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HUB NEWS



A cracker of a day!

We celebrated the festive season with a delicious spread, bringing together staff from across all of the SCDHB to share in the fun!

Many thanks from all the kitchen staff for the invite to the function. All enjoyed and a great spread put on.

Paul Shailes, Head Chef, Timaru Hospital

Hi Alan, thank you so much for a superb role as Santa yesterday, I think this was your best effort!

Meron Bowman, Learning Hub Coordinator

Great job team. Food was fab, place looked amazing!

Jackie Grigsby, CNM Community Services

Find more photo moments on page 15



FROM THE CEO

Welcome back.

I hope you were able to take some time this summer to rejuvenate. The Christmas season allows for many opportunities to link in with the five ways of wellbeing as we connect with family and friends, give (even if it is simply our time), take notice, keep learning and be active.

Christmas Cheer

The Christmas lunch was an opportunity to say thank you. Thank you for the role you play in making our workplaces great and enhancing the health and independence of the people of South Canterbury. The festive scrub tops brought a smile to my face (page 5), as did the patient thank yous (page 9) where a predicted bleak and cheerless Christmas was turned into a most enjoyable festive period.

The National Picture

As we enter the New Year I am aware of the challenges ahead for the New Zealand health system. In July we expect to see an interim report from the New Zealand Health and Disability System Review. The focus of this Review is to make recommendations for changes which will improve the equity of outcomes. It will also look to the future to ensure the system is able to meet the technological, demographic, workforce and other challenges that will confront the system over the coming years.

Everyone is a Leader

Locally, I am proud of the commitment, resilience and leadership you have all shown in the face of change over the past year. To this end, I highly recommend all staff to take part in the Navigate programme – for whether it is leading the organisation or leading a quality project, we are all engaged in leadership of some form.



Nigel Trainor

CHIEF EXECUTIVE

ntrainor@scdhb.health.nz

navigate

Our Leadership Learning Programme.

Navigate, our SCDHB Leadership Learning Programme, will begin February 1, 2019.

Members of the SCDHB community who wish to develop their leadership capabilities are invited to apply to participate in the programme.

If you want more information about the programme, please contact one of the programme staff listed below.

Robbie Moginie
rmoginie@scdhb.health.nz

Sheila Van Den Heever
svandenheever@scdhb.health.nz

Ballard Pritchett
rmoginie@scdhb.health.nz

Anna Wheeler
awheeler@scdhb.health.nz

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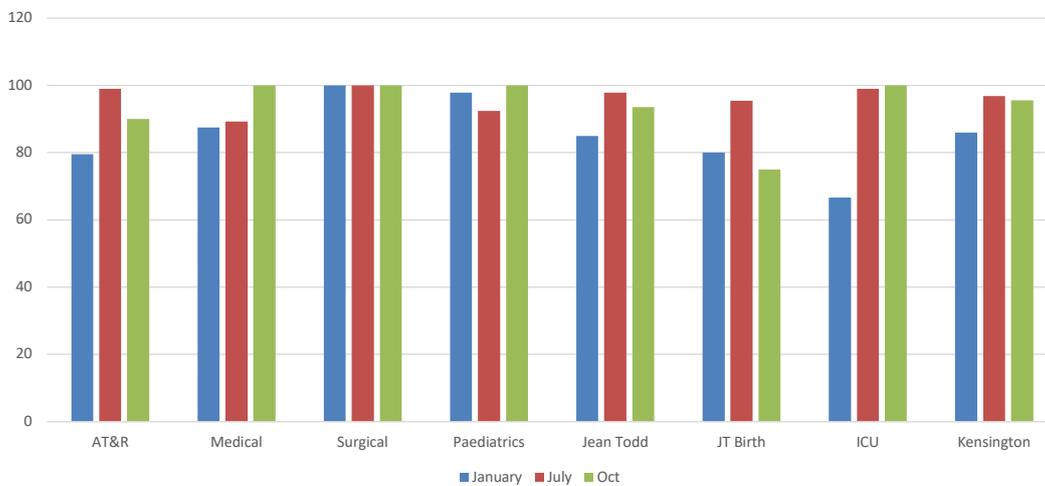


IMPROVING CCDM DATA QUALITY

The Care Capacity Demand Management (CCDM) Council wishes to acknowledge the SCDHB staff whom, across the inpatient setting, have achieved an overall consistent improvement in Trendcare data quality, particularly actualisations and categorisations over the 2018 year.

