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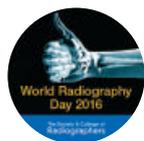
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South Canterbury DHB is proud to present its new website.

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## World Radiography Day

Tuesday 8 November was World Radiography Day and celebrated the anniversary when Wilhelm Roentgen discovered x-radiation in 1895.



In recognition, the radiology team held a morning tea in the department with a mix of radiographers (or MRT's), MRI technologists, sonographers, the radiologist of the day, MRT students, admin and support staff.

The day is used to promote radiography as a career, the contribution radiology plays in modern healthcare and to increase public awareness of diagnostic imaging and radiation therapy.

A display in the corridor outside ATR, allowed the public to gain an insight into radiology including bone density (DXA) scanning that featured for two weeks.

**TOP PHOTO RIGHT >** The radiology team celebrated World Radiography Day with a morning tea.

**BOTTOM PHOTO RIGHT >** Brett Climo (year 3 MRT student), Linden Schollum (year 1), Jess Walker (year 3) and Olivia Dieudonne (year 1) beside the front foyer display.



## Employee engagement and wellbeing survey

On Thursday 24 November we launched our staff engagement and wellbeing survey which will be open until Friday 16 December.

This is the first time we have included wellbeing questions and our first survey following the leadership restructure which commenced from July 2016. The survey results will help us understand the most important priorities for staff, in improving their working lives and develop key priorities for the next 12-24 months.

The survey is electronic and can be completed from any computer or mobile device that has access to the internet. Paper versions are also available but we prefer people to complete the survey electronically if possible.

The last survey was completed in 2013 and we achieved a credible 50% response rate. We would love to do better this year, so please make sure you have your say and encourage others to do the same. It takes less than 10 minutes to do.

We will share the results with everyone early next year.



Look out for posters, emails, iHub notices and some friendly ambassadors from Organisational Capability and Safety to show you how to complete the survey.

### contact

**Dave Moore**  
HR Advisor  
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## message from your CEO

The start of the financial year in July 2017 may seem like a way off, but December and January will be a busy period of planning for the year to come.

As a health board we have a strong history of meeting our financial and service requirements. This success offers us a sense of autonomy and an ability to get on with the job.

The coming years however will provide us with the challenge of optimising our health system to ensure our sustainability. Continuing on business as usual, without proactively adapting to this changing environment, is not an option.

Over the past year, you – our staff – have shown great resilience in the face of change. In January we asked for efficiency ideas and you came to the table with a raft of suggestions on how we can tighten processes without affecting our ability to provide world class health services to the people of South Canterbury.

In February and March we began a process of reorganising the management structure at the DHB. Through three rounds of consultation you gave your feedback which ensured we now have a leadership structure in place which enables integration between primary and secondary care and fosters the culture of innovation we will require to continue our successes into the future.

Across the year you have participated in user groups and provided feedback on both the Front of Hospital and the Clinical Services Block projects. Thanks to your feedback on the Front of Hospital developmental designs, the engineers and specialist can now move the plans to detailed designs in preparation for construction in 2017/18. Meanwhile we are continuing to ask your feedback on the future of the Clinical Services Block to ensure we are prioritising the workflow correctly and aligning services to ensure best fit for patients, staff and facilities.

In late November we launched the employee engagement and wellbeing survey which gives you an opportunity to reflect your thoughts and feelings about the organisation, contributing to improving our working lives. It is really important that as many people as possible have their say, so be sure to remind each other to complete the survey before Friday 16 December.

In 2017 we are looking to start the year with engagement around the national health strategy and what these themes may mean for us here in South Canterbury. These discussions will link to the development of our long-term plan and ensure we have the values, focus and drive to meet the health needs of our community into the future. We will also



**ABOVE >** Throughout the year staff have provided valuable feedback to shape the future of the DHB.

continue to gain your insight into administration processes as the Administration Service Improvement Programme rolls out throughout the year.

2016 has been a big year and I thank you all for your hard work, dedication and enthusiasm. Reading through the patient feedback it's clear to see that, despite the distractions, you have continued to have a positive impact on the health and independence of the people of South Canterbury.

So over the Christmas break I hope you are able to take time to be with friends and family, enjoying the beauty of New Zealand's great outdoors. Know that when you return we will have a big year ahead of us, but that your voice will continue to be extremely important in shaping our future.

**Nigel Trainor**

CHIEF EXECUTIVE

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## Administration Service Improvement Programme update

The Administration Service Improvement Programme was launched in September to look at administration services to see where modernising practises and incorporating IT enablers could enable staff to focus on value adding activities.

Over the last few months a number of key milestones have been achieved. The Administration Service Improvement Programme steering group has been established and the terms of reference developed. The steering group has invited Kaye Cameron to be the project facilitator who will work with individual groups to identify and make service improvements and provide feedback through to the steering group.

Finally, the first area of focus has been agreed as the Outpatients Appointment Office.

In order to keep open access to communication regarding the programme a project file has been set up on iHub. This project file includes the programme plan and a Q&A about the programme: [iHub:projects/service-improvement/administrationservice-improvement-programme](#).



**ABOVE >** We are delighted to announce Kaye Cameron as the project facilitator who will be working with the Outpatients Appointment Office.

## Clinic Services Block update

South Canterbury DHB is currently looking at what is the best thing to do with the Clinical Services Block (CSB) so that we can continue to provide accessible, efficient and effective services that meet the needs of our local community over the next 15 years or more.

A workshop concerning the future of the CSB was held on the 10 November 2016. The workshop provided an opportunity for information sharing with the specific aim of including staff in decisions relating to the future of the CSB.

There were 45 attendees from a wide range of clinical and management services, which generated a room filled with energy and pragmatism as staff actively engaged in group facilitated discussions on:

1. What currently works well in CSB?
2. What are the challenges with the current CSB environment?
3. What services should be grouped together in considerations for concept planning?

