

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

QUALITY:
Clinical Secretaries
Improvement Programme

NEWS:
MRI Turns Five

LEARNING HUB:
Professional Development
Recognition Programme

NOTICEBOARD:
South Canterbury
Health Care Awards



IANZ Accreditation

After eight months preparation of documents and process changes, a two day site audit and a couple of months waiting in anticipation, the Radiology Service has been awarded IANZ accreditation.

International Accreditation New Zealand (IANZ) is an accreditation body responsible for assessing and recognising the technical competence and the effective quality processes of inspection bodies, laboratories and radiology services. Technical experts working in other radiology departments elsewhere in New Zealand spent time reviewing our policies, procedures and processes, the competence and experience of staff, facilities and equipment, and compliance to relevant standards including the NZ Code of Radiology Management Practice.

Nathan Taylor, Radiology Services Manager said this was a huge achievement for the team and will benefit patients, referrers and the DHB. Nathan says, particular recognition must go to Liz Timblick who was released from her day job as a Radiographer (or MRT) for 3 days a week for 8 months

to get the department ready for the audit. Leaning on colleagues from other DHBs needs to also be acknowledged to avoid reinventing the wheel and in particular Liz spent time with Rachel Smith at NMDHB to understand how to put IANZ into practice.

Being awarded IANZ accreditation secures the ongoing contract for ACC-funded examinations and importantly the DHB has signed a new agreement with Southern Cross to avoid their patients travelling to Christchurch for a CT or Ultrasound.

While auditing can be a daunting experience, it provides a valuable feedback mechanism for staff and the service overall to ensure we're providing a safe and best-practice service.

Nathan Taylor

RADIOLOGY SERVICES MANAGER
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working together

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from the CEO

The turn of the season brings with it a warning from the Northern Hemisphere that this winter could be a difficult one for our health system.

A severe influenza season really highlights the need to work as one team across the health care continuum. From public health messaging and vaccination through to primary care surveillance and the impact on secondary care; a siloed health system is not one which is best placed to protect our community.

We are lucky in South Canterbury to have Primary Care as part of our DHB. This unique structure makes us well placed to be nimble in response to crises, but to also be proactive in our planning.

Our Board have set a strategic vision which ensures that every moment matters. That through productive partnerships, integrated person-centred care, valuing our people, health equity for all and fit for future, we will have a system that is well placed to rise to any challenge the future may bring.

We are in a period of change. We have embarked on our culture reset with Speaking Up for Safety and will implement an interim programme known as Promoting Professional Accountability in July to support those people who may feel unable or unsafe to speak up in the moment.

This is really dependent on us understanding what values and behaviours we want as professionals in our DHB. We know that in our old culture, unprofessional behaviours not only occurred but were tolerated and we are getting ready to draw a line in the sand and say no more.

There is also a real shift in momentum around decision making. High Performance High Engagement is one example of how we can ensure that those closest to the issue or opportunity are given the voice and power to affect change. This is a significant shift in management style and we appreciate everyone's patience while we work out how to make it work; the journey has only just begun.

So as I look at the flu vaccination posters on the walls I am not intimidated by the potential of a busy winter season, but instead am confident that we have a strong foundation and good platform to handle any challenge that the future may bring.



Nigel Trainor

CHIEF EXECUTIVE

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Key Facts

"I'm protecting you from the FLU"

This year's staff flu vaccination campaign runs from the 9-26 April.

- The vaccination is FREE
- It does not contain a live virus, so cannot give you the flu
- Research shows 80% of people who have the flu are asymptomatic. So you could have the flu and spread it without ever knowing.

Speaking Up for Safety

The Safety C.O.D.E. is making an impact to patient and staff safety in our DHB. It will however take time for us to have a culture of speaking up in the moment. In recognition of this, we are rolling out Promoting Professional Accountability in July. This will provide an avenue for people to give feedback when they feel unsafe or unable to do so in the moment.

High Performance High Engagement (HPHE)

HPHE is one example of the change in management style to ensure those closest to the issue or opportunity have a voice and can affect change.

INTEGRATED PERSON-CENTRED CARE

DESIGNING SUSTAINABLE MODELS OF CARE

INTEGRATED COMMUNITY ASSESSMENT TREATMENT TEAM (ICATT)

ICATT (Integrated Community Assessment Treatment Team) is part of the approved recommendations from the work South Canterbury District Health Board commissioned relating to the Centre for Excellence for Older Persons project.

ICATT is an integrated primary and secondary community health team focused on the coordination and provision of services and support to persons over the age of 18 years.

This team recognises the role of Primary Care being the lead health provider and seeks to support this with coordinated assessments and treatment in a timely manner and as close to where the person shall live as practicable.

This team will incorporate a single point of entry for referrals, and a rapid response function for those with high needs at risk of hospitalisation or to support early discharge. It will work within a philosophy of both a self-management approach to care and wherever possible of flexible approaches to assessment and treatment characterised by brief and early intervention.