This data collection reflects the patient activity and acuity for each area enabling accuracy of staffing calculations, and safe staffing processes. Of significant note is the improvement in Medical, AT&R and Maternity ward. Data reliability makes a big difference to the accuracy of CCDM activity, it takes a team effort, so well done to all.

Actualisation Compliance 2018



SCDHB CCDM Programme Update

following New Zealand Nurses Organisation(NZNO) MECA negotiation outcome

The 2018 NZNO multi-employer collective agreement (MECA) settlement supported a commitment to address immediate relief of workforce pressures, coupled with the implementation of Care Capacity Demand Management (CCDM) Programme.

We are very pleased to have confirmed SCDHB’s proportion of the investment in immediate staffing relief to be implemented as follows:

1. An additional 3.6FTE nursing (RN/EN/HCA) to be employed into the clinical resource unit as a permanent resource for day time shift relief. This FTE will support the staffing pressures in response to periods of high acuity and occupancy (variance), and staffing pressures as a result of delay in recruitment; emergent unplanned leave from posted rosters.

2. An additional 1.0FTE to be invested in nurses (RN/EN) holding a quality portfolio such as health and safety, clinical documentation, hand hygiene etc. This investment will enable a portion of nurses to hold a quality portfolio with one 8hr day every 6 weeks in a supernumerary capacity.
3. An additional 1.0FTE health care assistant on morning shift within the medical ward to assist the team with patient activities of daily living to ensure occupancy and acuity are more closely aligned with resourcing.

A further investment to support the ongoing implementation of CCDM will be supported by:

4. An additional 1.3FTE to be distributed throughout the services to enable supernumerary time for ward CCDM champions to progress CCDM related activity specific to their services.

The CCDM Council will ensure the implementation of this additional resource is actioned as soon as possible.

Anna Wheeler
CCDM Chairperson

Snapshot update from the clinical board

“Giving expert advice and exhibiting leadership on clinical matters”

**Clinical Board met 27 November, 2018.
Discussions included the following:**

- The clinical board is holding a workshop 18th December to develop a work plan for the 2019 year and ensure transparency of function and value.
- Clinical board members will be undergoing Health Quality and Safety Commission training in March 2019. This will enhance the clinical board’s ability to maintain governance over quality and safety activities.
- Clinical board are looking to establish a research register. This register will monitor local research activity and seek to support dissemination and use of the findings and implications reflective of the south Canterbury community health needs. This discussion will also review the research application process at SCDHB.
- A presentation from the quality team in regard to our serious adverse events process. A number of opportunities to improve the current process were identified. It was noted that HQSC training for staff members is to be a priority.
- Health Round Table data identified some opportunities for discussions with clinical teams with a focus on service development. These conversations need to be taken to clinical teams.
- A robust discussion on vaping upon the SCDHB grounds was had. This discussion is to be revisited next meeting following consideration of further evidence around the health effects of vaping.

Come Along!

The time of the Clinical Board meetings are every second Tuesday of each month from 4-6pm.

Taking a new direction

This year our incoming House Officers participated in orientation which involved a completely new format.

They took part in ‘case race’ scenarios which saw them visit the presenters in their clinical area and present a mock patient thereby orientating them to the hospital and the required procedures. They also took part in mini simulation training and an overnight marae stay at Arowhenua. This was well received and enjoyed by the House Officers who took part in a powhiri and gave their mihi to the members of the Arowhenua whanau. The House Officers also made poi and learnt how to use them. I would like to thank the Arowhenua whanau for allowing us to share this experience with our new recruits.

Below is a photo of the House Officers waiting outside Te Hapa o Niu Tireni waiting to be called on for the powhiri.





Spreading Christmas cheer

Kathryn Campbell, RN ED, approached me in October about the possibility of staff being able to purchase and wear Christmas scrubs from December 1st.

This was agreed, and many of the nursing, HCA and Medical team put an order in through Kath to buy some festive scrub tops.

Whilst wearing these the staff had positive acknowledgement from other DHB staff and patients about how cheerful and festive they looked. Over an often busy and stressful time the positive comments helped make it easy to remain upbeat and cheerful to patients and our colleagues during the Silly Season. A huge thank you to Kath for organising this with the team.

Shortly before Christmas we received a morning tea from Countdown! They wanted to give to an area that helps those in emergency situations.

They also provided some toys for the children that came in on Christmas day. What a lovely gesture.