There was strong feedback that expenditure should focus on fixing current infrastructural issues e.g. temperature control and future proofing for technology. A general consensus amongst the participants was that the three top priorities should be:

1. ensuring a sound infrastructure within CSB,
2. addressing central sterilising unit (CSU) environmental issues, and
3. co-locating assessment, treatment and rehabilitation (AT&R), community rehabilitation and allied health services together.

# win a voucher!

### Step 1: Your feedback.

Feedback from the workshop has been displayed in the café and distributed to departments and wards. However we want to build on this picture by asking those who weren't able to attend the workshop what they think. Please send your feedback on the three facilitated discussion questions shown in the left column to [cmurphy@scdhb.health.nz](mailto:cmurphy@scdhb.health.nz).

### Step 2: Competition.

*But wait, there's more!* We are also keen to hear your suggestions regarding how we can address some of the challenges identified either at the workshop evening or new ones you have submitted in step one. These can relate to either facility changes or changes in the way we do things.

To help inspire your feedback, a competition will be held between Friday 2 and Friday 16 December. The winner will be randomly drawn from the suggestions submitted and will receive a Ballantynes voucher for \$50. You can enter as many times as you like as long as each suggestion is different.

**Send your suggestions to**  
[cmurphy@scdhb.health.nz](mailto:cmurphy@scdhb.health.nz) by 16 December 2016.

## Life support courses changes

As of the 1 January there will no longer be Level 4-7 life support courses; these will be replaced with advanced and immediate courses.

Current Level 4 will become Immediate Life Support and Level 6 and 7 will be known as Advanced Life Support. These changes have been made by the New Zealand Resuscitation Council (NZRC) and resources for these levels have been produced. The new text books are very good, and provide a useful guide and pre-reading for life support students.

For those completing Immediate, there will no longer be a written test, and for Advanced, the test has been reduced to 25 multi-

choice questions and 5 ECG rhythms. NZRC are working on an e-learning platform at present, and plan to move the test to this in the near future.

All managers should have received a memo detailing these changes, and how this will affect bookings for next year.

**LEFT >** Nurse educator and life support instructor Barbara Gilchrist with the new life support texts.



## National Patient Flow (NPF) information

*“With a limited understanding of national patient flow, and even less understanding of computer programming, I attempted to interview Anne Macdonald, Owen Smith and Peter Jordan about South Canterbury DHB’s achievements in preparing for and submitting to the National Patient Flow reporting that is now required by the MoH. Below is a summation of the interview.”*  
– Natasha Hoskins, Communications Manager

The data released by the Ministry so far has been focused around phase one (referral, prioritisation and FSA) but NPF is a much bigger baby.

NPF follows and records the activity during the patient journey from referral to discharge. NPF data is captured by Hospital Patient System (HPS) when activity is entered and sent to MoH on a weekly basis. There are nine message types or data sets. So you have referral, prioritisation, booking, encounter, encounter outcome, exception (when the journey stops before the intended stop date), notification; and two specific to faster cancer treatment which are referral diagnosis, and diagnosis outcome.

What has happened to get NPF going is the functionality that we had previously in HPS has been expanded to include the additional data that is required. There has also been the addition of new data fields (eg prioritisation and outcomes). Although NPF has expanded on what we did record, the way HPS was built to record our patients’ activity was actually a high level of what the Ministry are recording in NPF, so we were well on the way.

The impact on departments at the moment is that they need to have a thorough understanding of the patient journey to be able to add more data to the required fields for NPF. There is a greater emphasis on data integrity and this is being monitored more often than before. So this has made staff more aware and more careful about the data they input. For example sometimes people don’t realise that the data that they produce early on is picked up by the

system and used further on in the record. So this is why there is a lot of emphasis on data integrity and accuracy.

At the beginning of September we ran a report which showed we had 400 errors. The second one two weeks later had 25. Staff had a much better understanding of what they were doing in the second report and you can see that in the number of errors per week decreasing. Staff also realised that errors were being returned to the source for correction. The programming in the system itself is also progressing. For example making fields mandatory has improved the data accuracy and completeness.

We have now almost completed the NPF phase three development and we are currently moving towards MoH compliance. This is being measured by the MoH through a five star system. So we are at the second level, and not too far away from the third. Full compliance will be achieved once we start drawing down the radiology data and submitting it linked to all other information related to a particular patient and their particular journey. If we can have completed full compliance within twelve months we will be doing pretty well.

### What is National Patient Flow?

The programme is a multi-year programme of work aimed at measuring the patient journey through secondary care services.

### What is the purpose of it?

The new collection will provide information on the patients referred for specialist services, the outcome of referrals and the time it takes patients to access care. It will capture the outcome of the referral decision so that the demand for services and whether it is being appropriately met can be better understood. It will connect related patient referrals and activities to provide a complete view of the patient’s secondary care.

## this issue's focus: What mattered to you

#BONOBO

At the beginning of November we had our third national Patient Safety Week and we asked you to let us know "What matters to you."

Thank you so much to all of you who let us know your thoughts, and it was great reading all of your feedback. It was also really interesting comparing the feedback from this year with that which we got last year. We have again put all of your feedback into a "Word Cloud" format, and I thought you would like to see what our key words were this year, and also to have a look back at what last year's word cloud looked like.

It is great to see that, central to everything are "Patient" "Care" and "Need." That these words and thoughts register most as what matters to us is a great credit to everyone across our organisation.



Also writ large are the need for communication and listening. We talk about communication (is that a tautology) so regularly, and it continues to be core to how we can provide the best care, and how we can identify ways to improve. The similar weighting of communication and listening supports that desire for effective two way conversations, and taking the time to really listen to what is being said.

Looking at last year's word cloud tree, it is noticeable that the word "Staff" was most prevalent. This is undoubtedly due to the opportunity we had last year to draw many more comments from our local community as we took our Tell Me Tree to the International Festival at Ara. It was great to be able to gather that feedback, and to hear how well regarded and respected we

are across our community. Unfortunately we have not had that opportunity this year as the festival has moved dates, but I will be keen to gather our community comments at other opportunities that arise.

