

*Our Values: Integrity | Collaboration | Accountability | Respect | Excellence*

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## SC Health Awards evening

Oh what a night! A sell out crowd of over 400 healthcare workers from across South Canterbury came together on 13 May at the Caroline Bay Hall to celebrate the inaugural South Canterbury Health Awards 2017.



# congratulations!

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## from the CEO

**He aha te mea nui o te ao**

*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.*

### Celebrating success

The South Canterbury Gala Health Awards was a wonderful opportunity for us to recognise the dedication, hard work and commitment of individuals in our healthcare sector. I would personally like to thank Lisa Blackler, Director Patients, Nursing and Midwifery for the foresight and enthusiasm to instigate the awards and Anna Wheeler, Barbara Gilchrist and the committee for bringing the Gala to life.

### Power of observation

In his speech at the event Sir Ray Avery spoke of the power of observation and how in the health sector we need to be patient centric, not just processing people like a product.

Reading through the nominations for the awards it was clear to see that in our health sector 'patient centric' is more than just a catch phrase. From sparking innovation such as Andy Wylie's sound baffle, to driving efficiency such as the single point of entry for mental health and addiction services, it is clear that we are a community that cares.

And being patient centric isn't just for those who work face-to-face with patients. Let's not underestimate the work done behind the scene to ensure positive patient experiences. All DHB staff, no matter what role they undertake, ultimately have an impact on patient care.

### Thank you Talbot Park

An exemplar of patient centric care has been provided by the staff at Talbot Park. It was over a year ago now that the decision was made to close Talbot Park and in mid-May we closed hospital level care. In spite of their own personal circumstances the staff demonstrated considerable professionalism and I would like to deeply thank them for this support and wish them all the best for their future endeavours.

### Have a plan

Sir Avery also mentioned the importance of a 10 year plan, something which resonated with me as we enter the final stages of preparing our Annual Plan. In the coming financial year we will be challenged. To date we have always managed to stay in the black. We will need to take a step back from our day to day and adapt to what the future is set to bring so we can continue to provide outstanding local care today, tomorrow and into the future.



**Nigel Trainor**  
CHIEF EXECUTIVE  
ntrainor@scdhb.health.nz



## well done all nominees!

### Extra Mile Award

Adventure Development  
Aimee Colville  
Alan Cummins  
Annette Beautrais  
Barbara Christie  
Brad Hale  
Brenda Morton  
Carina Gallagher  
Carleen Craw-Thomson  
Claire Baxter  
Collette Stone  
Day Patient Department Oncology Nurses  
Dee St Medical Centre  
Diane Nutsford

Donna Conroy  
Fiona Hickson  
Gill Graham  
Glen Van Booma  
Joi Taylor  
Julian Waller  
Lyndsey Hurbert  
Margaret Brown  
Maria Parish  
Megan Muff  
Meron Bowman  
Michelle Hill  
Outpatient Appointment Office and Secretaries

Pam Pullar  
Pauline Hole & Katie Forman  
Phil Winter  
Rachel Mills  
Raewyn Mehrtens  
Renee Chapman  
Richard Whitticase  
Sally Johnston  
Sonya Veale  
Tania Kelly  
Tania Maguigan  
Trish Holland

### Integration Award

Annette Beautrais  
Dave Moore  
Mental Health & Addiction Services  
Supporting Parents Healthy Children Project  
Physiotherapy Primary Intervention Group

Sarah Taylor  
Sharon Peck  
General Surgery Colorectal ERAS Group  
MRI Service  
Stan Smith

Christine Horne  
NZ Police  
Karen Kennedy  
AT&R MDT

### Business Culture Award

Staff Development Unit  
Michael Parker - Presbyterian Support SC  
Wallingford Resthome

Gill Graham  
Sanfords  
Barbara Christie

Intravenous & Related Therapy Committee  
Chris Eccleston

### Making a Difference Award

Donald McDonald  
Dr Conrad Dobrowolski & Liz Corry  
District Nursing Team  
Donna Power  
Timaru South School  
Kaye Donaldson  
Lilly Helm

Sonya Veale  
Orderlies  
Maternal Mental Wellbeing Project  
TACT Team  
WAVE  
Workwell  
St Joseph's School

Dr. Robyn Carey  
Dr. Stan Smith  
Physiotherapy Primary Intervention Group  
Lisa Blackler  
Leteisha Roberts  
Diane Nutsford  
Community Mental Health Team

### Applied Technology Award

Sonya Veale  
Andy Wylie

Ruth Lockley  
Arowhenua Whanau Services

IT Department - SCDHB

### Returning the Learning Award

Ally Hale  
Annette Beautrais  
Annette Farr  
Claire Baxter  
Donna Schrader  
Karen Tollen

Medical Ward Physicians and Ward Staff  
Timaru Hospital Paediatric Ward  
Kaye Cameron  
Nellie Werkmeister  
Peter Doran  
Sally Johnston

Tracey Worthington  
Elizabeth Street Medical Centre  
Fiona Hickson  
Mark Page  
Phil Winter

### Efficiency Award

Gayle Borman and Abbey Johnston  
Mental Health & Addiction Services  
Karen Smale  
Kaye Cameron

Phillippa McGregor  
Melissa Goldie-Anderson and Team at Temuka Pharmacy  
Tonia Ryan

Dr. Stan Smith & AT&R Team  
Wood Street Surgery  
TACT Team

# SC Health Awards 2017

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## And the winner is...

### Chairperson's Award

The Chairperson's Award is one designed to allow us to recognise an extraordinary contribution to our health system taken from all the nominations we received.

**WINNER: Margaret Brown, Friend of the Emergency Department**  
Margaret was nominated for the extra mile award and indeed she has spent many years going the extra mile in our health system. She is one of the longest serving FED volunteers and has become a much-loved member in the emergency department. Margaret always responds to requests and patients with a smile. Nothing is a problem. Despite personal health concerns Margaret rarely misses an

opportunity to give back to the public by assisting patients and staff in the department. Margaret brings in snacks for the nurses, ensuring they feel cared for in the busy department. Margaret has brought pleasure and a sense of family to all staff within the emergency department. Congratulations Margaret for being extraordinary amongst a list of outstanding contributors within our health system.