Rachel Mills



Left to Right – RNs Chris Gloag, Kath Campbell, Donna Schrader, CNM Rachel Mills, RN Kath Livesey, HCA Debby Michelle, RN Joel Ubando
Photo supplied by RMO Dr David Neynens



Milestone

Ruth Garvin, our Director Māori Health, has reached a milestone in her working life and has now retired.

Ruth has been an invaluable driving force in improving and maintaining our health outcomes for our Māori community. She will be missed greatly and she has asked for us to include this message of thanks and advice to all her colleagues at the SCDHB.

E noho rā Farewell

Kā mihi - Thanks to those who supported me in my role as Director Māori Health

Kara whiua - Congratulations to those who stepped out of their comfort zone and gave it a go

Wero – Improving Health Outcomes for the Māori population needs to be a whole of system approach

Tautoko – please continue your support to the incoming Māori Health Directorate team

Retirement 20/12/2018
Yahoo!!!

Early Warning Scores save lives

The roll-out of the National Vital Signs Chart and New Zealand Early Warning Scores (EWS) at Timaru Hospital has increased patient safety.

Led by the Health Quality and Safety Commission, the Chart and EWS provide a safety net for adult patients who acutely deteriorate while in hospital.

When the Vital Signs Chart is completed it produces a Score, which triggers an escalating clinical response so that clinicians with the right skills can intervene and manage the patient's deterioration.

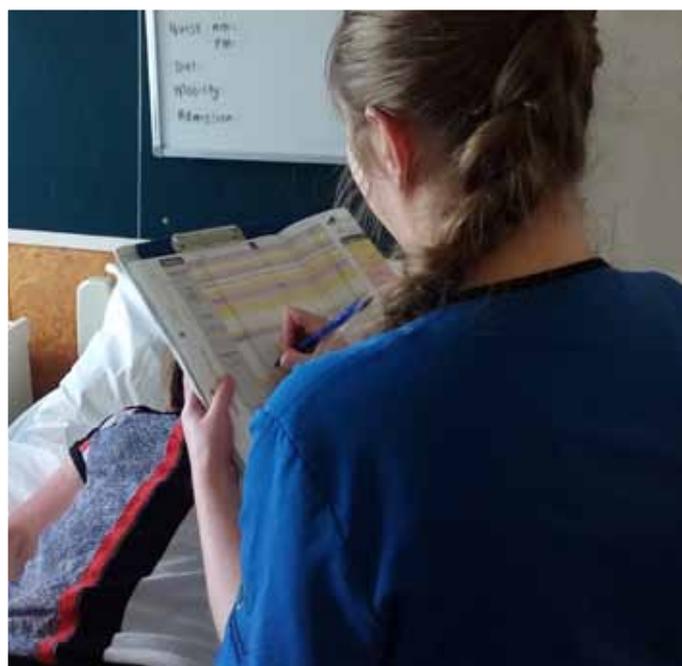
"The chart is not that different from what we already had in place," explains Fiona Gayle, Learning Hub Advisor and project co-lead.

"However, the national focus has allowed us to standardise our observation chart with the rest of New Zealand, while articulating a local pathway that works for us here in Timaru."

In 2018 the Recognition and Response System Committee worked to ensure the pathways associated with the scores were clear and supported by robust policy and procedures.

"The great thing about the Chart and EWS is that the actions in the four pathways of escalation are really clear. There is no need for hesitation - it takes out the grey."

"It also gives a common language during handover. Whether it is preparing for a transfer to Christchurch or within our own hospital, staff have a shared awareness of the clinical condition of the patient."



The Chart documents seven core vital sign parameters including respiratory rate, oxygen supplementation, oxygen saturation, heart rate, blood pressure, temperature and level of consciousness. The score for each individual parameter is added together to calculate the EWS.

While nursing staff have been implementing the new chart, the focus for Resident Medical Officers (RMOs) and Senior Medical Officers (SMOs) has been on ensuring the wording of modifications are well articulated.

"The Chart acknowledges that for some individuals, abnormal scores are, well, normal. For example, a patient with COPD (Chronic Obstructive Pulmonary Disease). And so there is space to write a modification to a vital sign parameter for individuals with chronic disease or known vital sign abnormalities."

Timaru Hospital went live with the new chart on Monday 10 December following a decision to go ahead with the paper version rather than wait for the electronic documentation through Patient Track.

"Although an electronic EWS will be fantastic, the committee's decision to go ahead with the paper chart has been very useful."

"It means staff have been able to make themselves familiar with the chart and score without the added complication of learning a new electronic system."