ICATT is underpinned by the following frameworks and philosophy:

- Primary Care Providers as the principal provider of care
- Restorative Model of Care
- Calderdale Framework
- Self-Management approach to care

Features of this service are:

- Single point of entry (SPOE), one consistent process for all primary and community health services

- Integrated interdisciplinary care pathways across primary health, allied health and nursing. This will include District Nursing, Palliative Care, Allied Health – Community, Outpatient Services and Needs Assessment Coordination Service (NASC).
- Defined workforce development tool that matches service need to staff competencies through implementation of Calderdale Framework
- Clear philosophy underpinning care models such as restorative, rehabilitation and self-management
- Case Management available for those with complex case needs
- Team can establish targeted approaches to respective patient needs to promote delivery of consistent evidence based interventions. Ensure care is targeted at those who require it most
- Develop use of IT system via the Clinical Work Station to move to a single patient record that is accessed by the treatment team

This service will seek to maximise outcomes for people through staff that have specific skill sets that enable excellent care and support, whilst ensuring that the number of team members involved with any one individual is appropriate for the individual's needs.

This service sits within the community and will work in a coordinated manner with Primary Care, Non-Government Organisations and Hospital services. The outcome we seek is to further evolve our community services to enable more people to remain living in their own home whilst experiencing greater independence and quality of life.

The proposed model of care and service delivery aims to provide the following outcomes:

- Outcome #1: Seamless Services - Increase opportunities to do more within existing resources by reducing inefficiencies in service delivery
- Outcome #2: Self-Management and Early Intervention - Reorientation of focus to prevention, early intervention and promotion of health and wellbeing by "adding life to years for the future over 65's "
- Outcome #3: Closer to Home - Reduce barriers to access, by bringing the service to the patient/carer
- Outcome #4: Measuring Outcomes - Support people to remain in the community for longer with fewer services

Lee Cordell-Smith
HEALTH OF OLDER
PERSONS AND LONG-TERM
CONDITIONS MANAGER

spotlight on Radiology

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MRI turns five

Below is an excerpt from the speech by Ron Luxton, Chairman South Canterbury DHB during the MRI fifth birthday celebrations.

"Today is a day to celebrate and recognise what the community has achieved."

Five years ago we opened the doors to the MRI unit following a grand fundraising and implementation process which saw us going from the launch of the campaign to first-patient-through-the-doors in under 18 months.

Now it didn't happen by accident. The Board, the then-CEO and Nigel Trainor as our then-CFO, had worked hard to come up with a scheme that allowed us to have an MRI for a population that probably didn't really meet the criteria for a publicly funded MRI machine. And that was a public- private partnership with Pacific Radiology.

The machine itself is owned by you the people of South Canterbury, held in trust by the Aoraki MRI Charitable Trust, leased to the South Canterbury DHB who subleases it to the private group for ACC, insurance, and private MRIs.

We launched the public campaign in August 2011 with some major gifts. I pulled out my notes from then and the Health South Canterbury Charitable Trust was \$100,000; the Board of Alpine Energy pledged a total of \$150,000 over five years; AD Hally Trust gave us \$250,000 over five years and the final lead donation which we launched with, was a magnificent \$500,000 due to the generosity of the St Vianney Trust Board. And they really were the foundation of the fundraising campaign. In our first 24 hours we had 1.1 million in donations.

MRI TURNS FIVE: Some of the founding funders of the MRI fundraising campaign celebrating the fifth birthday of the centre.



So it was an amazing launch. The committee had spent six months prior to the launch working out the campaign and the Board in its wisdom had appointed Stacey Scott to manage it. The committee included Gavin Wilson (General Surgeon), Steve Earnshaw (Orthopaedic Surgeon), Ian O'Loughlin (Dental Surgeon), Anne Greaney (Charge Nurse Manager), Ian Smith (General Practitioner), Peter Burton (Pharmacist), Lorna Inch (volunteer community through Lions Club International). So that small tight committee worked very hard. Our goal was 2.7M, within twelve months we closed the appeal at something like 3.2M dollars. From the launch in August 2011 we raised over 3M, built the building (including 800K housing, 250K cooling equipment, 50K fittings) purchased the machine, trained the staff and had the first patient through within 18 months of the launch.

Originally at that time this hospital had a number of MRI scans that they could fund each year, capped at 550. In the last twelve months we have completed 3,365 scans and since the machine was installed five years ago we have completed 15,720. By my quick calculations that just a little bit over

5M kilometres, or 1M kilometres a year, saved for patients who would have otherwise had to go up and down to Christchurch.

It was an amazing effort by the community, and it is preserved for the community into the future. At the opening I quoted Joel Barker, who said that "vision without action is merely a dream, action without vision just passes the time, but vision with action can change the world". Your vision and your action has changed the world for over 15,000 people in the last five years and made their lives easier, our staffs lives easier and really contributed to the health and wellbeing of the people of South Canterbury."

