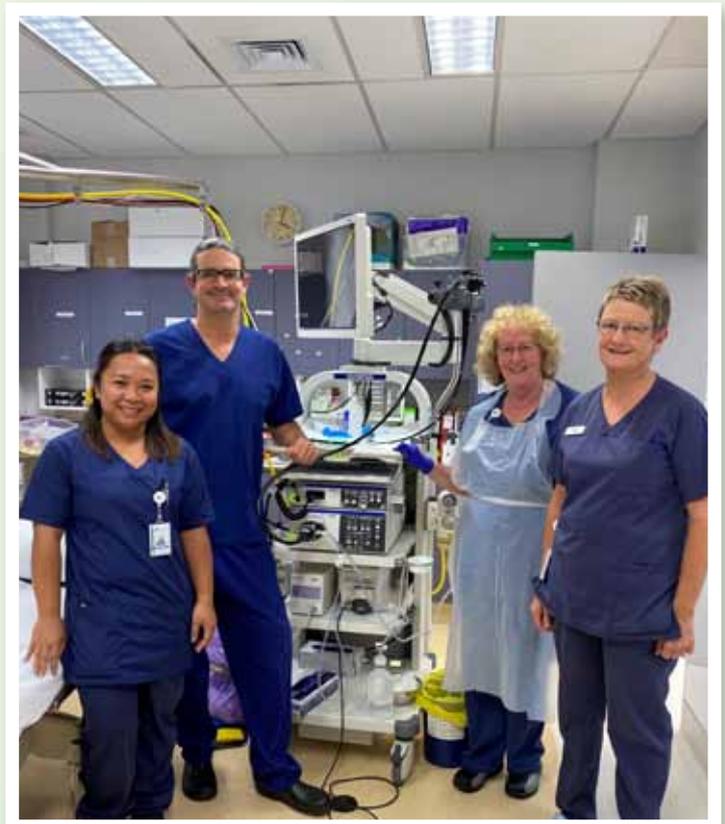
### South Canterbury DHB NBSP Snapshot, 15 February 2021

- **Test Kits sent out: 2,077**  
247 priority population/1,830 other
- **229 Test Kits returned:**
  - 731 normal results  
(69 priority population/662 other)
  - 38 positive results  
(6 priority population/32 other)

(Our priority population is Māori, Pacific and high deprivation groups).

### NBSP colonoscopies and CTC completed

- **Colonoscopies – 18 completed**
- **CTC – 4**
- **In 17 out of 18 colonoscopies polyps have been found and removed.**



### Temuka and Geraldine A&P Show

The local Bowel Screening team will be at the Temuka and Geraldine A&P show on Saturday 6 March 2021, to continue raising public awareness about the National Bowel Screening Programme.

**Pop in and chat to the team!!**

### Contact

Karen Berry, NBSP Communications & Media Coordinator  
021 139 7442

## Main Reception

Person (anonymous) came to ED when it was very busy and found staff "amazing" and the receptionist "positive" and "efficient". "Staff are calm, efficient and great to deal with."

## Medical

Dropped in 12 packets of chocolate biscuits in appreciation for the nurses – card said they have the heart of an angel.

Patient impressed with standard of care in medical ward – mentions many staff, including nurses, doctors, receptionist, cleaners and tea-makers.

"Above and beyond to rehabilitate me both physically and mentally."

"Top class treatment from a great bunch of professionals."

"Grateful for the kindness and consideration given while I was a patient."

"Nursing staff are all so thoughtful and caring."

"Dr and his team are so dedicated, an asset to Timaru Hospital."

## District Nursing

Letter of thanks received from family of late patient, in appreciation of hospital, district nursing and CNS GI and Colorectal.

"Thank you for the sterling service provided over past 4 months which included during lockdown."

## Emergency Department

Patient very happy with the care she received from all staff in ED on her recent presentation.

"ED staff were wonderful and it was a real credit to SCDHB, the staff were very professional and knowledgeable."

A special thank you to the ED nurses for their care of a patient over the past few months.



## Maternity

Patient very happy with care received when she gave birth to twins in JT – complimenting staff in JT and paedics ward for their care of herself and her babies.

## MRI

Service received at TPH and MRI very "warm and welcoming" and a very "professional environment".

## Intensive Care Unit

"Experiencing such a high level of care made what could have been a fearful experience much more pleasant."

## AT&R

"Thanking all of the staff for their wonderful care. All staff are an amazing bunch of people."

"To everyone on the AT&R ward at Timaru Hospital. Thank you all for your kind nursing and support while I was "staying" in the ward these last few weeks. I appreciate your care and please pass on my thanks to your teams."

"To all the kind nurses and staff in ATR. Thank you so much for helping me in my recovery over the past month."

"To the nursing team in AT&R, thank you for taking care of me whilst I was recovering from my knee reconstruction and broken leg."

Highlighting fantastic experience with ATR staff especially the nurse, receptionist and doctor and care of both patient and family, being welcoming and calming.

## Dental Department

"Dr and nurse/assistant are absolutely amazing and both a 'genuine asset to the hospital'. Congratulations on a job well done!"