"It also provides greater flexibility over the coming months as we begin the task of audit and evaluation."

"In many ways the roll-out is the easy bit. Now we need to hear from the people using the Chart and EWS everyday and make sure it is doing what we need it to - saving lives."

"The great thing about the Chart and EWS is that the actions in the four pathways of escalation are really clear. There is no need for hesitation - it takes out the grey."



National Vital Signs Chart with Early Warning Score

Complete the **healthLearn** course SCMS001

For more information contact Fiona Gale on Ext. 8384 or fgale@scdhb.health.nz

Mandatory escalation pathway	
Total Early Warning Score (EWS)	Action
EWS 1-5	Manage pain, fever, fluid status and distress. Inform nurse in charge if EWS increases by 2 or more. Increase frequency of observations (minimum 4hrly).
EWS 6-7 Acute illness or unstable chronic disease	Contact RMO for review within 30mins. Inform nurse in charge of ward to attend within 30mins. *Notify CNM or DNM (dial 5740) of deteriorating patient within 60mins *Increase frequency of vital signs - minimum 30 minutes.
EWS 8-9 or any vital sign in red zone Likely to deteriorate rapidly	Contact RMO + Nurse in charge to attend pt within 10mins. RMO to contact SMO responsible in 10mins *Complete Activation EWS pathway sticker and update clinical record
EWS 10+ or any vital sign in blue zone Immediately life threatening critical illness	*Press emergency bell and/or dial 7777 *State "Code Blue", location and room number *Support airway, breathing, circulation *Complete Code Blue activation sticker and update clinical record.

Meet the Out Patient Department (OPD) team

We are a small friendly team situated on the ground floor of the hospital.

We work with the hospital and visiting specialists, surgeons and physicians to enhance the health and independence for the people of South Canterbury. We work across a wide variety of specialities and therefore have a broad knowledge base.

Our day to day work consists of coordinating clinic's, we have eight OPD clinic rooms and the nature of OPD can be a fast paced environment. On average we see 2000 patients per month. We assist with minor procedures, manage a wide variety of wounds, remove / replace casts and fitting of orthopaedic devices. A large part of our role is education and support for patients with new diagnoses / injury or with their journey through an illness. We liaise with the multidisciplinary teams throughout the hospital and in the community.

Three of the team have completed their portfolios with the aim to have the whole team completed by the end of 2019.



From Left to Right: Joi Taylor, Jan Mulcahy, Carina Gallagher, Fiona Eccleston, Floss Dynes (Manager) Andrea Chapman, Claire Baxter (CNS Orthopaedics) Brenda Morton. Absent were Sophie Sequin and Rhonda Brown.

New Zealand ShakeOut 2018

As you will all be well aware, major earthquakes can have devastating effects and are an inevitable part of our future. We need to ensure we're prepared at home and at work.

Every three years the Ministry of Civil Defence and Emergency Management hold a national earthquake exercise drill called NZ ShakeOut.

On the 18th October at 0930 SCDHB joined the rest of NZ in this earthquake drill. It was great to see so many of you doing the right thing which is 'Drop, Cover, Hold'.

The focus of the week was 'Being prepared at home and at work. We ran many activities and provided resources to assist staff with preparedness.

- Grab & Go Bags, updated Major incident folders and Orange evacuation bags (clinical areas) were distributed.
- Personal Workplace Emergency plan booklets available for all staff
- Daily emails with preparedness questions and daily prizes
- YouTube links on earthquake modelling
- NZ ShakeOut quiz for staff to complete with questions about being prepared at home and at work. Our two winners, Daniel Wiltshire and Kaye Cameron are now the proud owners of a Grab & Go Bag, which will help them be prepared.

The quiz responses and email replies indicate a level of preparedness but remember:

The more prepared we all are, the better we will manage in a disaster.

A note from the coordinator

Hi all,

Firstly a **BIG** thank you for everyone getting behind NZ ShakeOut week. I hope that you all feel a little more prepared for a disaster, as a DHB we are improving.

All ward/dept Grab & Go bags and orange admin bags and updated Major Incident folders were delivered (Woolcombe St & Talbot are on my to do list). If you haven't seen these, I encourage you to go and have a look and a read.

Congratulations to the winners of the Grab & Go bags

- Daniel Wiltshire (IT dept)
- Kaye Cameron (Quality & risk)

Penny Dewar

Emergency Management Co-ordinator and Nurse Co-ordinator
Quality & Risk

03 687 2297 / 027 265 6494



www.shakeout.govt.nz



PATIENT *thank you*s...