### Extra Mile Award

This category highlights that person/group/service that goes above and beyond the norm. They can also be known as the star performer; future leader; the up and comer; or just amazing.

**WINNER: Rachel Mills, Charge Nurse Manager - ED**  
Rachel is a future leader in health. She is an outstanding charge nurse manager, always striving for the best in the emergency department. She puts her patients at the centre of all her tasks. The emergency department is an exemplar department across Australasia. Rachel is a key figure in this ongoing result. She is diverse, credible, hardworking, diligent, staff advocate and consistently stand out in this group supporting the wider DHB.

### Integration Award

This category highlights the extraordinary results that can be achieved when individuals, teams and organisations work collaboratively with other parts of our system to improve health systems or health outcomes.

**WINNER: Christine Horne, Volunteer Ambulance Officer**

Christine has been nominated for outstanding community service working with GPs, NZ Police, our schools, rest home staff and the Fire Service in her many roles, all connected with improving health outcomes for our community. Christine is known for willingly responding to ambulance callouts even when not on call, no matter what time of day or night. She is often the first person on the scene and has a real ability to reassure and demonstrate respect for whoever needs her help. Her ability to work well with other teams such as paramedics, rest home staff and doctors means patients are in the best hands to be safely transferred to hospital. Christine has also influenced our youth through the incubator programme in which she is a highly entertaining speaker and in the NZ Police Ryder highlighting the dangers of distracted driving. Students universally give her excellent feedback. Just in case that isn't enough, in her spare time, Christine has been a medic in the Geraldine fire rescue team, a major factor in that team qualifying for the world championships in Europe this year.



### Business Culture Award

This category highlights innovations and activities that improve workplace culture. This may be within a team or across an organisation.

**WINNER: Michael Parker, Presbyterian Support South Canterbury**

In 2009, Michael first heard of the Eden Alternative Philosophy of Care and since then has worked to embed this culture of care in Presbyterian Support South Canterbury. In 2011 representatives from across aged care, catering, gardening, admin staff, management and the board took part in intense and comprehensive training, from which everyone came away with a new perspective on how aged care could look – and with the enthusiasm to implement it. Agendas for meetings changed, job descriptions were rewritten, ideas were aired and implemented and slowly but surely the whole culture of PSSC began to change. Person centered care became a reality, not just an idea. In October 2016 a staff satisfaction survey indicated 95% of staff would recommend working at PSSC to others and that they were satisfied with their employment. This award is in recognition of Michael's insight, foresight and courage.

## Making a Difference Award

This category highlights projects, programmes or ideas that provide benefits to the health of our population; either individually or collectively.

**WINNER: Sonya Veale, Physiotherapist**

Whilst having an extensive workload Sonya is involved in numerous quality projects that make a difference to patient care. She is dynamic and innovative. Recent projects include the 'move more sit less' Calderdale framework initiative where she has been involved in educating and engaging ATR healthcare assistants and rehab assistants to complete simple exercises with rehabilitation patients

with the aim of improving mobility, movement, exercise tolerance and confidence. Both patients and staff have engaged positively with this experience. Sonya's ability to engage in best practice evidence has ensured that health services are dynamic and contemporary. A good example of this is her input into the secondary service bariatric project. Sonya has done a tremendous amount of research and has developed a staff self learning training package, led staff training and shared the learnings with the South Island.



## Applied Technology Award

This award acknowledges that through the use of technology (not limited to IT), efficiencies are gained or outcomes improved.

**WINNER: Andy Wylie, Registered Nurse**

The winner is Andy Wylie for his creative use of multipurpose corrugated blue tubing to make a sound baffle for use with high flow nasal prongs. This results in a significant noise reduction allowing patients to sleep while receiving this therapy.

## Returning the Learning Award

This category highlights individuals whom are undertaking or have completed additional learning, then go on to return the knowledge benefits to the health system.

**WINNER: Peter Doran, Anaesthetist**

Peter is an outstanding leader within the SMO group and wider DHB. He is actively involved in a variety of committees across the DHB. This includes the trauma committee, which is an exemplar across the South Island. He shows pride, commitment and dedication to his role. He is a future leader in health.

## Efficiency Award

This category showcases efficiency within an organisation or system that creates value in terms of time or money.

**WINNER: Wood Street Surgery**

Wood Street Surgery, through a considered workforce strategy employs a clinical associate to undertake tasks under the direction and delegation of the clinical team. This change to their workforce model sees staff working at the top of their scope, and allows additional time to be spent in following up the patients, post-discharge as an example.

### Thank you to our sponsors:

## Certification audit taking place

The certification audit will take place from 23 May to 25 May 2017. Certification is a mandatory requirement from the Ministry of Health.



**CERTIFICATION:** Congratulations to Alysha Bell in ATR for winning the Certification Staff Quiz Competition

The audit is completed to check that we meet the New Zealand Health and Disability Sector Standards i.e. General, Restraint Minimisation and Safe Practice and Infection Control Standards.

A group of auditors and technical experts from the Designated Audit Agency (DAA)

will spend three days on site meeting with patients, family/whānau and staff across the organisation. Invitations for staff to attend meetings will be sent out following approval of the itinerary by the Ministry of Health.

The auditors will use tracer methodology, which means they will follow the journey of selected patients through the organisation to assess and evaluate compliance with selected standards. This process is very patient centred, with the surveyor focusing on the patient journey and our systems of providing safe care and services. Communications will be sent out to areas on a regular basis.

**Kaye Cameron**  
PROJECT FACILITATOR  
kcameron@scdhb.health.nz  
ext. 8362

## Support services update - purchasing

As you will be aware there has been a move towards departments processing their own catalogue orders over the last few months.

A barrier to this in the past has been the lack of consumables on the catalogue. Over the last six months the supply department have added a huge range of consumables and this has given the wider hospital capability to process a lot more products.

*Thank you for your willingness, efforts and proactive approach to ordering as this has enabled the supply department to focus on the quality of our service.*

Over the past six months, feedback has greatly improved in regards to our core ordering and delivery function. I hope it goes without saying, but please get in touch with any feedback (regardless if it is good or an area you believe we could develop), as this will ensure we continue to enhance our service moving forward.