Ron Luxton

CHAIRMAN

SOUTH CANTERBURY DHB

High standards

Technology has had a big impact on the radiology department at South Canterbury DHB. These quirky facts show how the team have embraced technological advancements to achieve high performance.

Experience

With twenty one staff we have a combined total of 234 years' experience. That's an average of 11 years per person. In 2018, we'll celebrate one persons 25 years' and two peoples 30 years' of service. At the other end, we have medical imaging students completing a three year degree with on-site placement for two terms per year.

Technology

Technology has dramatically changed the daily workings of radiology. Since 2009 no x-ray film has been developed or printed. Instead, digital images are available instantly, and are able to be looked at simultaneously here and across the world.

Radiologists use voice-recognition software to complete their written reports. Radiologists can complete their reports on-site, elsewhere in New Zealand or overnight from London.

Since 2011 radiology has been scanning paper records as they move to a paper-lite service. The radiology patient

information and digital image computer systems are hosted by Canterbury DHB as regional systems, allowing health information to be instantly available across the South Island

Performance

Since the MRI was commissioned, 15,720 patients have been scanned locally. This has saved approximately 5.6 million kilometres travel to Christchurch. The biggest demand for x-ray with patients arriving in the Emergency Department, is on Saturday's at 2pm.

The Ministry of Health sets a diagnostic waiting time target of 42 days (6 weeks) for CT and MRI referrals. South Canterbury DHB is one of only 6-8 DHB's to achieve this each month:

- CT (95% of referrals completed within 42 days of referral): SCDHB is consistency 95-97%
- MRI (85% of referrals completed within 42 days of referral): SCDHB is consistency 98-100%

The highest age band and highest type of examinations are:

- X-ray, 75 year old, chest
- Ultrasound, 65 year old, abdomen
- CT, 70 year old, abdomen
- MRI, 50 year old, spine

Clinical Secretaries Improvement Programme

I would like to thank the clinical secretaries for the work they have put in over the past six months on their improvement project.

A special thank you to Tonia Ryan and Sue Wilkinson for representing their colleagues, you have done an excellent job and I would like to thank you for the time you spent on this project.

The aim of the project was to improve the systems of working for Clinical Secretaries staff and to ensure a high quality, efficient service is provided to health professionals and other staff.

Staff worked together to standardise processes and introduced regular staff run meetings. The meetings include standing agenda items e.g. education and training, IT enhancements. An IT Action Plan was developed, with Tonia, Sue and Dave Frater working closely to identify and remedy

IT issues and improvements.

Ruth Lockley will be working with the Clinical Secretaries to close out recommendations from the project over the next six months.

We would like to take the opportunity to thank the staff who provided information to the Clinical Secretaries, the information you shared has been helpful in planning for the future.

The role of Clinical Secretaries will change as new technology is introduced and people engage in managing their own health care, this is an opportunity for staff and the DHB to look at how services are delivered.

I wish the Clinical Secretaries continued success with their improvement activities.

Kaye Cameron

NURSE COORDINATOR QUALITY AND RISK

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ITIS Strategy Project

One of the four initial projects being run under the banner of High Performance High Engagement (HPHE) is the development of a local Information Technology Information Systems (ITIS) strategy.

The aim of this project is to first gain an understanding of local needs for IT/IS solutions by listening to a range of staff, patients, and subject matter experts.

Following on from that understanding we will go on to develop a strategy which will state which local projects we should embark on over the next one to five years in order to maximise the impact of the resources available. There are several national and regional IT projects that we are required to do. This local strategy will not change those regional and national, but will, however, need to bear them in mind.

The project has three co-sponsors: Dr Kevin Meginie on behalf of the DHB, Jen Wilson from the PSA, and Tracey McLellan from NZNO. A project team has been formed with ten members from across the local health system, and the team are starting to get underway with interviews and focus groups this month.

We hope to develop the strategy within six months, and will keep everyone updated with progress along the way.



Dr Steve Earnshaw

PROJECT MANAGER

ITIS STRATEGY HPHE

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Understanding our values

The Staff Wellbeing and Engagement Survey identified that staff felt unprofessional behaviours occur at our DHB and that these were tolerated.

Alongside the *Speaking Up for Safety* campaign we are looking to launch *Promoting Professional Accountability*. This is an interim measure while we embed the Safety C.O.D.E. to help those who are unable or feel it is unsafe to speak up in the moment.

Promoting Professional Accountability is built on the trust that as professionals we can monitor our behaviour if we are made aware that we are stepping outside the boundaries of acceptable professional behaviour.

But what does professional behaviour look like?

As a DHB we have a set of values which underpin our understanding of being a professional. We want to know how you think these values translate into behaviours in your working environment.

Please take the time to write your thoughts on the "What do our values mean?" poster located in your work environment. Discuss these with the people you work with and let them now

how they are contributing to making your work environment matter!