So thank you again for your feedback this year. And let's keep up the focus on our patients and their care.

## 10 top tips for communication

*Communication breakdown is behind over 80% of complaints and errors that occur in our health system. Improve your patient's experience by following these communication tips:*

1. **Introduce** yourself – Show your name on your name badge.
2. Speak to the patient **directly**, not always to their support person.
3. Speak a little **slower**.
4. Allow them **more time** to get their message across.
5. Give **one piece of information** at a time.
6. **Write down** key information.
7. Utilise **pictures and communication aids** a person may have with them.
8. Ask questions that can be answered with a **yes or no**.
9. **Draw** a diagram.
10. **Clarify** you have understood their message.

## contact

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Improvement Manager

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## Tikaka – customary practice

After the birth of a baby, it is customary Māori practice to bury the whenua (placenta) in the land, most often in a place with ancestral connections.

This act has deep cultural significance, the binding of the person to a place, affirming whakapapa (genealogy) and links to tūrakawaewae. Underpinning this practice is the belief that human beings were first made from earth, from the body of Papatuanuku (Earth mother).

### Cultural practices and protocols

Listed below are only a few of the possibilities that whānau might consider before the birth.

Korero with whānau / family, Taua, Poua / grandparents, Kaumātua / elders is paramount to ensure whānau traditions and practices are followed. Things to discuss are:

- The place of karaka / karanga in the birthing process.
- Preparing and bringing a special container / ipu whenua to the birth to carry the whenua home.
- Preparing and bringing to the birth muka (flax fibre) or umbilical cord tie (and pounamu or similar to cut and tie the cord). Midwife / lead maternity care will advise if there are clinical protocols.

### Hospital disposal of the whenua

The hospital will dispose of the whenua if the whānau choose not to take it home. These whenua as well as some tissue and body parts are cremated and disposed of in landfill areas. After the birth the whenua is ordinarily contained within a yellow biohazard bag, for disposal.

### Whānau care of whenua

Whānau who choose to take care of the whenua are encouraged to prepare and bring with them an appropriate ipu (vessel) to take the whenua home in.

### Storage of the whenua

Some whānau store the whenua in the fridge/freezer where food is kept. For cultural and hygiene reasons, it is not appropriate to store the whenua with food even if it is in a container. In some circumstances whānau may need to store the whenua for some time before burying it. In this circumstance, it is acceptable to temporarily bury it in a pot plant. The pot plant can be popped in a special place in the garden or on the patio until it is buried in the whenua (land).

### Burying the whenua

As stated previously tikaka dictates that the whenua should be buried in a timely manner, having said that timing is a whānau decision. If the whenua is in a plastic bag; before handling the whenua wear gloves, remove the whenua from the plastic bag before planting it. Wash your hands well after burying the whenua, particularly if it has been returned to you after testing.

No reira according to tikaka Māori custom 'He taonga nō te whenua, me hoki anō ki te whenua'. What is given by the land should return to the land.

## contact

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**Director Māori Health**  
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 rgarvin@scdhub.health.nz



## Sea2Sea Challenge

This year we had over 400 people register from 40 teams which also included South Canterbury Eye Clinic, South Canterbury Mammography, Medlab and Ear Health.

### Congratulations to the following winners:

**Most active small workplace with fewer than 15 staff:** SCDHB Linen Services – Runner up. **Most active small workplace with 15-49 staff:** SCDHB Radiology Department – First place certificate and morning tea hamper. **SCDHB Woollcombe House – Runner up:** Fruit and Veg bonus points Winner Category B and SCDHB Radiology Department – Certificate and fruit basket.

**Spot prize winners:** Jenny Williams, Sue Wigley, Kath Beard, Amy Colvill, Penny Davison (Ear Health), Sophie Henvest, Natasha van Leeuwen, Kara Hayes, Lee Lindbom (Medlab), Tania Kelly, Christine



ABOVE > Radiology winners.

Jones, Hannah Brown, Sue Talbot, Delyten Noase, Belinda Dore, Anthea Mills, Kirsten Hayes.

## Walking in another's shoes

### Dementia Education Programme debut at Industry Training Awards 2016.

Caregiver Walking in Another's Shoes (WiAS) graduates have been recognized for their commitment to training and further education by the Industry Training Awards held by the Mayors Taskforce for Jobs team on Wednesday 2 November. Sixteen graduates were presented with certificates by Mayor Damon Odey and Dementia Educator Leah Caldwell. This recognition was the first of its kind in New Zealand and we are hoping that other districts will follow. The WiAS graduates were a very supportive and boisterous group that invigorated the visiting MC Jim Hopkins. He also made special mention of the importance of their training and care of people with dementia.

Coinciding with this special celebration was the Caregiver Walking in Another's Shoes graduation held on the Thursday 27 October at the Timaru Hospital Education Center. Congratulations to Katrina Sorenson, Misty Strachan, Bernadette Paisley, Pam Mains, and Tracey Bower from Talbot Park; Yvette Munro and Suzie Davey from Lister Home; Ann Marsh from Waihi Lodge; Alison Farren, Radhika Devi Sharma and Holly Charles from Margaret Wilson; Danielle Huggins, Vicky Mitchel and Jenny Beazley from The Croft; and Rae Smith and Rebecca Davey from Bupa Highfield Care home.

The WiAS programme involves small group workshops held once a month, for eight months. Person-centred principles and viewing life from another person's perspective or to "walk in their shoes" is at the heart of the learning programme. Consolidation of new skills into the workplace setting is supported with one-on-one student and educator sessions between each workshop. Students also have the opportunity to attend Master classes on completion of the course.

This was the sixth group graduating from South Canterbury. To date there have been four groups of caregivers and two groups of registered nurse graduates. Recent graduates would all recommend this course to others and have said the following about the programme: "Thank you for the opportunity to participate and gain further insight and knowledge into dementia care." "It has reaffirmed for me that what I do everyday is on the right track."