Over the coming months the supply team will be undertaking some added value project work including:

- **Stock Impresting to Wards:** Descriptions, internal product codes and prices to be added to new labels and introduced across the hospital

### Barney Hoskins

SUPPORT SERVICES MANAGER

bhoskins@scdhb.health.nz

ext. 8220

- **Product Harmonisation:** Supply will be working with the Product Evaluation Committee and departments/wards to consolidate our range to the most appropriate products whilst removing duplication.

Following feedback from staff we have revamped the Ordering/Purchasing Procedure into a more user friendly format and we hope that this will provide more clarity.

Finally I wanted to extend a big thank you to the Supply team who have undergone a lot of change in the last 12 months and without complaint have rolled up their sleeves and got things moving to ensure our service goes from strength to strength.

iHub link:  
[knowledge-base/procurement-and-supply](#)

**Ordering / Purchasing Procedure**  
**Purchasing Items?** South Canterbury District Health Board

South Canterbury DHB has ordering and purchasing procedures in place to ensure the safe, equitable and managed purchasing of items.

Two key areas of the procurement and purchasing policy are:

- Items must be ordered from the SCDHB Catalogue
- All non-catalogue orders must be reviewed by the Product Evaluation Committee (PEC) prior to purchase

The procedure for ordering / purchasing items has recently been updated with an increase in the number of items now available on catalogue.

**I want to order an item...**  
In order to ensure smooth processing of your order, please follow the procedure outlined below:

- ➔ **GO TO THE SCDHB PURCHASING CATALOGUE**  
TIP: To access the catalogue go to iHub knowledge-base/procurement-and-supply/scdhub-catalogue
- ➔ **TO ORDER CATALOGUE ITEMS:**  
-> Gain appropriate delegation / sign-off then order via Sunsystem.  
TIP: If the item you want is not on the catalogue, try looking for a suitable alternative item on the catalogue.  
TIP: To check delegations lookup iHub knowledge-base/finance/delegation-listing
- ➔ **TO ADD AN ITEM TO THE CATALOGUE / PURCHASE NON-CATALOGUE ITEMS:**  
-> Complete the PEC Product Request Form and send to purchasing@scdhb.health.nz  
TIP: To download the form, go to iHub forms/procurement-and-supply
- ➔ **TO ORDER URGENT ITEMS OR ONE OFF ITEMS NOT ON THE CATALOGUE:**  
-> Take your request to your Level C manager for sign off or email purchasing@scdhb.health.nz who can do this on your behalf.  
The Purchasing team and Level C manager will consult with PEC for approval of the item and subject to approval an order will be placed and the purchase notified.  
TIP: PEC meeting dates are on iHub knowledge-base/procurement-and-supply/product-evaluation/pec-meeting-minutes/pec-members-and-meeting-dates  
TIP: To check delegations lookup iHub knowledge-base/finance/delegation-listing

www.scdhb.health.nz

## Thank you Talbot Park

**I wish to express my sincere thanks and gratitude to all the staff at Talbot Park.**

Through very difficult circumstances you have continued to come alongside residents and families as they transferred to alternative facilities. The raw emotions of sadness, sorrow, grief and anxiety have not stopped you from making an amazing difference in peoples' lives.

Some of you will remain at Talbot Park and continue to walk the journey with residents living with advanced dementia. You all do a great job and I know you will continue to do so. I wish you well.

Others of you will be leaving Talbot Park when the closure of the hospital wing is completed mid-May. Please leave knowing you have done a fantastic job. I pray that many of you will continue to work within a caring sector as you have so much to offer. I wish you all well for the next chapter of your personal journey.

**It has been a privilege and a pleasure to have been part of the Talbot team. Thank you.**

**Kathryn Robinson**  
FACILITY AND SERVICE  
MANAGER TALBOT PARK



### TIMELINE

**July 2015:** The Board agreed they could no longer carry the ongoing financial loss involved in operating Talbot Park.

**February 2016:** South Canterbury DHB management announced the decision to close Talbot Park following investigation into exit options.

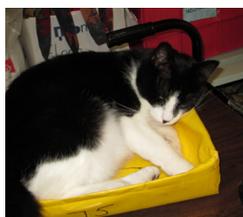
**October 2016:** Changes in residency prompt call for voluntary redundancy. Steering group work through change management process.

**May 2017:** Continued to work with the remaining residents and their families on alternative facilities. Operation on a month by month basis until all residents had been relocated, which occurred mid-May.

## Bringing out the best

"Change usually brings uncertainty. In the instance of the closing of hospital level care at Talbot Park change has brought out the best in many people. Whether it be the residents and their families working alongside us to make significant decisions, or the staff dealing with residents as well as their own personal circumstances. I want to say a big thank you to everyone involved for their professionalism, commitment and loyalty."

**Ruth Kibble - Director of Primary Health Partnerships & Allied Health**



**OF FRIENDSHIP AND LIFELONG LEARNING:** Over the years Talbot Park staff have been dedicated to enabling residents to live the life they can to the fullest and ensuring they have a place that they can call home.



## Influenza campaign 2017

On average up to 401 deaths are estimated to be caused directly or indirectly by influenza virus each year in New Zealand. This estimated death rate is 17 times higher than recorded influenza deaths.

Many others can have mild or even flu without any symptoms - but can still spread it. The Southern Hemisphere Influenza and Vaccine Effectiveness Research and Surveillance (SHIVERS) survey results show that in the 2015 winter season more than one quarter (26%) of New Zealanders were infected with flu with 4 out of 5 of these being asymptomatic (not showing symptoms).

### ASYMPTOMATIC INFLUENZA TRANSMISSION

Influenza is caused by different strains of influenza viruses. The ability to spread influenza viruses and infect others is usually equated to how much influenza virus is shed by an infected person.

Exposure to influenza virus can lead to infection but not every infected person will have symptoms or feel unwell. Studies have compared viral shedding by asymptomatic individuals, i.e. those who are infected but have no symptoms, with symptomatic individuals, i.e. those who are infected and have symptoms such as fever, sore throat, muscles aches and pains.