Your feedback will be the basis for establishing a South Canterbury DHB Code of Conduct.

What do our values mean?		
	Behaviours we want	Behaviours we don't want
Integrity		
Collaboration		
Accountability		
Respect		
Excellence		

Thank you and farewell

Farewell Sarah Taylor, Mental Health Clinician, Mental Health Brief Intervention Service.

After thirteen years of amazing service working in the Mental Health Brief Intervention Team, Sarah Taylor, has resigned. We are grateful to Sarah for her expertise, knowledge and extremely high level of service delivery and professionalism.

Sarah was instrumental in establishing the Mental Health Brief Intervention Service as we know it today. She was working for South Canterbury DHB as the Team Leader in CAMHS in 2003 when she was approached by the DHB and asked to write the service specifications for a Mental Health Brief Intervention Service.

Sarah was forward thinking in that in doing this she could see the vision, the potential of the service, and the need for South Canterbury. Hence, she applied to be one of the first members of this team which was solely designed to assist General Practitioners and the community. The original team of 1.8 FTE's has since grown to 4.4 FTE's as both the need and success of the service has been recognised. The service was further recognised for its innovation as a finalist at the 2007

New Zealand Health Innovation Awards.

Sarah is well respected in the community by her colleagues both past and present, staff at Medical Practices throughout South Canterbury, management at both SouthLink Health and the South Canterbury DHB and with people that she has seen throughout her career.

She is a qualified Social Worker and she has a vast experience working with individuals, couples and families. Sarah's intention is to continue working in private practice with a focus on Life Re-entry after loss and Supervision.

Sarah, we wish you all the best for your future and we know that our paths will continue to cross as you venture into the next chapter of your career.

Sam Callander
PRIMARY HEALTH MANAGER
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Learning Hub

Inspiring Meaningful Learning

Ka whakamanawatia te akoraka whai tikaka

Professional Development and Recognition Programme (PDRP)



Anneke Clarke
PDRP ASSESSOR

My name is Anneke Clarke - I have been nursing now for 8 years.

I became exposed to PDRP in my new graduate year. I found the process to be enjoyable and rewarding. I was then nominated for the ward PDRP resource position a few years later. In doing so I was able to develop my knowledge of the processes and help guide others to complete theirs.

I am now a PDRP assessor after completing the qualifications in Christchurch. I have loved every minute of it. I love being privileged enough to get a snapshot of other nurses roles within the hospital and it gives me an appreciation of what other staff do. The assessment process is very efficient within this DHB. We mark along side the criteria and assess each other to ensure everyone submitting gets the same level of assessment and cohesion within the assessment group.

My current goal as the resource person and assessor is to encourage as many as I can to complete their PDRP's. I love seeing others receiving their completion certificates and the relief that it brings. In the wards there are resource staff, easy to follow flow charts and the CDHB website for all the information needed. It has all been streamlined so it is very easy to achieve now so don't hesitate in talking to someone - you won't regret it.



Miranda Woodall,
PDRP CHAMPION

Last year I made a commitment to complete my PDRP expert level, something I had been contemplating for a long time but had put off with the excuse of being too busy.

I had already completed my Post Graduate certificate which meant I had met that component for Expert practitioner. On reflection, I can honestly say that I have found completing my PDRP to be an enriching experience. It has given me the opportunity to critically reflect on my practice and validate the work I do as part of both the TACT team and the wider Community Mental Health team. So much of our practice 'happens' without us ever recognising or acknowledging how we make a difference to our clients, their families and other staff. PDRP allows you the opportunity to articulate what you do well, which is something we, as a culture and as nurses, do badly. I am now the PDRP champion for the Timaru Mental Health and Addiction services. My goal is to support all nurses to complete their PDRP and I hope my enthusiasm is contagious because being validated and endorsed as an expert practitioner has increased my confidence and enhanced my job satisfaction.

Congratulations

To all the successful staff on completion of your PDRP in February 2018:

Miranda Woodall-Expert RN
Mandy Shelker-Expert RN
Fiona Eccleston-Proficient RN
Joel Sanchez-Proficient RN
Rebecca McCarthy-Proficient RN
Melanie Love-Proficient RN

Tracey Foster

PDRP COORDINATOR

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PDRP Champions

Debbie Cotton-ICU
Anneke Clarke-Surgical
Alysha Bell-AT&R
Claire Baxter-OPD
Chris Gloag-NZNO Rep
Miranda Woodall-Mental Health
Mandy Shelker-Family Mental Health Inc.
Donna Schrader-ED
Dianne Mills-District Nursing
Annette Farr-South Canterbury Hospice
Ally Hale-Bidwill Trust Hospital