**ABOVE >** Back row: Diane Hunt, Serena McGrath, Rebecca Davey, Rae Smith, Mayor Damon Odey, Bernadette Paisley, Jim Hopkins. Front Row: Lynda Taylor-Dinsdal, Leah Caldwell (Dementia Educator), Francie Dennison, Rachael Skudder, Yvette Munro, Pamela Mains and Belinda Dewe.



**ABOVE >** Back row: Ann Marsh, Bernadette Paisley, Misty Strachan, Yvette Munro, Radhika Devi Sharma, Holly Charles. Middle row: Pam Mains, Tracey Bower, Jenny Beazley, Alison Farren, Rae Smith. Front Row: Danielle Huggins, Vicky Mitchel, Rebecca Davey and Leah Caldwell (WiAS Educator).

**ABOVE >** Celebration cake by Alison Farren.

"I thought the course was very worthwhile, team building is important, it would be good for all work places to do this." "Extending my knowledge. Hearing about other people's experiences. I liked the smaller group work."

## Snapshot update from the Clinical Board

Clinical Board are making some exciting decisions, here are some of this month's discussions.

- The quality team presented seven potential areas for improvement generated from the retrospective chart audit. Clinical Board voted, and the first project will be focused on Clinical handover.
- Natasha Hoskins ran a fabulous workshop competition to generate ideas on how we can communicate Clinical Board to the wider South Canterbury DHB. As a result we now have the 'snapshot update' which is to be published in the pulse, the ihub homepage and added to standing items at regular meetings. A photo board of members is to be produced in the New Year.

- Ongoing discussions around IV and epidural products available at the DHB.
- Angie Foster, our infection control nurse, presented an update. This highlighted the success of the hand hygiene programme at the DHB, and presented us with a challenge to continue our drive in this area.
- We will be looking for new members to be part of the Clinical Board in the New Year. If you are interested please get in contact with Anna Wheeler extn 8296.

The clinical board meets on the third Tuesday of each month from 4-6pm. Anyone welcome to come and view.

## Infection Prevention and Control Week celebrations

Overall, Infection Prevention and Control Week was a success with several activities for staff to increase their awareness of infection prevention in a healthcare setting. Below is a list of activities that ran during the prevention week from the 17-23 October.

### Monday

**Sharps audit:** All sharps bins onsite were checked for appropriate use. Five wards received certificates for 100% compliance to sharps bins (all sharps below fill line, no inappropriate items in bins ie rubbish etc).

**Display at the café:** New posters for hand hygiene were displayed as well as info for staff to keep themselves and their patients safe from spreading infections.

**Hand hygiene audits:** The team were around all week auditing those “5 moments”.

### Tuesday

**CME meeting:** Ben Harris from Southern Community Laboratories spoke on Antimicrobial Stewardship “Think Globally, Act Locally”, an interesting chat about the future of antimicrobials.

### Wednesday

**Infection Control Liaison (Rep) meeting**

### Friday

**Hand washing technique tested** with glitterbug and poster paint. Prizes given for great hand hygiene.

**All clinical patient areas received their new Isolation Folders.**



## Three “catchy” things to know by Infection Prevention and Control.

1. **A whopping 80% of infectious diseases are transmitted by touch! That means, “give bugs the suds”.**
2. **Universal Flu Vaccine Info:** Scientists from the Scripps Research Institute and the Crucell Vaccine Institute have now designed a protein fragment called mini-HA (haemagglutinin) that stimulates the production of antibodies against a variety of influenza viruses. By no means is it a universal flu vaccine yet. Human trials still need to be performed and also more

pandemic strains need to be included in the universal vaccine besides the current sub types of influenza currently available in flu vaccines – this is very exciting!!!

3. **New Isolation Packs are now in all care stations of clinical wards. Check them out:** We are thrilled with how they turned out and they are getting great feedback. The door cards are brighter with clear info, and they contain consistent messages to make it easy to use.

Remember, spread knowledge and smiles, not germs.

*Written by Angie Foster, IPCN*

### INTERNATIONAL INFECTION PREVENTION WEEK 2016 (IIPW)

*Infection prevention week is now almost done,  
And I hope that my efforts have brought you some fun*

*Some new information, to open your eyes,  
Some reminders, perhaps; a word to the wise.*

*Hand hygiene and cleaning, and personal protection  
These are the ways to best prevent infection*

*Remember, it's easier to prevent than control.  
A safe, healthy environment is everyone's goal*

*We must all work together, avoid blame and division  
So that we, as a team, can fulfill the vision*

*Patient safety is key, when preventing infection  
(and, of course, it helps during every inspection)*

*I hope you decide to get the vaccine for the flu,  
To protect you, your family and our patients too*

*This has been my week, my moment to shine  
But I hope you remember - it wasn't just mine*

*It's everyone's business, this infection prevention,  
My job is to keep bringing it to your attention*

*So the week is over, but the theme must prevail  
We'll prevent these infections! We shall not fail!*



## Anna Wheeler

**Role:** Associate Director of Nursing and Midwifery

Thank you for welcoming me as your new Associate Director of Nursing and Midwifery on the 17th October this year. My background is in primary health care, predominantly in rural practice nursing. For the last four years I have worked as a lecturer for Otago Polytechnic school of nursing in the undergraduate programme. I may be a familiar face as I had an office in the Gardens Block and so was about the hospital and staff development unit in my teaching role.

**What does your job involve?** My new role includes promoting nursing and midwifery excellence. I am intrinsically interested in the professional progression of the midwifery and nursing profession. This includes fostering nursing and midwifery innovation, and systems that support integration and dissemination of new knowledge and practice change. I will predominantly be working within the professional stream of nursing and midwifery. This includes looking at new nursing and midwifery initiatives and ensuring that we can foster an environment that supports this change within the DHB. An example of this is the new nurse prescriber pathway endorsed by the nursing council in August of this year.