Viral shedding by asymptomatic persons occurs for around 3-4 days and by symptomatic persons for around 5 days. The amount of virus shed by asymptomatic persons was only slightly less than that shed by those with symptoms. Asymptomatic persons shed influenza virus and can infect others despite a seemingly more robust immune response to infection that stops development of symptoms.

Report: The Immunisation Advisory Centre

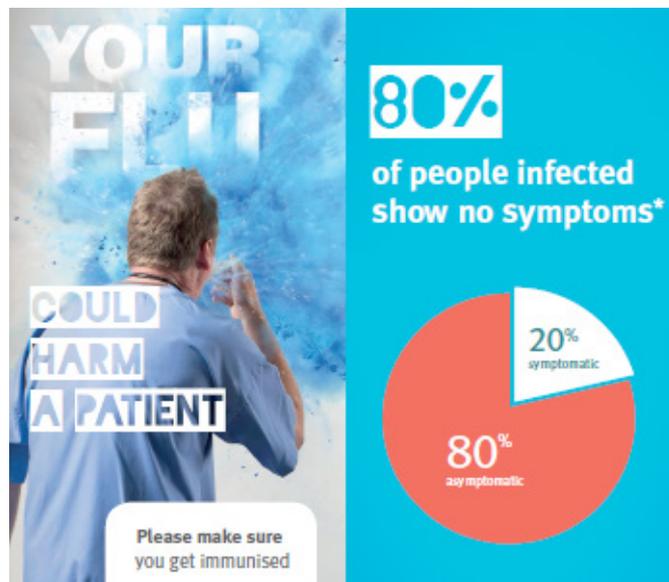
*These asymptomatic carriers can spread the virus among their family, co-workers and classmates without ever realising it.*

Children are much more likely to contract influenza in any given season: 20-50% compared with 10-30% in adults. Applying SHIVERS survey data to the New Zealand total population would suggest that in 2015 around 31,850 people sought help at their general practice and 2,209 were hospitalised.

**Theo Brandt**

THE IMMUNISATION ADVISORY CENTRE

The University of Auckland



### DID YOU MISS GETTING THE FLU VACCINATION?

It's not too late to have your FREE staff flu vaccination. Simply get in touch with Diane Webley today to talk through your options.

**Diane Webley**

INFECTION, PREVENTION & CONTROL NURSE

icn@scdhb.health.nz

ext. 8255



*You are invited*

**PINK RIBBON BREAKFAST**  
Tuesday 30 May, 2017

RSVP to: [arowhenua.admin@ngaitahu.iwi.nz](mailto:arowhenua.admin@ngaitahu.iwi.nz) or Arowhenua Marae Office, 38 Huirapa Street, Temuka

## MRI software upgrade and patient support aid

**We are fortunate to have recently acquired an additional patient support aid and new software for imaging of hips, knees and ankles with metal implant devices. The support aid and software have been generously funded by St Vianney's Trust.**

The patient support aid is called a "GEM Flex Coil positioner" and assists patients to keep their limb being imaged, as still as possible. The slightest movement causes imaging degradation but with the GEM Flex Coil positioner holding the patients' limb firmly, there is less likelihood of movement due to prolonged straining or holding the limb in an unnatural or unrested position.



**DONATION:** Funding from St Vianney's Trust enables clearer imaging through software upgrade and patient support aid.

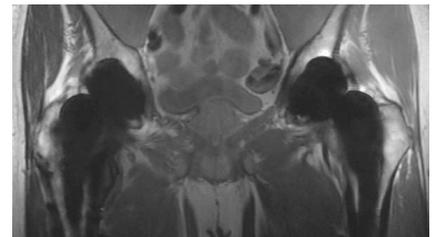
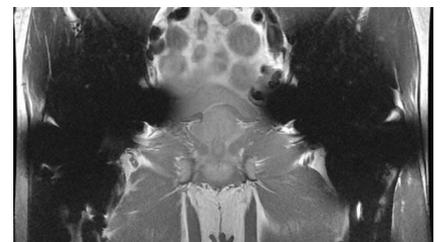
The software upgrade is called MAVRIC SL and allows for better image reconstruction around hip, knee and shoulder replacements. Metal ware in MRI is challenging as MRI uses a large magnet and the metal ware causes severe distortions and signal voids in the images resulting in images being "un-diagnostic". The software allows visualisation of more tissue in the vicinity of the metal ware resulting in images which are "diagnostic" for radiologist interpretation.

**METAL WARE:**

The new software allows better image reconstruction.

**TOP:** 2D FSE (MARS) (0.7 x 1.0 mm, scan time: 6:08 min) images of a bilateral total hip replacement.

**BOTTOM:** MAVRIC SL image of the same patient (1.3 x 1.6 mm, scan time: 5:37 min). Images courtesy of Hospital for Special Surgery, New York.



## Supporting families in mental illness & addiction

**Since 1996, the SF Aoraki service has provided support and education about mental illness and addiction to families in the South Canterbury region.**

The service is an NGO (non-government organisation) and is funded by the SCDHB. A voluntary committee leads the organisation, and the service is delivered by three registered nurses (Mandy Shelker, Vicki Wooffindin & Erin Anderson) with assistance of Karen Wilson, who is the part-time administrator.

In 1996, a decision was made by the founding committee, that family and whānau should receive support from registered nurses who had knowledge and expertise in the mental health field. SF Aoraki is quite unique in New Zealand as it is the only family support service which has a Memorandum of Understanding with the local mental health and addiction service, which allows all family of service users to be referred to the SF Aoraki service. Over 90% of referrals come through Kensington, with others through self or community agencies.

The family support nurses work alongside families, educating about mental illness or addiction, attending meetings with mental health staff, and liaising with community agencies. The family assessment also includes looking at what is happening

within the family and at the care needs of children. Families may be referred to other agencies if other issues need to be addressed.

SF Aoraki, through a workforce development contract, also provide professional development for families, DHB and NGO staff, with this year's focus being 'resiliency'.

The family support nurses can be contacted by phoning the numbers (right) or visiting the office situated at 77 Grey Road. Anyone is welcome to call in and meet the staff.