PDRP Assessors

Jane Procter-Nurse Educator
Operating Theatre
Sue Morrow-Primary Clinical Integration Facilitator
Megan Stark-Learning Hub Advisor/
NETP Coordinator
Annette Farr-Educator South Canterbury Hospice
Anneke Clarke-RN Surgical Services
Judy Cooper-RN Public Health
Karen Foster-Nurse Coordinator
Quality & Risk
Ally Hale-Nurse Educator-Bidwill Trust Hospital
Tracey Foster-Learning Hub Advisor/PDRP Coordinator



Learning Hub

Inspiring Meaningful Learning

Ka whakamanawatia te akoraka whai tikaka

Nurse Entry to Practice celebration



CELEBRATION: A belated congratulations to those who completed the Nurse Entry to Practice programme in February. An afternoon tea was held on the 16 February to recognise the end of the programme, congratulate the nurses involved, and to thank the preceptors for their support during the previous 56 weeks. This cohort saw the introduction of placements in the Emergency Department, ICU/CCU and Paediatrics.

April is simulation month!

We will be running short simulations in identified clinical areas to enhance our response to clinical emergencies.

This is an opportunity to further identify roles and management of emergencies enabling feedback to participants.

At the end of February Dr Elaine Clark, Dr Jensen, Megan Stark, Donna Schrader and Bethan Williams facilitated a scenario attended by 40 participants - see photos below. It was a huge undertaking and a valuable exercise to promote team work, leadership and responses to unexpected events.

This was attended by RMOs and new graduate nurses. Their engagement was really positive and provided a forum to establish effective inter disciplinary communication.

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health, safety and wellbeing

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I'm protecting you from the FLU

Welcome to the staff flu campaign for 2018. This year the focus is on protecting ourselves, our patients, our families and friends from influenza.

The SHIVERS research showed that of the 26% of people in the research programme in 2015 who were infected with the flu, 80% showed no symptoms.

As a healthcare worker this is quite scary as it means we may be spreading the flu without ever realising that we are infected. The best way for us to protect our patients, family and friends is to be vaccinated. Oh and don't forget the good old basics of hand hygiene too!

The active vaccination campaign is occurring around our DHB from Monday 9 April to Friday 27 April. Although the friendly vaccinators are heading to specific areas, anyone can catch up with them at any point. Also don't forget the clinics held every weekday from 12noon-2pm on Level Three of the Clinical Services Block.

This year to try and make it easier for the vaccinators to know who has already received the vaccine, we have "I'm protecting you from the FLU" tags that hang off your name badges.

It is also nice for patients and their families to know that we are looking after them the best way we know how.

We have also made a move to the electronic consent form this year. Each year we need to report to the Ministry of Health on how many staff members by profession have been vaccinated through our programme or out in primary care. We also collect information to update your input on the National Immunisation Register.

As you can imagine, inputting the data from paper forms is time consuming so we are attempting an electronic form. Please bear with us if we have any technical glitches as this is the first time we will be operating this way!

So thank you for protecting yourself, your patients, your family and friends from influenza this year.

Find out more about influenza:

www.influenza.org.nz/



Ministry encourages protection

A letter from the Ministry encouraging staff protection against influenza by being vaccinated was endorsed by Caroline McEnay, Director of Public Health, Dr Andrew Simpson, Chief Medical Officer and Jill Clendon, Acting Chief Nurse.

The letter to DHB Chief Executive Officers highlighted the possibility that we may experience a similar season to that seen during the Northern Hemisphere winter.

"In the Northern Hemisphere, influenza A(H3N2) is the main strain resulting in increased hospitalisations and ICU admissions from influenza and its complications. A(H3N2) has historically been associated with higher morbidity and mortality especially for those aged over 65 years. The funded

influenza vaccines this year cover four strains and is a better match against A(H3N2) strain."

The letter also made reference to healthcare workers being at a higher risk of both getting and transmitting influenza due to the daily contact with high risk patients.

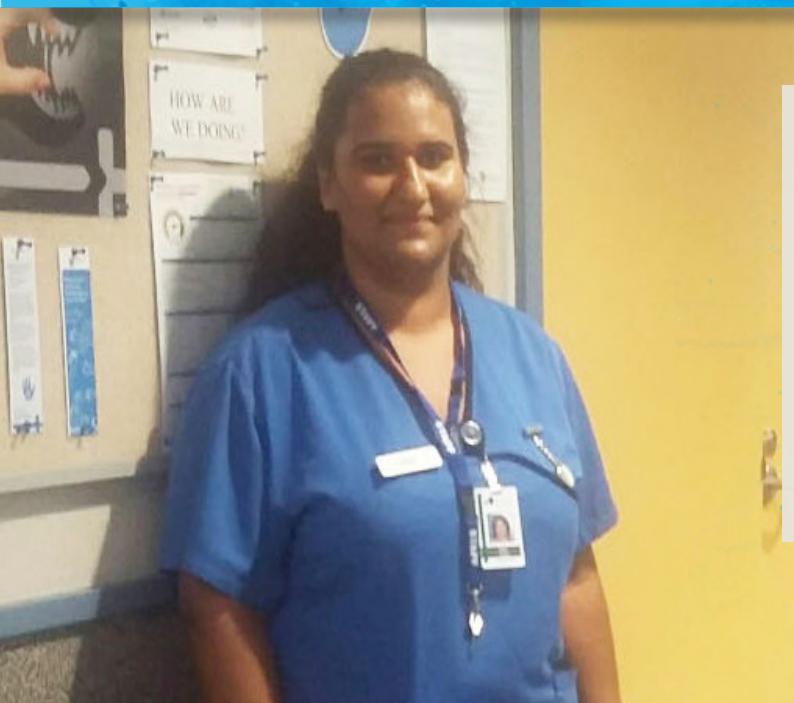
Finally, the letter encouraged DHBs to renew surge capacity plans and/or winter plans in preparation for the flu season.