**What are the best bits?** I am really looking forward to working closely with nursing and midwifery teams to support a culture of change and innovation. As leaders in nursing it is important that we listen and value the voice of the nurses and midwives working at the bedside. I look forward to empowering those nurses to share their knowledge, inspire those around them, and foster a culture of inclusion supportive of safe practice. We are a small DHB, and therefore I feel that each individual nurse or midwife has an opportunity to integrate community knowledge in their practice,

which ensures we are delivering a service that is reflective of our community needs.

**What are the challenging bits?** Nursing and midwifery services, along with all health services are under immense pressure. Now more than ever as a profession we are challenged by an aging population, of which have a higher acuity of care, multiple comorbidities and polypharmacy. We have an aging workforce within our profession, and financial pressures within the health service. These pressures challenge us all to think smarter, including sustainable, cost effective ways of delivering a safe and effective service. I believe this is not an easy feat, however, as professionals, we need to be nimble and smart, investing in health promotion and prevention with the vision of a sustainable health future.

**What do you do out of work?** Out of work, my husband, Amos, and my children, Sophie, Heath and Myles, enjoy boating, fishing, biking and family life. We can be seen leaving Timaru on Friday nights loaded up with bikes on the roof, and boat on the back off to Lake Benmore for the weekend. We enjoy the typical NZ summer of BBQs, swimming and friends.

### contact

**Anna Wheeler**  
Associate Director of Nursing & Midwifery  
687 2296 extn 8296



## Sarah Tester

**Role:** Administrator – Quality, Safety and Communications

**When did you start your role?** Monday 21 November.

**What does your job involve?** The really interesting thing about my job is that over the next six months it will be changing and developing all the time. My responsibilities will initially be processing Official Information Act requests and looking at document control processes in the Quality team. We will also be looking to expand the role to support other functions across Quality, Safety and Communications.

**What are you looking forward to?** My background is as a qualified Archivist and Records Manager and I've worked for all sorts of organisations from museum services to international businesses. I'm most looking forward to the opportunities this role presents for using my experiences to explore the ways in which we manage information to support our services.

**What are the challenging bits?** The biggest challenge for me is working as part of a DHB as I've never worked in healthcare before so I have lots of questions for everyone I meet. In a few

short weeks I feel like I have learnt so much, and I'm sure this will continue as I work more closely with you all.

**What do you do out of work?** I moved to New Zealand from the UK in June 2016 with my partner, Matthew, who started as a registered nurse on the medical ward in August. Since then we've explored the country from the Bay of Islands right down to Stewart Island. I love to explore and travel and so that's how I spend a lot of my time outside of work, and I'm especially looking forward to getting out and about this summer. If anyone has any suggestions of places to go and you're passing Level 4 in the Gardens Block, pop in for a chat!

### contact

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Administrator – Quality, Safety and Communications  
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## Sarah Greensmith

Role: Clinical Nurse Manager Child and Youth

**When did you start your role?** I started my role on Monday 31 October. We did a road trip from our home in Auckland to Timaru, fortunately before the earthquakes hit.

**What does your job involve?** Before coming to South Canterbury DHB, I worked for more than 10 years with the Ministry of Health in Wellington and Auckland. For the past two years my work was very focussed on the details of newborn hearing screening in New Zealand, however my background is more broadly in population health and screening programmes. In Australia I worked for both national and state health departments in primary and community care, genetics, bowel cancer and newborn screening. In New Zealand I have mostly worked with antenatal and newborn services and screening programmes, along with some "across Ministries" child health work. I think that my new role here in South Canterbury will enable me to share these experiences.

**What are the best bits?** I am looking forward to being involved in the different areas of Child and Youth Health, and helping to build and strengthen links with services across the region.

**What are the challenging bits?** After working for the government for almost 20 years, I have some experience in navigating my way through complex systems and processes, which has stood me in good stead for finding my way around Woollcombe Street.

**What do you do out of work?** We are looking forward to being able to spend more time as a family, and exploring this amazing region of New Zealand. We will be establishing ourselves in our new Timaru home over the Christmas holidays and I am excited to have a nice big kitchen to cook in.

### contact

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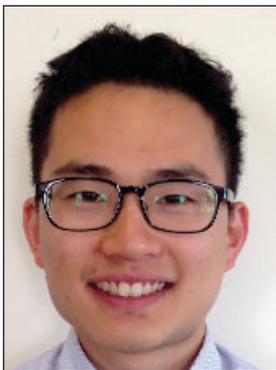


## New house officers

Welcome to our new house officers. We hope you are settling in well and look forward to getting to know you over the coming weeks and months.



Dr Samantha Warhurst



Dr Juno Pyun



Dr Jonathan Bong



Dr Hamish Kho



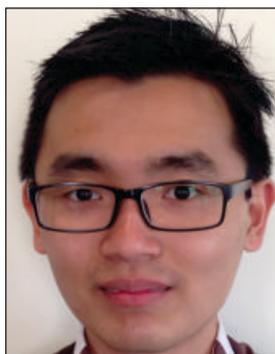
Dr Reza Farhour



Dr Katrina Lynam



Dr Hazel Watchorn



Dr You Ted (Kevin) Lau



Dr Eunice Khoo

# South Canterbury DHB is proud to present its new website

## Why a new website?

We really wanted to tackle some of the feedback we had received around the website being difficult to use and information hard to find. We were also aware that people now use a range of devices to look at a website, not just a desktop computer.