**EDUCATION:** Nathan Wallis, Director of X-Factor Education presents on improving resiliency in youth.

**Mandy Shelker RN**  
TEAM LEADER

Supporting Families Aoraki  
03 684 4523 or 0800 732 000

## Snapshot from Clinical Board

Things are changing at the clinical board! Here are some of the discussions from March and April.

### MARCH '17

- Bruce Small appointed as a temporary chair
- We welcome nine new members to Clinical Board. The new membership provides a refreshed and new diversity to the discussions. Welcome to: Barbara Gilchrist (RN educator), Jacqui Grigsby (RN surgical), Fiona Hickson (Midwife), Wendy Buchanan (Practice Nurse), Joe Harris (SMO), Deidre Love (SMO), Paula Hogg (Social Work), Jill Parker (CSU), Neil Kiddey (consumer), Jane Cullimore (consumer).
- Clinical Board discussed restraint devices utilized by SCDHB and recommended further investigation into policies which incorporate a wider perspective, inclusive of chemical restraint and benchmarked with other DHBs be completed before the restraint policies are approved.
- Learnings from incidents need to be published to a wide audience inclusive of primary health care in order to maximize our learning opportunities.
- A general dedication to reducing the number of policies at SCDHB with a general move to support Lippincott policies and procedures. This will promote standardization between primary and secondary services.
- Clinical Board support and encourage all services to promote further integration with primary health care. Ensure PHC is represented within groups and meetings.
- Medicine report demonstrated a trending upward use of blood products. Project on blood product use to be sponsored by Clinical Board.
- Family Violence Intervention Programme to be extended to include integration with primary health care.

### APRIL '17

- An overall discussion on integration of services between secondary and primary care. Items progressing include: notifications to all services regarding investigations of serious incidents and recommendations following investigations, access to iHub, and Health-learn for all health services.
- An excellent presentation of the SCDHB Bariatric Project. This presentation highlighted the challenges of fair and respectful access to healthcare for obese patients. The team are now looking at staff training packages to enhance our care options for bariatric patients.
- The results of the engagement survey were discussed.
- The restraint policy is now combined into one document signed by each individual clinical area. This document is now approved by Clinical Board subject to inclusion of other relevant clinical areas.
- Maternity patient management system, Bagernet, to be turned off 1 July.
- General concerns re low local uptake of the HPV vaccine.
- Bowel screening programme to be rolled out at SCDHB 2018/19. South Canterbury last nationally. Discussion included planning for capacity.
- Controlled drug audit is requiring a revamp to create a robust consistent approach.
- Planning for the second intake of new graduate nurses in August. To increase our numbers locally, and a focus to include new graduates in primary care.

*"Giving expert advice and exhibiting leadership on clinical matters"*

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

## World IBD awareness month

I'm Carly Bramley and I'm the Clinical Nurse Specialist in gastroenterology. I've been in the role since November 2016, and now I'm six months in I'm starting to find my feet! I mainly see patients with inflammatory bowel disease, and I have started to see patients for support with coeliac disease. As the role progresses I'm sure I will add more to my repertoire, but for now this keeps me pretty busy.

I support and educate those patients with a new diagnosis. Providing advice on what to expect, how to manage their disease on a daily basis, and what to do in times of trouble, among other things. I run my own nurse led clinics, these are

to catch up with longstanding patients, check how everything is going, and to see if current treatment is working well.

The month of May is IBD awareness month, with 19 May being World IBD day, and the week of the 15-21 May is Coeliac awareness week. I have made a display on the board in the foyer opposite outpatients. This has some facts around IBD and coeliac, such as symptoms of both diseases, and how many people are affected in New Zealand. There are purple ribbons on the board, please take one to show your support for those with IBD.

**Carly Bramley**

CNS GASTROENTEROLOGY

## Health Endowment Fund approaches \$100,000

**Community groups and health projects are almost \$100,000 better off thanks to the Health Endowment Fund.**

Over the past 14 months there have been three rounds of funding which have led to nearly \$100,000 being distributed to worthy health projects in South Canterbury.

Ron Luxton, chairperson Health Endowment Fund said, "An endowment is something that people can write into their will that will really make a difference to the community and those around them.

The income the Health Endowment Fund earns can then be distributed for health related projects."

**The latest round saw just shy of \$35,000 distributed across 13 projects, including:**

**ALZHEIMERS SC**  
\$3500 for community programmes to keep those people with Alzheimers active and socialised.

**AROWHUNUA WHANAU SERVICES**  
\$500 for 60 free influenza injections.

**CAROLINE HOUSE**  
\$2280 for clinical supervision for staff to provide a safe environment for service users.

**CCS DISABILITY SC**  
\$6150 for workshop to develop emergency and safety plans.

**SC HEARING**  
\$1173 for laptop computer-data projector-projection screen for Lip reading/Communication Tutor.

**LISTER HOME**  
\$2815 for a specialised mattress for palliative care patients.

**MACKENZIE COLLEGE**  
\$3500 for an AED for school and community use.

**MID SOUTH ISLAND WOMEN'S REFUGE**  
\$4500 to cover Resource Kits and Family celebration activities.

**PSSC**  
\$2290 for a shade cloth in the Family Works playground.

**SC HEALTH GALA AWARDS**  
\$5000 towards the Gala Health Awards event.

**SOUTH CANTERBURY STROKE CLUB**  
\$1000 for 3 tablets to be used by carers/ members and families of people who have experienced a stroke.

**TIMARU MENTAL HEALTH**  
\$1042 for a laptop for the Team Leader.

**TIMARU PARISH EATWELL PROGRAMME**  
\$1000. Costs related to public Eatwell programme whereby people are provided access to fresh fruit and vegetables.