I just received a copy of the report Frank Wurlitzer sent to my doctor after my consultation on 29 Oct.

Please convey to Frank not only my sincere thanks for his very informative and helpful advice and opinion during the consultation but also for the very courteous letter he sent to my doctor. I am most impressed and grateful for his treatment.

Thanks to all the hospital staff too for their kindness and attention, I think we here in South Canterbury can count ourselves very fortunate to have such caring professionals looking after us

Best regards.

AUDIOLOGY

On the 23 December 2018 both my hearing aids suffered catastrophic failures. I had prepared myself for a bleak and cheerless Christmas.

I saw Viv at Audiology reception who said they would see what could be done. Viv phoned me 10 minutes later and asked if I could return to the department as they had a plan that may alleviate my problem.

On arrival back at Audiology my problem was resolved. I was ecstatic and now I am half way through a most enjoyable festive period.

I have visited the Audiology Department on numerous times and on each occasion I have been treated with a warm blend of care and professionalism and feel that such treatment should be recognised.

EYE CLINIC

- Wanted to pass on the amazing service I received from the eye clinic yesterday
- From the time I stepped into the clinic, the respectful professional way they treated me, explaining very carefully the process and what may happen if I met the criteria for care.
- And I was treated with laser treatment in both eyes on the same day. Fantastic service through the public health system
- Huge thanks and can you ensure the clinic staff are acknowledged
- ...Nice for the Board to know that this service is pretty amazing!!!!
- Congratulations to SCDHB

To The Staff and The Management at Talbot Park Rest Home. Thank you So So Much!! for your loving care given to [redacted] during his 4 months stay. It was very much appreciated. Love to you all. Many Thanks From [redacted]

Patient Experience Survey – Primary Care

Coordination

- My GP is excellent and works in well with specialists he does not muck around and makes sure all tests are done as per procedure so specialist does not need to order them which avoids delays is scans, bloods etc.
- My Doctor refers to a specialist as and if necessary.

Partnership

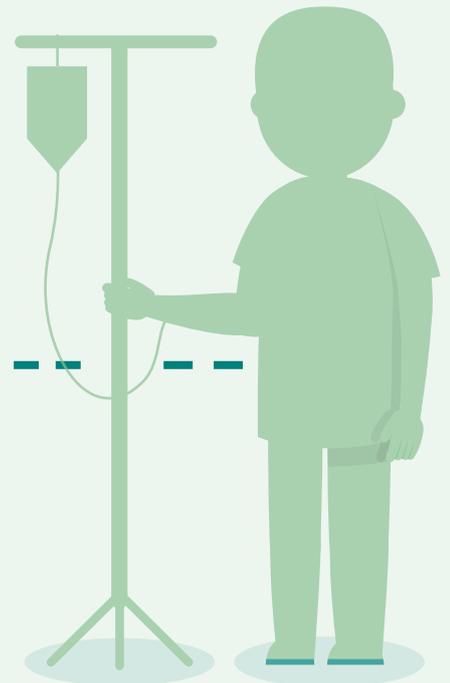
- The Specialist is very good and hopefully the further treatment will follow quickly.
- As my condition was caused by a work-place accident, I am covered by ACC. Apart from my first ACC Case manager for the first few months after my release from hospital, I have been very pleased with ACC and my original GP, and more recent doctors.

Physical and Emotional Needs

- I'm really impressed. Feels more like the old family Dr. They take time, they ask if there's anything more I need and are always friendly and professional.
- Have only visited new surgery once for myself and once with partner. We're very impressed that they had read our notes and knew our conditions before they even saw us. We're assessed by nurse and then saw Dr.

Communication

- People I came into contact with were calm, professional and friendly.
- Hospital staff at Timaru Hospital CT were BRILLIANT.
- It would be handy to know the result of my blood tests (also what they mean).



AOTEAROA BIKE CHALLENGE 2019



The Aotearoa Bike Challenge is coming!

1st February – 28th February 2019

This workplace cycle challenge runs during February with new leader boards and new prizes up for grabs!

It's all about participation!

Organisations will compete against others of a similar size to see which can earn the most points and encourage the most staff to try riding a bike during February. There will be local and national leader boards, too! Log your rides and encourage staff to try riding bikes during February to get big points and top the leader board – simple!

People who already ride... can see how much they can ride in February (each ride is another entry into our prize draw!) and encourage other people to rediscover all the benefits of riding.