## What improvements are there?

One of the key changes includes a prominent search function on the homepage which encourages people to ask for the information they want, instead of needing to click through pages of navigation to find what they are after. This will continue to evolve over time as we begin to understand more about what information people are trying to find on the site. As a staff member, or someone in the know, it would be really useful if you could help us to identify what sort of key words people use when talking about your service. For example do people talk about GPs or do they talk about “family doctors”, do people know how to spell Ophthalmology or would they search for “eye doctor”. The search function is smart enough to look through not only our own DHB website about services we provide, but it also looks through [www.healthinfo.org.nz/aoraki](http://www.healthinfo.org.nz/aoraki)

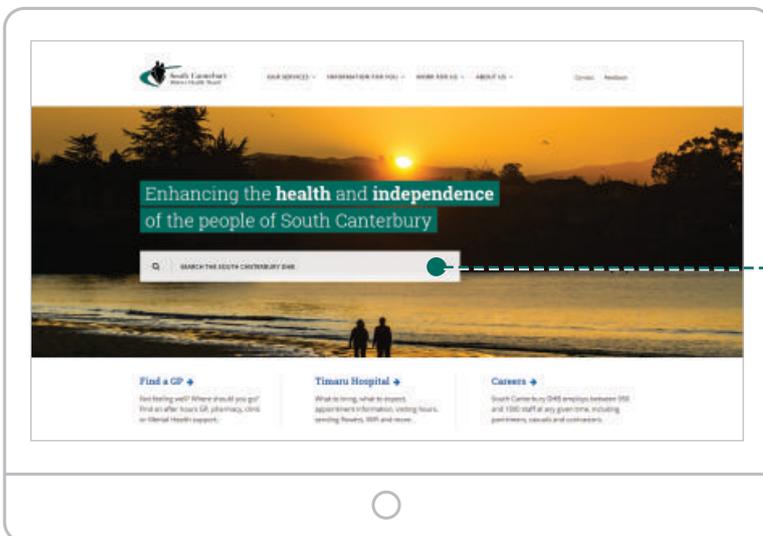
which is South Canterbury's local health information website.

## Is it accessible?

Over the past three years we have seen a real change in the type of devices people use to access our website. People are connecting on smartphones and hand held devices at a much higher rate. Our new website looks to ensure that no matter what device you use to look at the website, it is easily accessible. For example when you look at the website on your smartphone the screen readjusts. We have also included links for telephone numbers and email addresses so you can simply click on the number on your smartphone and it will dial.

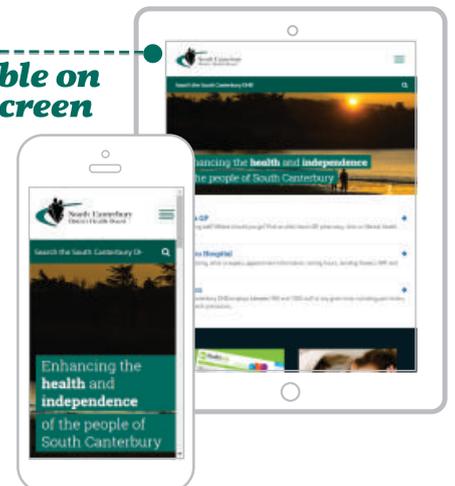
## What's next?

We need as many people as possible to get on to the site, have a look around, and send through feedback. Not all pages have been automatically pulled through from the old site, so if you suddenly realise there is a special paper, report or link that should be on the site please let us know. The great thing about the website is that it is a living document, so we can easily make changes and improvements.



*accessible on every screen*

*prominent searching*



## Electronic advanced care plan

Coming soon... South Island-wide electronic advance care plan.

The South Island Alliance Leadership Team has approved the development of a regional electronic advance care plan (ACP).

This means there will be one format for all ACPs available electronically anywhere in the South Island – one person, one plan, across five DHBs. The regional electronic ACP will be based on the new national printed form and is expected to be available in the first half of 2017.

If you are working from a hospital, the new form will be available via Health Connect South. If you are working in the community, it will be available via HealthOne.

## **contact**

**Jane Large** Advance Care Planning Regional Implementation Support Manager  
[jane.large@siapo.health.nz](mailto:jane.large@siapo.health.nz)

## patients and families express their gratitude

### Medical Ward

*"I just want to say a very big THANK YOU to the Drs and nurses and staff at Timaru Hospital for the wonderful care received by the family, and more especially the caring nurses Chelsea and Jess. (name supplied) was so in touch with Chelsea who was such an angel at a time we needed her and I know she only had to hear her soft caring words and she immediately relaxed a little. Last night Chelsea spent time with (name supplied) in the room as she wasn't under immediate pressure and for this I know she has such a beautiful nature, she is going to make a lot of people feel at ease; the perfect person to make nursing her career. I called her the "Princess with the Golden Hair" and now I'll add "and the Golden Touch."*

*"Thank you to all the wonderful caring staff – Chelsea, Jess, Karen, Teena and Sue. I know (name supplied) would want me to tell you all how much she felt about the care she has received in your care."*

*"They listened to all requests and needs and acted on them."*

### Surgical Ward

*"Despite the challenges faced, there seems to be very good communication within the departments in place. Even when a delay occurred it was addressed quickly. Every step was explained very well so there was never any uncertainty or concern."*

*"The nursing staff were caring and considerate, taking a real interest in their patients and attending to our comfort in every way possible."*

*"The staff were so supportive of my emotions. They made sure my nerves were ok before surgery; they made sure I was ok after surgery and they also very supportive to me with the outcome."*

*"I was treated with kindness and respect. The nurses were wonderful and very helpful. I could never thank them enough."*

*"I was always well cared for and given all the information about my situation so that I could make a good decision about my surgery."*

### Maternity Ward

*"I spent time in hospital to recover from giving birth. The midwives were very supportive and helpful whenever I asked for advice."*

*"I was in the Jean Todd maternity unit and had a baby girl. The staff nurses/midwives were absolutely awesome. I could not fault them at all. Every time I called the buzzer they came within a matter of a minutes! No matter what you asked they never made you feel like your question was a stupid one. They offered their full support and help! I had such an amazing time there and could not say a bad word about them or the ward at all."*