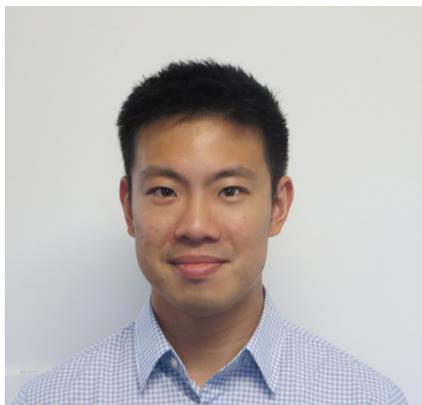


**HEALTH ENDOWMENT FUND:** Congratulations to the recipients of the third round of Health Endowment funding.

## New starter

**Keith Teo,  
House Officer**

**What does your job involve?** It involves caring for patients on the wards, admitting new patients, arranging appropriate interventions and ensuring they have the best care for their condition.



**What are you looking forward to?** Learning as much as I can and being an asset to the team I'm working with to achieve the best outcomes for patients.

**What are the challenging bits?** Understanding how the systems and protocols in Timaru hospital operate and knowing who to look for when I need help. Also, familiarising

myself with where things are as I have spent quite a bit of time searching for things on the ward and clinics – but I guess that is because I am new.

**Why did you decide to work for South Canterbury DHB?**

The clinical experience in SCDHB was unique compared to other DHBs in the country. As the team consists only of the consultant and the HO, I am given more responsibility and have closer contact with senior doctors who provide excellent learning and training opportunities. The collegiality among the doctors allow me to ask them for help or advice whenever I need it.

**What do you like about Timaru/South Canterbury?**

Although it is very different from Auckland, where I spent the last 5 years, Timaru is an adventure. It is close to many amazing places in the South Island and my family and I will have an amazing time here.

**What do you do out of work?** Spending time with my wife and two kids exploring this part of NZ and making flat whites.

# what patients said...

## EMERGENCY DEPARTMENT

*"Waiting in A&E extremely busy. I must say Karen on main desk very professional in dealing with steady stream of patients coming in. Felt that we were made to feel that we were listened to and made to feel at ease. Good choice of receptionist for front of house. Your staff member L'Ann made my trip to the ED much less stressful than it could have been, I really appreciate it. Thank you L'Ann and SCDHB."*

## RADIOLOGY

*"There is no complaint but patients waiting to be seen; actually three of us said it would be nice to have a coffee. One lady waiting for ¾ of an hour said it would be lovely. Something to look at, a little coffee machine would be fantastic."*

## AT&R

*"There was always a nurse to help me especially when I was in pain during the night."*

*"I was left out of the decision making process to send me from surgical to AT & R. I was only told I was going about half an hour beforehand by the nursing staff. It came at a time I was feeling rather vulnerable and so was rather a shock. Better consultation here would have been appreciated."*

## ICU/CCU

*"I felt Doctors and Nurses were very professional in giving me detailed explanations. My hearing is not quite as good as it could be and I find several medical staff tend to speak very quietly and when asked to speak a little louder they don't make much of an effort. This is by no means restricted to only your staff."*

*"Combined with the knowledge I already have regards my medical situation, there were no areas I was left in doubt about my health. The efficiency and friendliness of the CCU staff."*

## SURGICAL

*"I can not speak highly enough of the medical staff who attended to my needs during my time in the Timaru hospital."*

*"Staff really helpful and wanted to improve how I was feeling. Allan Roberts really helpful with medication."*



## MATERNITY

*"They all were extremely good. English is not my first language but they still helped me a lot and explained everything to me to my satisfaction. Staff were friendly and respectful. Can't fault anyone, they were all amazing!"*

*"Because of a C section I wasn't able to handle myself when my husband was away but the nurses helped me to wake up, walk to toilet, feed my baby. They also support when baby was crying and gave me good advice also."*

## MEDICAL

*"The staff listened and were supportive."*

## GENERAL COMMENT

*"Hospital was a new experience. I found the staff attended well to my physical need, took basic tests to ensure good recovery in as less intrusive manner as possible, changed dressings, administered meds, ensured meals were served with dignity, assisted when needed to go to toilet. Emotional: I was particularly impressed with the sensitive uplifting approach of the staff. A cheery greeting, a joke, empathy all was appreciated. They were especially going the hard yards to make me as comfortable as possible. Reassurance and imparting necessary information was especially appreciated."*

*"I can not speak highly enough of the staff you employ in the Timaru Hospital."*

*"Was the best service I've had at Timaru hospital. The lack of information on dietary needs before discharge was the only let down but apart from that I was very happy."*

*"The meals were great."*

*"The nurses were amazing."*

*"Great surgeon, very good nursing staff, kind physio, good food, all very helpful staff. Thank you"*

## Embracing an Evidence-Based Practice Change

South Canterbury District Health Board (SCDHB) and Bidwill Hospital have recently endorsed the removal of peripheral intravenous cannula (PIVC), to when clinically indicated, in response to compelling evidence and international recommendations.

Clinically indicated removal is based on Visual Infusion Phlebitis (VIP) findings, clinical signs of systemic complications and is also inclusive of cannula therapeutically not required and/or unused > 24 hours.

Clinically indicated removal of PIVC is a step toward vein preservation and achieving patient satisfaction. It is well documented that the challenges obtaining and maintaining peripheral IV access impact negatively on a patient's overall hospital experience inclusive of the unnecessary pain of routine re-sites in the absence of clinical indications. For many health professionals who have struggled with finding venous access in difficult to cannulate patients this change in practice cannot have come soon enough and is an exciting advancement in PIVC management.

A recent update of a Cochrane review found no evidence to support changing cannula every 72–96 hours (Webster et al 2015). Evidence supports that regular re-siting of PIVCs as a strategy to reduce intra-vascular infection provides no protective benefit (Rickard et al. 2012). Although there is no evidence in literature to suggest clinically indicated removal of cannula increases complications or phlebitis rates there is evidence which identifies complications associated with multiple cannulations inclusive of the practice of routine re-siting. The first PIVC is now considered the best. PIVCs following the 1st PIVC per patient have 1.2 times the occlusion/infiltration rates (Wallis et al 2014).

A cannula is not forced to fail once the clock ticks over at 72 hours but more importantly is the recognition by health professionals that cannula failure is multi-factorial. Our focus should be on cannula survival and making the cannula last the surgical journey. This is achievable with the implementation of evidence-based practice in the care and maintenance of these devices from the point of insertion to removal.