We are protecting you from the FLU

"I am a supporter of the flu vaccination for a selfish reason, I'd prefer not to get the flu. But also, it's good not to pass it around to others and it's good not to pass it to patients. I think there is an ethical component for us to generate herd immunity from the flu to protect our patients, even if we don't care about the first two reasons above."

- Dr Peter Doran, Anaesthetist



"I am a supporter of the flu vaccination. Working in the medical ward we are exposed to more illnesses and can be more likely to spread the flu from patient to patient. I've had it yearly since being a nursing student. I want to protect the patients I look after, my family and myself."

- Eden Chard, Registered Nurse

"I am a supporter of the flu vaccination.

When I first started at South Canterbury DHB I got the flu and it was awful! I had ten days of feeling really dreadful.

The next year I got the swine flu which was also really terrible. So I always get it now."

- Melanie Leggett, Occupational Therapy



Advance Care Planning

- Story courtesy of Alexia Johnston at *The Courier*

A growing number of South Canterbury residents are welcoming the idea of advance care planning.

The concept encourages people to have "conversations" with their family and note down what their wishes are for their healthcare and end-of-life care.

South Canterbury District Health Board (SCDHB) social worker Paula Evans said more and more people were taking advantage of the initiative.

She said the concept gave everyone a chance to think about what was important to them.

The concept helped ensure everyone was on the same page and the person the plan was for could rest assured their wishes would be followed.

CONVERSATIONS THAT COUNT: Social worker Paula Evans features in *The Courier* newspaper encouraging more people to have an advanced care plan.



"Working with palliative care, I've sat with a lot of families. This can be good for families or [it] can go terribly wrong because it's a time of life that grief can cause a lot of issues in families," she said.

"An advance care plan can prevent some of that."

Mrs Evans said the plan was not just about medical elements.

"It's about your values and beliefs."

Among the aspects that had caused grief at an already difficult time was music, she said.

"Music is one thing people have fought over – what music they are going to play at a funeral."

She said it was one of many elements people could have written down in an advance care plan.

"It's good to talk about it, but it's also better to have it written down."

The plan is something which can also guide medical staff, particularly if the person they are caring for can no longer tell them what they want.

People with an advance care plan are encouraged to let family know where it is in their home and to share it with their GP.

Copies of the plan are available from the SCDHB, GPs and non-government organisations.

Mrs Evans said the plan was for everyone – not just for the elderly or those who were dying.

Today marks Advance Care Plan Day, a national initiative designed to make more people aware of the concept.

For more information visit advancercareplanning.org.nz

Signing work certificates

On 1 February 2018, there was a legislation change to enable Registered Nurses to sign work certificates under the Holidays Act 2003.

To clarify:

- If the certificate is for ACC or W&INZ purposes, the certificate needs to be signed by a Nurse Practitioner or Doctor.
- If the certificate is for other reasons, then a Registered Nurse may sign a certificate, but it needs to be called an "off work" certificate, rather than a medical certificate to reflect the certificates purpose. NB - You may need to review your workplace templates to ensure this is reflected.
- As a Registered Nurse, you are able to make nursing diagnoses, and determine a persons ability to attend

work. You may need to review your workplace/ organisational policy to guide nursing practice in this area.

- Nursing Council of NZ will not be setting in place an approval process for this. Under the Health Practitioners Competency Assurance Act, Registered Nurses can undertake any activity that they are competent to undertake, and which they have employer support.

Anna Wheeler
ASSOCIATE DIRECTOR
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April falls 2018

This year the focus for April Falls is about promoting the Live Stronger for Longer movement.

This initiative is a joint venture between multiple agencies to promote the uptake of Strength and Balance activities at a population level.

A fall can be devastating for older people. It can make them fearful of falling again, which stops them doing the things they used to do. This can lead to social isolation and even depression. As physiotherapist Sonya Veale highlighted strength and balance activities are the most effective intervention to minimise the risk of falls and negate the loss of independence that can occur after a person has experienced a fall.