### send your feedback

Above are some quotes from thank you notes and survey feedback received recently by Timaru Hospital. If you receive a thank you and would like to see it published (without naming the patient) send it to:

The Communications Manager  
[nhoskins@scdhub.health.nz](mailto:nhoskins@scdhub.health.nz)

### Thank you for the send off

*"Dear Nigel. Thank you for organising my amazing "send-off" morning tea. It was a very humbling experience to hear your kind words and to be greeted by so many friends and colleagues, some of 35 years ago! Please convey my thanks to all who helped to organise the event and contributed to my farewell gift. My sculpture is standing in pride of place near my front door. I must also thank you for my most generous gratuity which will certainly help me and Jan to enjoy the next phase of our lives. ...I hope that very soon you will be successful in recruiting my successor and I am very pleased that my colleagues will have a full-time buddy. Thank you again for everything.*

*– Best wishes Philip Morrison "*



**ABOVE >** Congratulations to the graduates at the Talbot Park health care assistants graduation.



**ABOVE >** Caroline Gander and Laura Nichol in ED supporting White Ribbon.



**LEFT >** Angie Foster becomes the mascot for infection prevention control week.



**ABOVE >** Staff Development Unit were quick to get the tinsel out, decorating their tree before the end of November. While this may seem a little early, the department is closed from the 23 December until the 9 January, and staff didn't want to miss the full month of Christmas decorations and carolling!



**ABOVE >** MedLab Sea2Sea team.



**ABOVE >** Laundry Sea2Sea team.



**RIGHT >** Serena Smith and Julie Allen received their Level 3 certificate from the mayor.

**send your snaps**

The Communications Manager  
[nhoskins@scdhb.health.nz](mailto:nhoskins@scdhb.health.nz)

# noticeboard

## HPV and boys

From 1 January 2017, males and females aged 9 to 26 inclusive (ie under 27 years) will be eligible for Human Papillomavirus (HPV) immunisation.

HPV causes cancers in men as well as women. An increasing proportion of mouth and throat cancers, which affect men at higher rates than women, are caused by HPV. HPV can also cause penile and anal cancers in men. HPV immunisation has been recommended (but not funded) for boys for several years in New Zealand and many other countries. HPV vaccines are relatively expensive and were initially funded to prevent the most common HPV-related

cancer, cervical cancer, which affects only women. Immunising young women can help decrease the spread of HPV among young men through community immunity. Over 72 countries provide HPV vaccine to girls through their national immunisation programmes. As HPV vaccines can be provided as two rather than three doses to those aged 14 and under, it is now possible to extend HPV immunisation to boys in New Zealand.

Find out more from the Ministry of Health website: [www.health.govt.nz](http://www.health.govt.nz)

## external email access change

We are tightening the login process for accessing Outlook Web Access (OWA) to include an extra pass code. We have introduced this extra code with all methods of external access – Remote Desktop, iHub and Payroll Kiosk.

Firstly, the web URL changes from <https://exchange.timhosp.co.nz/owa> to <https://webmail.scdhb.health.nz/owa>

Secondly, you will need to get your individual pass code from the IT Department. This can be in the form of an email or a QR code using Google Authenticator.

Each time you log into OWA you will need to enter the QR code supplied by Google Authenticator or sent to your email address – whichever option you have chosen. Any issues or questions please contact the IT Department.

## 2017 public health events

### JANUARY

- 4 World Braille Day [www.rnzfb.org.nz](http://www.rnzfb.org.nz)  
30 Term 1 begins – Primary, Intermediate and Secondary schools [www.minedu.govt.nz](http://www.minedu.govt.nz)

### FEBRUARY

- 1 – 28 IHC National Awareness and Appeal Month [www.ihc.org.nz](http://www.ihc.org.nz)  
1 - 28 5 + A Day Challenge for all New Zealanders [www.5aday.co.nz](http://www.5aday.co.nz)  
1 - 28 5 + A Day Challenge for Early Childhood Centres [www.5aday.co.nz](http://www.5aday.co.nz)  
1 – 28 National Bike Wise Month  
Go by Bike Day on 11 February [www.bikewise.co.nz](http://www.bikewise.co.nz)  
20 World Day of Social Justice [www.un.org](http://www.un.org)  
29 – 5 Well Child Week [www.wellchild.org.nz](http://www.wellchild.org.nz)

## South Canterbury District Health Board – Internal Courses/Study Days 2017

iHub: [knowledge-base/learning-and-development/2017-training-calendar](http://knowledge-base/learning-and-development/2017-training-calendar)

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Cannulation	(0930-1230)		28							28			
Communication & Customer Service	1hour (600-600)			23								9	
Education Fair	(1130-1330)									8			
Enrolled Nurses Study Day	Full day					10							
Interprofessional Development Day	Full day			2								22	
Life Support Level 2-3 (valid for 2 years)	3 hours. Either: (0830-1130 or 1300-1600)	30 (0830-1130)	22 (0830-1130 or 1300-1600)	23 (0830-1130)	28 (0830-1130)	17 (0830-1130 or 1300-1600)	9 (0830-1130)		9 (0830-1130)	11 (0830-1130)		9 (0830-1130)	
Life Support Immediate (previously Level 4, incorporating Practice Nurse Life Support and Physio Life Support)	6 hours (0825-1500) valid for 2 years	27	21	15	3	25	1	28	15	15	3	15	8
Life Support Advanced (previously Levels 6 & 7)	8 hours (0825-1700) valid for 2 years		16	10	5		21		17	20	27		13
Link Nurse Study Day	Full Day					5							
Nurse Entry to Practice (NETP)		24 & 25 (Orientation)		1	12	31	29		22&23 (mid year intake)	1	17,18 & 19		
Orientation for New Staff	Full day	23	20	20		1	12	24	21	18	30	20	
PDRP Assessors Day	Full day		8			3			2			2	
Preceptor Study Day	Full day Valid for 2 years			30								7	
Preceptor Update day following initial full day training	Full day Valid for 2 years					11						30	
Stigma & Discrimination	1 hour (1600-1700)			23								9	
Treaty of Waitangi Workshops	1 day (0900-1630)		17			19			11			17	

For more info contact Meron in the Education Facility ext 8355, [sdu@scdhb.health.nz](mailto:sdu@scdhb.health.nz). You must BOOK to attend these sessions. All bookings must be approved by your Line Manager on an Application for Training and Development form found under iHUB/Knowledge Base/Learning & Development/Forms for Learning & Development/Application for Training



This issue of Pulse has been printed on 100% recycled paper

FSC® certified, process chlorine free, de-inked pulp from genuine 100% post consumer waste. FSC® certified, process chlorine free, de-inked pulp from genuine 100% post consumer waste.