Clinically indicated removal of cannula does have implications to practice and requires:

- Weekly dressing change and PRN if the integrity of the dressing is compromised
- Weekly needle-less connector change
- Stringent documented site assessment and VIP scoring
- Prompt removal when not therapeutically required inclusive of unused for 24 hours

Effective documentation and PIVC assessment is integral to good patient care and adherence to organisational documentation requirements is essential. VIP scoring is a requirement on the patient observation sheet and any variances and actions taken must be reported in patient



documentation. The procedure for VIP scoring can be sourced in the SCDHB Intravenous and Related Therapy Manual. Site assessment should be inclusive of infiltration, phlebitis, occlusion and dislodgement. Continued site assessment should occur for 48 hours as post infusion phlebitis can occur 48-96 hours after the PIVC has been removed.

The importance of patient education should not be underestimated. An adequate explanation and information encourages patient participation in monitoring for possible complications and side effects and improves patient outcomes. Patients should be instructed on how to look after their cannula and the importance of letting their nurse know immediately if the area around the cannula becomes painful, red, swollen or is leaking. Additionally patients should be advised of post infusion phlebitis and given instruction on how to manage this at home and who to contact if they have any concerns following discharge.

In conclusion, clinically indicated removal of cannula is not about leaping on board with international recommendations or changing a policy, it's about changing a culture of complacency and ensuring best practice in PIVC care. Ensuring safe and effective approaches to PIVC management should be a priority for all practitioners.....cannula care is everyone's business.

**Ally Hale**

NURSE EDUCATOR, BIDWILL HOSPITAL

RN, SCDHB

### References

- Infusion Nurses Society. Infusion Nursing Standards of Practice. Journal of Infusion Nursing 2016*
- Webster J, Osborne S, Rickard C, Hall J (2015) Clinically-indicated replacement versus routine replacement of peripheral venous catheters. Cochrane Database Syst Rev (3): CD007798. doi: 10.1002/14651858.CD007798.pub2*

## Inter-professional development day

**2 March 2017**

**Wow! 40 professionals from various areas within the DHB and community attended the study day.**

A big thank you to Annette Beauvais - Suicide Prevention Co-ordinator, Deborah Box- CNS Respiratory - Community, Allison Ross-Practice Nurse, Anna Wheeler - ADONM and Leah Caldwell - Dementia Educator for freely giving up their time to share their expertise and knowledge, resulting in a very informative and exciting day.

The participant's feedback was extremely positive, with ideas for the next one being suggested.

If you would like to present and share your knowledge there are spaces left for the next Inter-professional Development Day on 22 November 2017. It is an opportunity to share with your colleagues any burning desires about your profession and how you can get information across.

Don't forget this day is for all professionals, not just a select few! If you are willing to share your knowledge please contact me:

### Tracey Worthington

NURSE EDUCATOR/PDRP COORDINATOR

tworthington@scdhb.health.nz

03 6872344 ext. 8344

## Enrolled nurse study day

**10 May 2017**

**38 enrolled nurses from around the district, Ashburton, Oamaru and Christchurch attended a great study day on 10 May held at the Education Facility, SCDHB.**

The day was jammed packed with excellent speakers such as Helen Riddell-Parkinsonian Conditions, Anna Wheeler - ADONM, Kathy Patrick - CNS Cardiology, NZNO, Debbie May-Professional Supervision, Julian Waller - Stroke and Dr Stanley Smith - Acute Delirium & Dementia. Thank you to you all for giving up your time to share your knowledge and expertise, it was very much appreciated.

The day was facilitated by Jeanette Pateman and Tania Coles who did a fantastic job and along with others provided an array of delightful food to feed the hungry! Thank you.

The evaluation and feedback was extremely complimentary, the nurses evaluated what they had learned and how they were going to apply it to practice.

We are now going to take some suggestions for presenters for next year so if any one would like to share their knowledge please get in touch!

## Multi-condition rehabilitation (MCR)

MCR is a community based programme suitable for those people with a long term condition. It is designed to optimise physical capabilities and help empower patients to keep well and maintain and /or improve their quality of life. The programme is delivered by the Community Health Specialist Team. There is good evidence that this approach assists with self-management and has the ability to reduce health care utilisation and cost.

The South Canterbury DHB offers this free 12 session programme over six weeks. Each session lasts two hours and is held twice per week over the 6 weeks. Pre and post six minute walk tests and health questionnaires are completed before and after the programme.

Consider all patients with long term health issues for this programme. You can find the ERMS form under the Allied Health tab on Medtech.

If you have trouble accessing this document please call Primary and Community Services on (03) 687-2301

If you do not have access to MedTech: Fax the Multi-condition Rehabilitation Form (or fax a letter including the same information) to PRISM (03) 687-2309

### UPCOMING PROGRAMMES

#### Timaru

Pre-assessment 4 & 6 July

Programme 11 July -17 August

Post assessment 22 & 24 August

#### Geraldine

Pre-assessment 29 & 31 August

Programme 5 September -12 October

Post assessment 17 & 19 August

#### Timaru

Pre-assessment 24 & 26 October

Programme 31 October -7 December

Post assessment 12 & 14 December

## @ staff events...



**RELAY FOR LIFE:** In March DPS Sunshine Girls (& Boys) took part in Relay For Life to raise money to help support the work of the Cancer Society. Staff from DPS were supported by other hospital employees for which we were very grateful. Although the weekend was WET WET WET we all had FUN FUN FUN and to top it off we won the Best Themed Team award. In total with our garage sale, scratchie raffles, sale of chocolates & donations we raised a total of \$2600. Thanks to everyone who supported us. Regards Maureen ACNM.



**PASS2PUB:** Congratulations to the team that completed the Pass2pub bike race on Sunday 5 March. L-R Deb Foster, Kensington; Lyn Blakie, Orthotic Department; Jacky Jackson, Kensington; Natasha van Leeuwen, Kensington.

**RMO ROADSHOW:** Samuel Fussey and Andrew Riddell on the road meeting with medical students due to apply for positions at DHBs commencing in November. The team travelled to Dunedin, Christchurch, Wellington, Hamilton and Auckland.