People who haven't been on a bike for a while... only need to ride once during February for their participation to count towards your organisation's points total. People can ride anywhere, anytime in February (even at lunchtime for 10 minutes around the car park!). It's all about showing people how easy and enjoyable riding a bike can be!

Great prizes for winning organisations in each size category. Plus we'll have an amazing prize pot for individuals including new riders, regular riders, and top encouragers!

What can I win!? You could bag yourself a holiday or awesome bike gear. We're currently finalising the prizes and they'll start to appear on the site next week.

Encourage your friends & colleagues to take part! Forward them this email, share the below image on social media or use the 'Invite Friends' button on your Love to Ride profile.

Pete Moore

Health, Safety & Wellbeing Manager

1 km	=	1 point
1 day	=	10 points
1 existing rider	=	50 points
1 new rider	=	100 points



aotearoa.bike



Meet our...

Surgical Hub Clinical Nurse Specialists

Bronney Laurie

Clinical Nurse Specialist
Registered Nurse Speciality



Portfolio Includes: 0.5 FTE Stomal Therapy (RNS), 0.5 FTE Colorectal (CNS)

I graduated as an Enrolled Nurse in 1987 at Timaru Hospital. Over the following years I worked in Surgical, Medical and Elderly Care and also spent time at Bidwill Trust Hospital. In 2006 I gained my Bachelor of Nursing and worked in ICU and Operating Theatre. I became the Stomal Therapist Nurse in 2012 and completed a Graduate Certificate in Stomal Therapy. In 2016 I stepped up into the role of Colorectal CNS and am currently working towards my Postgraduate Diploma in Health Sciences. My role within both of these specialities is to support and guide the patient and their whanau through a stressful and difficult time within their lives. Each patient has a complex pathway and I work to ensure that each particular need and requirement is met. Providing specialist information and acting as a role model, resource and senior nurse when required. From diagnosis each patients journey is co-ordinated – pre-admission, collation of results, education, siting of stoma, follow-up in ward, community visits, nurse led clinics, patient assessments and liaising with all other health professionals involved. I am also involved in auditing, research, prescribing stoma supply and managing the stomal budget. Everyday these position's hold great challenges and opportunities – I love being a nurse

Lynley Niles

Clinical Nurse Specialist
Surgical Hub



Portfolio Includes: 0.5 FTE Acute Pain, 0.5 FTE Breast Care

I graduated as a Registered Comprehensive Nurse from Otago Polytechnic in 1992. Having worked in a variety of acute care settings including Cardiothoracic Surgery, General Surgery, ICU and the Emergency Dept enabled me to develop a broad range of clinical skills. For the past 18 years I have worked as the Clinical Nurse Specialist in Acute Pain. In 2013 I graduated from Otago University with a Masters Degree in Health Sciences (Credit Endorsed in Nursing (Clinical)).

My role includes providing expert nursing knowledge and making recommendations for pharmacological and non-pharmacological interventions for complex patients who require pain and symptom management. The role encompasses an educational component with the opportunity to provide teaching to medical and nursing staff, multidisciplinary team members, patients and their families. This role is instrumental in developing and implementing new researched based quality initiatives to improve the health outcomes in pain management for the people of South Canterbury.

In October 2018 I was appointed as the SCDHB Clinical Nurse Specialist with the portfolio of Breast Care. This position will enhance the continuity of care for women who have benign or malignant breast disease. With a focus on providing important information, psychological support to women and their families and referral to appropriate agencies this role will provide a new challenge in my career.

Sara George

Clinical Nurse Specialist
Surgical Hub



Portfolio Includes: 0.5 FTE Acute Pain, 0.5 FTE Wound Care and Intravenous Therapy

I graduated as a Registered Comprehensive Nurse from Southern Institute of Technology in 2013. Two years post this, I enrolled in my first postgraduate paper, as for me, it is innate that I continue to grow as both a person and a nurse. I will be graduating with a Postgraduate Diploma in Health Science at the end of 2018.

I am currently pioneering the direction of my Wound Care and Intravenous role. Current projects include: creating Pressure Injury Prevention Link Nurse Role for both the acute and community setting; implementing more CVAD course to teach taking blood samples from CVAD lines and re-implementing intravenous link Nurse Role. My goal is to be a resource to all staff, educating and encouraging researched based quality wound and intravenous care. This will enable improved health outcomes the people of South Canterbury. Referrals can currently be completed via phone ext. 8204 or email sgeorge@scdhb.health.nz

In January, 2019, I will start my new role in Acute Pain. My role will include: providing expert nursing knowledge and making recommendations for pharmacological and non-pharmacological interventions for complex patients who require pain and symptom management.