Not every fall results in an injury, but those that do can cause broken bones, which can be painful and take a long time to heal. People are often unaware of the link between a broken bone and osteoporosis. Osteoporosis is the gradual loss of bone strength and density. Over time bones become fragile and weak which causes other bones to break more easily. The good news is it's never too late to build up those bones and keep them strong and healthy with appropriate diet and exercise.

Sonya Veale

PHYSIOTHERAPIST

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LIVESTRONGER.ORG.NZ

Nominations now OPEN

Nominations and ticket sales are now open at:
www.southcanterburyhealthcareawards.org

In 2017, over 400 people attended the South Canterbury Health Care Awards evening, with over 100 nominations for awards in recognition of health service excellence. We invite you to be part of truly acknowledging and celebrating our "unsung heroes" of Health. These are the people amongst us who stand out as the true innovators and those going beyond the call of duty to make a genuine difference every day to our South Canterbury community. It was a sell-out event last year and we expect this year to be another night to remember!

So far the team of volunteers have been busy fundraising for the event. See below for photos from the Frock Swap event which raised nearly \$1,000. The team have also secured sponsorship from Alpine Energy, the Health Endowment Fund, Trust Aoraki, Hyundai, Toyota, Chow Hill, Timaru Limousine and more!

**South Canterbury
Health Awards
GALA
26 May 2018**



www.southcanterburyhealthcareawards.org

St John 111 clinical hub



Improvements to the St John 111 ambulance call system are now fully embedded throughout New Zealand, having been rolled out in the remaining South Island DHB areas at the end of last year.

If a caller is assessed as needing an ambulance urgently, St John will send one as soon as possible. If an urgent ambulance response is not required, St John registered nurses and paramedics will determine the best treatment for the patient by using a phone triage system.

This is a proven, internationally recognised system known as the 111 Clinical Hub in New Zealand.

St John National Patient Pathways Manager Kris Gagliardi says the evidence of improved patient care is clear.

"It provides patients who have non-urgent illnesses and injuries with appropriate advice and treatment care closer to home by having an experienced nurse or paramedic call the patient back and undertake a detailed assessment," Gagliardi says.

St John receives more than 500,000 emergency 111 calls for an ambulance each year. St John's priority is always to send emergency ambulances as quickly as possible to those in

most urgent need.

"Over 25 percent of 111 calls are for issues like strains and sprains, cramps or ear ache and could potentially divert ambulance resources away from someone in more urgent need."

"What's more, there are better, often faster, ways of managing these calls over the phone, finding more appropriate care, thereby freeing up ambulances to focus on the increasing number of 'high acuity' or life-threatening incidents."

"This can also help reduce the more than 281,000 presentations to hospital emergency departments throughout New Zealand every year," Gagliardi says.

As part of its commitment to improved patient care, St John regularly monitors customer feedback through a monthly customer experience survey to inform what is being done well and what to improve, from the patients' perspective.

While efforts to increase awareness of Clinical Hub continue, the latest Clinical Hub User Satisfaction results for January 2018 shows overall satisfaction with the service is over 82 percent.

The nationwide roll out has also seen a significant impact on the number of ambulance presentations to hospital Emergency Departments (EDs).

December 2017 was the lowest ever percentage of 111 calls transported to Emergency Departments in New Zealand since records began.

In the last 12 months, about 41,000 incidents (or 9.4 percent of all incidents) went through the Clinical Hub triage process, and 40.8 percent of those incidents were clinically managed in the community without the patient being transported to an Emergency Department.

South Island Response

- 6,677 EAS Incidents were reviewed by Clinical Telephone Advice (CTA) during the last 12 months. This represents 5.6% of all EAS incidents.
- 40.2% of the above were clinically managed without requiring transport to ED

Be Active - Christine's success

While struggling with low mood and frustration in seeing the scales heading the wrong way, Christine Hubbard felt she had no direction until her doctor suggested getting some support and advice regarding exercise.

She was referred to Green Prescription and had a consultation with Danielle, one of the Physical Health advisors. Christine was offered an opportunity to attend a Be Active programme and decided to give it a go. She knew that sitting on the couch was not helping her mood or health and hoped to improve her motivation and try some new activities.

Be Active is an eight week programme for anybody wanting to establish a regular exercise routine and learn more about healthy lifestyle habits while having fun with others. Be Active is suitable for anyone who is not currently active on

a regular basis. It gives the opportunity to try a variety of types of exercise along with the support of Green Prescription staff.

Christine is now exercising more, participating in a number of activities she learnt about at Be Active. She is more motivated and realises how much it lifts her mood and improves her health. She has lost weight and increased her fitness and energy levels.