## staff coming & going

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

Carly Bramley  
Registered Nurse Pool

Jillian Keys  
Registered Nurse Pool

Karen Kennedy  
Clinical Board

Sarah Tester  
Administrator Quality & Safety

Hazel Watchorn  
House Surgeon

Juno Pyun  
House Surgeon

Hamish Kho  
House Surgeon

Jonathan Bong  
House Surgeon

Katrina Lynam  
House Surgeon

Eunice Khoo  
House Surgeon

You TedLau  
House Surgeon

Samantha Warhurst  
House Surgeon

Reza Farhour  
House Surgeon

Kelsi Mccarthy  
Casual Administrative Worker

Megan Wilson  
ICAMHS Nurse Key Worker

Bradley Sparrow  
Supply Supervisor

Jasmine Chundeparambil  
Registered Nurse Part-time

Kristen Errington  
Clinic Nurse Spec  
Palliative Care Part-time

Rachel Day  
Registered Nurse Pool

Anah Aikman  
Registered Nurse Pool

Paula Hefford  
Clerical Pool Staff

Julie Allen  
Orderly Casual

Sharon Germishuys  
Health Care Assistant  
Casual

Bronwyn Laurie  
CNS Colorectal

Resmy Ramachandran  
Health Care Assistant Casual

Jillian Keys  
District Nurse Part-time

Megan Harding  
District Nurse

Stephanie Chapman  
Registered Nurse Pool

Jordan Wallace  
Registered Nurse Part-time

Robyn Carey  
Clinical Director Emergency  
Department

Sarah Greensmith  
Child & Youth Manager

Brendon Malone  
Health Care Assistant Casual

Rochelle Wilson  
Health Care Assistant Casual

Gail Webb  
Health Care Assistant Casual

Nikola Stoykov  
Health Care Assistant Casual

David Mckeith  
General Practitioner

Bronwyn Gridgeman  
Clerical Pool Staff

Anna Wheeler  
Asst Director Nursing &  
Midwifery

Jessica Walker  
MRT Casual

Kellie Simpson  
Registered Nurse Part-time

Kellie Simpson  
Registered Nurse Pool

Barney Hoskins  
Support Services Manager

Deborah Whatuira  
Māori Health Advisory  
Committee

Kimberley Muir  
Health Care Assistant Casual

Chantal Clark  
Casual Clerical Support

Jacqueline Biggs  
Casual Clerical Support

### farewell & good luck to

Clement Tan  
House Surgeon

David Neynens  
House Surgeon

Grace Shields

Health Care Assistant Casual

Jenny Beesley  
House Surgeon

Jenny Caesar  
House Surgeon

Maria Bennett  
Physiotherapy Assist Casual

Mark Jordan  
House Surgeon

Nicole Wicki  
Rehabilitation Assistant Part-time

Sophie Henvest  
House Surgeon

Sarah Shanks  
House Surgeon

Victoria Dobbs  
Registered Nurse Part-time

Shayne Walden  
Orderly Part-time

Bronwyn Gridgeman  
Clerical Pool Staff

Donna McAuslin  
Personal Assistant

Hannah How  
Registered Nurse Casual

Vivienne Florance  
District Nurse Part-time

John Weir  
O&G Specialist

Lynda Nunns  
Clerical Receptionist

Rona Crabb  
Diversional Therapy Assistant  
Casual

Reshma Kumar  
Health Care Assistant Part-time

Sarah Smith  
District Nurse Part-time

Kellie Simpson  
Registered Nurse Part-time

Vicki Low  
Charge Nurse Manager DPS

Mary Macfarlane  
Administrator District Nursing  
Service Part-time

Philip Morrison  
Paediatrician Part-time

Susan Mahalli  
Registered Nurse Pool

## 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:

### Nurses/Midwives

- Registered Nurse Mental Health Inpatients (Full-time)
- Registered Nurse AT&R (Part-time)
- Registered Nurse (Casual Pool)
- Health Care Assistant (Casual)

MORE INFORMATION: [www.nursingstaff.co.nz](http://www.nursingstaff.co.nz)

### Senior Medical Officers

- Emergency Physician (Full-time)
- Otolaryngologist (Full-time or part-time)
- Paediatrician (Full-time)

### Allied Health Professionals

- Physiotherapists x2 (Full-time)
- MRT Accreditation Coordinator (Part-time)

### Support

- Laundry Worker (Casual)

MORE INFORMATION: [www.medicalstaff.co.nz](http://www.medicalstaff.co.nz)

## contact

### Human Resources Department

Office: 687 2230

Address: Private Bag 911, Timaru 7910

Email: <https://scdhb.careercentre.net.nz>

## send us your news

Pulse is a snapshot of activity within the hospital and wider community. It is sent to South Canterbury DHB staff and providers including GPs, dentists, pharmacies and the health sector. All written contributions are welcome and can be emailed to:

The Communications Manager  
[nhoskins@scdhb.health.nz](mailto:nhoskins@scdhb.health.nz)



South Canterbury  
District Health Board

Office: 687 2100

Address: Private Bag 911, High Street,  
Timaru

Location: High Street, Timaru

Website: [www.scdhb.health.nz](http://www.scdhb.health.nz)