Claire Baxter

Clinical Nurse Specialist
Surgical Hub



Portfolio Includes: 0.9 FTE Orthopaedics

I graduated as an RGN/RSCN in the UK in 1985. I initially focused on paediatrics, becoming an Emergency Department Paediatric Practitioner in 1994, before moving to primary care as Nurse Manager of a GP Emergency Centre. Since moving to New Zealand in 2002 I have worked in primary care management and service development as well as acute clinical settings. I have a quality focus and have invested in clinical audit processes to support evidence based clinical practice since joining the orthopaedic team in 2009. Working initially as an OPD clinic nurse, then as an Orthopaedic Speciality Nurse. I commenced this exciting new CNS role in July and will be working across the health sector to support the delivery of excellence in patient focused clinical care. I believe in life long learning, I am keen to learn and in turn share my knowledge and expertise to support the professional growth of others and improve patient care. This new role gives me more opportunity to do this, so if you or your team feel there is a gap in your orthopaedic knowledge, I may be able to help you fill, don't wait for me to ask you, pick up the phone. The opportunity to provide education sessions

THE INAUGURAL
**AMAZING
 RACE!**
 TIMARU HOSPITAL EDITION



This event was a huge success and everyone stated they had an amazing time.

Winners

- 1. Fiji**
 (Michelle Social work AT&R, Sally Parker CNS AT&R, Annalise OT Community)
- 2. Jamaica**
 (All nurses from SURJ)
- 3. Mexico**
 (X3 dieticians and an OT)

Best Dressed

- 1. Jamaica**
- 2. Australia**
 (Orderlies dept)

Best individual dressed

Sonya Veal
 (Physio AT&R)





MENINGITIS

What you need to know

If you've been following news reports about the increase in the number of people developing meningitis you may be feeling a little alarmed, especially if you live in Northland – the region hardest hit by the outbreak.

So what can you do to protect your family from meningitis?

Meningitis can be very difficult to diagnose because the symptoms are often similar to a cold or flu. It can develop very quickly so it's really important to seek medical help immediately if you notice meningitis symptoms.

The key message is: Know the symptoms. Act fast.

Know the symptoms

For more information on the signs and symptoms of Meningitis please visit:

<http://www.meningitis.org.nz>

Every second counts

If you notice any symptoms of meningococcal disease or have any concerns, contact your healthcare provider immediately or dial 111.

LIPPINCOTT NEWS

SCDHB featured in latest Lippincott Newsletter

Fiona Gale (SCDHB Learning Hub Adviser) and the Medical Team share a story about how Lippincott assisted them when carrying out an unfamiliar procedure.

To read the latest newsletter, go to www.sialliance.health.nz, and use their search tool to search for Lippincott Procedures.

SCDHB Procedure Reviews must now include Lippincott

When reviewing an in-house procedure, did you know SCDHB policy states you must search Lippincott to see if there is a procedure that could replace it?

When updating a procedure you will now be sent a Trigger review/feedback form to fill out to give evidence as to why you do not want to use the Lippincott procedure or if you can't find a procedure on Lippincott you must provide the search terms you used to look for it.

The Trigger review will then be sent to the Lippincott implementation group who decide whether or not to send it on the Clinical expert groups. If the procedure needs to be changed it will then be sent to the Directors of Nursing group to sign off.

Lippincott offsite access

We can now set you up with a user name and password to access Lippincott offsite. If you don't want to download the app, but still access Lippincott from home, just email Fiona or Bronwyn to get access.



Contact your Lippincott Reps to set this up.

Fiona Gale
fgale@scdhb.health.nz
Ext 8384

Bronwyn Fleming
library@scdhb.health.nz
Ext 8396

LIBRARY NEWS

We have a number of online resources available

UpToDate Anywhere

Evidence based, peer reviewed Clinical decision support resource, patient info, calculators

EBSCO

Find Journal Articles, includes Cinahl, Medline, Health business and psychology

Harrison's Online

The most clinically relevant content of Harrison's Principles of Internal Medicine with a focus on diagnosis, treatment, and patient care.

Medical Journals online

JAMA, BMJ, The Lancet, NEJM

Access from the Library website on iHub



Learning Hub

Inspiring Meaningful Learning

Ka whakamanawatia te akoraka whai tikaka

Celebrating other professions

December's Learning Hub theme was 'Celebrating other professions' and a morning tea was held on the 19th of December for Health Care Assistants to recognise their contribution to their clinical areas.