**APRIL FALLS:** South Canterbury DHB Falls Prevention Working Group ready for April Falls. The theme for April Falls 2017 was prevention, review and learning from falls. This reinforced the underlying message that "falls prevention is everyone's business".



**PRIMARY CARE SYMPOSIUM:** Crowds gathered to attend the Primary and Community Services hosted sixth annual Primary Care Symposium on 13 May at the Function Centre, Landing Services Building, Timaru.



## staff coming & going

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

#### CLINICAL SECRETARY

Karyn Cookson  
Debbie Boivin  
Anne Smalldridge

#### DISTRICT NURSE

Sarah Smith  
Elaine Sutcliffe - P/T

#### HEALTH CARE ASSISTANT

Rebecca Howard  
Dianne Jones  
Ekel Lumampao  
Adele Mckenzie-Kooman  
Judy Stuck  
Tracey Wright

#### MIDWIFE P/T

Karen Morrison  
Sharolyn Smythe

#### REGISTERED NURSE

Jacqui Barnes  
Andrea Browne  
Marjorie Dobson - P/T  
Courtney English  
Lisa Exley - P/T  
Erin Fisher  
Soren France  
Sara George - P/T  
Louise Gould - P/T  
Jennifer Hyland  
Suzanne Jackson  
Catherine Jeaffreson  
Melvin Macaraeg  
Justine O'neill  
Christopher Peters - P/T  
Ella Remmerswaal  
Susan Stevens  
Jane Tayler  
Shillu Varghese

#### TELEPHONIST

Christopher Mcknight P/T  
L'ann Van Emmenis - Casual

#### XRAY MEDICAL RADIATION TECH

Melanie Smith  
Penelope Baxter  
Elizabeth Corry

#### AUDI AUDIOMETRIST P/T

Bethany Cox

#### CYMH ASD SERVICES COORDINATOR P/T

Calley Newman

#### ELECTIVE SRV BOOKING CLERK P/T

Karen Carlaw

#### HOUSE SURGEON

Jamie Sinclair

#### MRI RECEPTIONIST

Colette Stone

#### OCC OCCUPATIONAL THERAPIST

Annalyse Shaw

#### ORDERLY - CASUAL

Kelly Bowden

#### PHARMACY MANAGER

Naghham Ailabouni

#### PHLH NSE PRACTITIONER SEXUAL HEALTH P/T

Angela Yeadon

#### REGISTERED PHARMACIST

Ling Lan

#### REHABILITATION ASSISTANT P/T

Katherine Miller

#### SMOKEFREE FACILITATOR

Koriana Waller

#### SOCW SOCIAL WORKER P/T

Sarah Smith

#### VAN DRIVER AND GENERAL ASSISTANT CASUAL

Anthony Kerr

### farewell and good luck to...

#### A&OD ALLIED KEY WORKER

Angela Keene

#### CHARGE NURSE MANAGER MEDICAL

Jane Wagner

#### CNS PALLIATIVE CARE P/T

Kristen Errington

#### CLINICAL CARDIAC PHYSIOLOGIST

Anna Blair

#### CLINICAL SECRETARY

Joan Robinson

#### DENTAL ASSISTANT

Lynne Johnson

#### DIVERSIONAL THERAPIST P/T

Marion Clarke

#### ENROLLED NURSE

Marilyn Balchin - P/T  
Anne Hughes - P/T  
Leanne Allnutt - Pool

#### GENERAL PRACTITIONER

John Brady

#### HEALTH CARE ASSISTANT P/T

Misty Strachan  
Tracey Wright  
Estelita Bandong  
Janelle Stephen  
Julie Jamieson  
Elizabeth Attridge  
Dawne Donnelly  
Fiona Coulbeck  
Olene Anderson  
Alice Liggett  
Cindy Cooper

#### HOUSE SURGEON

Hazel Watchorn

#### MIDWIFE

Hanna Leier

#### OCCUPATIONAL THERAPY ASST

Sharon Germishuys

#### PHLH NSE PRACTITIONER SEXUAL HEALTH P/T

Sharon Hansen

#### PHLH PUBLIC HEALTH NURSE

Kylie Robinson  
Linda Merrilees P/T

#### PHYSICIAN

Bernhard Kuepper

#### PHYSIOTHERAPY ASSIST P/T

Patricia Mccartney  
Nicola Mckissock

#### REGISTERED NURSE

Melvin Tanagon - P/T  
Christopher Peters - P/T  
Jerish Joseph - P/T  
Andrew Barron - P/T  
Sharee Anderson - P/T  
Abigail Chamberlain - P/T  
Sandra Riddle - P/T  
Nicola Gudsell - P/T  
Suzanne Jackson - Pool  
Jerish Joseph - Pool  
Verena Birchall - Pool  
Ruth Reid - Pool

#### SMOKEFREE FACILITATOR

Jillian Robinson

#### WORKFORCE DEVELOPMENT & QUALITY IMPROVEMENT MANAGER

Chris Eccleston

## come work for us...

South Canterbury DHB employs between 950 and 1,000 staff at any given time, including part-timers, casuals and contractors. If you know of any colleagues who may be looking for a change of scene, please feel free to pass on our contact details.

## job vacancies

### Medical

- Palliative Medicine Specialist
- Intern Post Graduate Year 2
- Adult Addiction Case Manager
- Physiotherapist - Hospital and Community
- Clinical Pharmacist
- General Physician
- Paediatrician

### Nursing/Midwifery

- Registered Nurse - Emergency P/T
- Registered Psychiatric or Comprehensive Nurses

### Support

- Central Sterilising Unit- Casual Assistant
- Organisational Development and Quality Improvement Manager

## contact

### Human Resources

Office: 03 687 2230

Address: Private Bag 911, Timaru 7910

MORE INFORMATION: [scdhb.carecentre.net.nz](http://scdhb.carecentre.net.nz)



South Canterbury  
District Health Board

## send us your news:

contact: Communications Manager

email: [nhoskins@scdhb.health.nz](mailto: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](http://www.scdhb.health.nz)

@SouthCantyDHB

view **pulse** online: [www.scdhb.health.nz](http://www.scdhb.health.nz)