Christine's advice to anyone needing some support, "Have the courage to go along and be inspired. It is too late once you can no longer move. The leaders are brilliant and you feel welcomed and encouraged"



Patient Experience Survey

Co-ordination

I found that one obstetrician held completely different views to the midwives and my own obstetrician - *Maternity*

I was discharged from hospital with very poor notes - see your doctor in a week. No information on when to take off the splint I had on or the bandage or when I could try to start walking, any physio required. In the end I had to be readmitted back into hospital less than a week later as I was discharged too early and still had infection. - *Surgical*

All investigations carried out as quickly as possible plus ongoing investigations to be done after discharge. All staff involved pleasant, caring and gave full explanations of procedure. - *Medical*

The list of medication I was prescribed on my discharge was quite large 10 different medications to be taken at different times. Whilst I was given a yellow sheet explaining each medication, however when the script was filled my wife was handed a large bag full of meds. It was left up to my wife and I to sort out what meds I needed to take and how often. This took 3 days for us to get right. It could have been saved by having the meds packed in blister packs. - *Medication*

Partnership

Everyone was great. When discussing what ABs I should be on my opinion was taken into account by the surgeon and anaesthetist & I was put on my preferred choice. - *Surgical*
 All staff communicated, on all aspects of my complaint. - *AT&R*
 Everything was explained or advised in layman's terms not medical words so it was easy to understand what they were telling me. - *Medical*
 Was asked if what they suggested was what i would like to do. - *Medical*

Needs

From arrival at hospital to discharge all hospital personnel were polite, respectful and obliging at all times. This made my stay stress free and I to feel at home. - *Surgical*
 From arrival at hospital to discharge all hospital personnel were polite, respectful and obliging at all times. This made my stay stress free and I to feel at home. - *Medical*

Communication

The care you get from Midwife's & doctors in hospital is excellent, any concern or query is never a problem for them they make you feel at ease They are all so good at there jobs really do give you the best care while you are in hospital. - *Maternity*

Everything the staff were doing or going to do was fully explained to me which I found reassuring. Therefore I was fully relaxed when treatment was commenced. - *Medical*

The medical staff were excellent. The administration and booking dates was constantly changing and very confusing. But within the dynamic nature of the hospital needs, I guess this is understandable. - *Surgical*

Final Comments

Wonderful midwives on ward, made to feel very welcome and comfortable. Obstetrician was fantastic and explained all decision making clearly. I feel very blessed to have had given birth in such a warm and caring environment. All the staff from the cleaners and the hospital aids to the midwives and receptionists were so nice and caring. It was almost a bit sad to leave. - *Maternity*

This event wasn't part of treatment but made me very happy. When I was taken for my first walk I could see the sea. I said out loud two lines of poetry I say every time I see the sea. My carer at the time asked if I had made them up but I had no idea where they came from. Later that day I found a poem on my bed. She had looked the words up and printed a copy of the poem and author. "The sea, the sea, the open sea, The blue, the fresh, the ever free" (Bryan Waller Proctor). I wish I could thank her. - *Surgical*

noticeboard

Have you put in your nominations for the South Canterbury Health Care Awards?



Let's CELEBRATE
South Canterbury
Health Care Awards GALA

DETAILS
Health Care delivery is critical to the people of South Canterbury. It is also vitally important that we recognise those people and groups who make a difference to peoples lives to ensure every moment matters when we deliver health care.

When: Saturday 26 May
Where: Caroline Bay Hall, Timaru
Time: 6pm till late
Theme: Gatsby

HIGHLIGHTS

- Guest Speaker**
Ngāti Te Ra Rūois
The Face of New Zealand
- Music**
Cam Scott

Supper is provided.
A licensed bar is available.

TICKETS
Have you got your tickets for the South Canterbury Health Care Awards GALA?

\$25 - Early bird (before 30 April)
\$35 - After 30 April

Tickets can be purchased online at the website below. Sales will close a week before the event, if they don't sellout beforehand! So get in quick.

AWARD NOMINATIONS
Head to the website below to nominate an individual or group for a health award before the 30 April. The categories are:

Extra Mile Award
Integration Award
Business Culture Award
Efficiency Award
Applied Technology Award
Return the Learning
Making a Difference Award

The South Canterbury District Health Board Chairman also recognises innovation and excellence through the Chairpersons Award.

Purchase tickets and complete nominations at:
www.southcanterburyhealthcareawards.org

come work for us

South Canterbury DHB employs between 950 and 1000 staff at any given time, including part-timers, casuals and contractors. If you know of any colleagues who may be looking for a change of scene, please feel free to pass on our contact details, or if you are contemplating a change of role then please consider the following:

Nursing/Midwifery

- District Nurse - 12 Months
- Enrolled Nurse - Medical Ward
- Registered Nurse - Medical Ward (contract)
- Midwife

Allied Health

- Occupational therapist - ATR
- Anaesthetic Technician - Operating Theatre

Support

- Laundry Worker/Washperson
- Laundry Team Leader
- Emergency Receptionist and Telephonist

contact

Human Resources

Office: 03 687 2230

Address: Private Bag 911, Timaru 7910

Enhancing the health and independence of the people of South Canterbury

pulse...

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

All written contributions are welcome.



South Canterbury
District Health Board

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