L-R: Barbara Cosgrove, Paula Sneddon, Nori Kassim, Ting Bandong



L-R: Dave Morrison, Catherine Murdoch, Megan Stark, Barbara Cosgrove, Meron Bowman



L-R: Anne Loader, Donna Conroy, L'ann Van Emmenis

What else has been happening?

Mental Health & Well Being

Session with Calley Congo

The importance of nutrition in self-care

Calley held a very informative session on Friday 12 October over lunchtime. Calley covered a broad range of topics including portion size, how food affects our mood and intuitive eating (mindful eating and appetite awareness).

If you weren't able to attend and would like some resources, please contact Calley at Dietitian@scdhb.health.nz

Mindfulness

Christine McFarlane came and talked about Mindfulness early in October and introduced some skills to make us more 'present' or 'in the moment' and suggested apps and websites with free Mindfulness sessions.

Christine holds regular Mindfulness six week blocks so if you would like further information please go to <https://www.mindfulme.nz/> or contact Christine at chris@mindfulme.nz

Shakti Mat Demonstration with Physiotherapist Sonya Veale



Men's Health

Lunch and Learn

Joseph Mundava, CNS for Oncology held a Testicular Cancer presentation which was well received.

Christmas lunch 2018



5 MOMENTS

with Angie Foster, IPCN

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

Hand Hygiene

We made it above our 80% compliance for moments of hand hygiene for the last quarter yay us!!! Let's keep reminding each other to wash or gel at all those moments to keep ourselves and our patients safe. Don't forget, especially during these drier winter months, to moisturize as well as wash/rub. It recommended to moisturize with lotion at least 3x per shift.

Infection Control Fun Fact – Did you know....

Tiny Mites Live In Your Eyelashes – It's weird and slightly disturbing to think about – but many people have teeny tiny little mites living in their eyelashes. These microscopic creatures are long and narrow. They live in the hair follicles and pores of your face, and particularly love eyelashes, where they feed on oils and dead skin cells. Gross! This is why, ladies (or gents – who am I to judge?), it's recommended to discard your mascara 2 or 3 months after opening it. And never share eye makeup with someone else, or you risk cross contamination.

Flu

Well done SCDHB! A whopping 69% of staff were vaccinated against the flu this year. That was about 8% more than reported last year. Which means, more of us were protecting those more vulnerable around us, not only ourselves.

Interesting information that has come out of a study published in the journal of infectious diseases shows that obese adults are not only more likely to have more severe complications of influenza, but are also more likely to shed the virus than non-obese adults. This was only found significant in influenza A viruses (the one that is likely more harmful and can cause pandemics), and not in children. Obese individuals who were symptomatic with flu were shedding the virus 42% longer than non obese individuals, and 102% longer when their symptoms were only mild. For us, this means considering if we have a patient in isolation that meets obesity criteria, we may need to consider longer times of isolation – just like those who are immune compromised or with multiple co-morbidities.

IPC short education video

Get the tissues out. Check out this clip that shows how everyone in healthcare can play a part in transmitting infections in the healthcare environment. It's about 6 and a half minutes long, and yes it's American, but it quite clearly shows how we all have a special role to play to keep us and our patients safe. Check it out here: <https://health.gov/hcq/trainings/partnering-to-heal/index.html>

Isolation Folders

I am in the process of revamping the isolation folders yet again. Now that we have moved to Lippincott procedures for most IPC policies, the procedure in the folders and the door cards need to be updated to reflect the change. Keep an eye out but remember to continue to isolate anyone with a new cough/fever/vomiting and diarrhoea. If you have any questions about policies/procedures for Infection Prevention & Control, check out Lippincott.

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 look at the selection here or visit our website for more opportunities.

- + Orthopaedic Surgeon Awaiting Fellowship
- + Central Sterilising Unit Technician – Second In Charge
- + Casual Orderly
- + Director Māori Health
- + Core Midwife
- + Anaesthetist (Temp)
- + Clinical Coder
- + Laundry Washperson
- + Child Psychologist
- + Orthopaedic Surgeon

- + Casual Registered Nurse
- + Casual Enrolled Nurse
- + Anaesthetic Technician – Operating Theatre
- + Registered Nurse – Emergency
- + Health Care Assistant – Emergency
- + Emergency Medicine Specialist

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