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31% Increase in South Canterbury Patients Receiving First Specialist Assessments



"I am really proud of the whole outpatient team at Timaru hospital, which includes doctors, nurses and clerical staff. Our whole team are working very hard, and this year we are delivering more outpatient first specialist attendances (FSAs) than ever before."

We are currently 11% ahead of target year to date. This has been achieved through a combination of increased staffing levels, but also through using our clinic time more efficiently.

Changes include the increasing use of technology to perform some clinic visits remotely, and new booking systems to make best use of available clinic time. We are also enabling patients to have some of their routine follow-up care closer to home by their GP, practice nurse or physiotherapist, and this is freeing up specialist time to see more new patients.

Steve Earnshaw

DIRECTOR OF CLINICAL SERVICES &
CHIEF MEDICAL OFFICER

Health Minister Jonathan Coleman says latest data shows around 2,300 more South Canterbury DHB patients have received a First Specialist Assessment (FSA) since 2008.



"Increasing access to specialist care is a key priority. The answer to increased demand is to do more, whether it's assessments or operations, and that's what the Government is focused on delivering," says Dr Coleman.

"In South Canterbury DHB 10,066 patients received a FSA last year, compared to 7,683 patients in 2008 – an increase of 31 per cent.

"Across the country 552,423 patients received a FSA in 2016, a rise of almost 10,000 on the previous year. That's an increase of 147,912 patients since 2008 when 404,511 FSAs were carried out – a rise of 37 per cent.

"This uplift has been accompanied by a continuing increase in the number of people receiving elective surgery.

"These results are supported by the \$36 million funding increase South Canterbury DHB has received over the last eight years. South Canterbury DHB will receive an extra \$5 million in new money this year, taking the DHB's total funding to \$181 million for 2016/17.

"Overall an extra \$568 million is being invested into the health sector this year - the biggest single increase in seven years - taking the health budget to a record \$16.1 billion in 2016/17."

The Government launched the National Patient Flow project to measure the outcomes of GP referrals to hospital specialists for the first time.

The latest data shows that between April and June 2016, there were around 177,400 referrals across the country for a FSA - 87 per cent of referrals were accepted.

First Specialist Assessments are defined into two categories:

- Surgical FSAs are for patients whose condition is managed by a surgeon, for example - orthopaedics, general surgery, ophthalmology.
- Medical FSAs are for patients whose condition is managed by a physician, for example - cardiology, respiratory, renal.

from the CEO

He taoka rokonui te aroha ki te takata
Goodwill towards others is a precious treasure

Kia ora and welcome to the first edition of Pulse for 2017!

Welcome to the many new staff who have joined us this year and to returning staff who took leave over the summer. For those who worked through, I was pleased to get to meet with many of you in person. As a large organisation that operates 24/7 and reaches far into our community, it can be difficult to find ways to connect, and Pulse is one of the few mechanisms we have to reach ALL staff on a regular basis.

You may notice that *Pulse* has had a refresh this month. Printed in colour, it certainly brings to life the photographs of the many staff celebrations and events that have occurred over the summer months.

So, what does the year bring?

This year, our mission as an organisation continues to be 'enhancing the health and independence of the people of South Canterbury'. Last year we laid the foundation of a new structure. This year we need to focus on working together and taking care of each other in our interactions each day. People are not only our organisation's largest investment but also our most important asset.

What is a good day at work for you?

In health, we take for granted that we care for people every day. But how well are we taking care of ourselves; caring for our colleagues; and for our community? If we did not care, then we would not have chosen this profession. But how could the way we treat each other help us get where we want to be?

Last year many of you took part in our organisation's health check-up, the *Staff Engagement and Wellbeing Survey*. This edition of *Pulse* highlights the results of that survey, as well as our quarter two results on the Ministry of Health targets, and many other important updates and contributions. While we are making gains in some areas, there are many opportunities and I encourage you to look over the results and reflect on what they mean for you in your work area. I would welcome discussing these with you.

Individually, my challenge to you is to have a good day. Lead with the behaviours you wish to receive from others. Remember, smiles just might be contagious!

Treasure what it means to do a day's work.

Consider our culture and how we want to be as an organisation. Health is a service delivered by a team. To be effective we need to walk the walk, it is easy to slip into old behaviours. We need to back each other up, to listen, and give permission to each other to succeed and fail.

I encourage you to read this edition and consider what learnings you could share from your own work area for editions to come.

Let's make 2017 a great year to work at SCDHB!



Nigel Trainor
CHIEF EXECUTIVE
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well done!

Cataracts On Track

"Since our ophthalmologist, Dr Khalid, started here in August 2016, patients have no longer needed to travel to Christchurch for routine eye surgery. We have been gradually catching up on the backlog of cases and we expect to exceed our ophthalmology target by the end of the (financial) year."

Steve Earnshaw - Director of Clinical Services & Chief Medical Officer

Mental Health Working



Mental Health and Addictions: In December, the Acute Inpatient Unit went seven days without any admissions.

"The single point of entry within Mental Health and Addictions ensures clients are referred to the service that provides the best care. The acute inpatient clinical teams work with the clients, families and support services to ensure they do not remain in Acute Inpatient Units for longer than necessary. Follow up from the Mental Health and Addictions clinical and non-clinical teams are working effectively and efficiently to ensure that clients are progressing through their treatment plans."

Ruth Kibble - Director of Primary Health Partnerships & Allied Health

EMERGENCY DEPARTMENT

"This evening I came in to ED with my husband, he had been experiencing heart pain. I was extremely concerned and stressed out, one of your staff members L'Ann **immediately called for a nurse** even though we could see the waiting area was quite full. The nurse took away my husband and L'Ann **reassured me** everything would be okay and he would be receiving the best possible treatment. Whilst waiting to go in she was very **attentive to patients** all around (including myself) though people speaking to L'Ann terribly she **remained calm and professional** when other people becoming frustrated. Your staff member L'Ann made my trip to the ED much less stressful than it could have been, I really appreciate it. Thank you L'Ann and SCDHB."

MEDICAL

"I was in Intensive Care then under Dr Kuepper and his team and would like to thank them and all other nurses who attended me. I would also like to compliment all those people who have the jobs of preparing the meals, which I looked forward to each day, they were very tasty and well presented. Sorry I had to go home!!"

"I had very good care from every professional who cared for me. All the staff were very **positive and gentle** in their dealings with me, being on large quantities of steroids can make you a little nuts! but they administered them with a **smile** which helped and I cant fault the care I was given, I think we are very lucky to live in NZ where what we need is provided FOC."

AT&R

"We must take this opportunity to make our sincere thanks known. My stay in Surgical was very much enjoyed and I valued the time in AT&R – words cannot cover. My first impression was the **rapport between all the staff** – it just glowed/showed. The **care, love, encouragement and concern** from every team member helped me recover at a very good rate. I learned in my stay in AT&R that the unit served our community in many and varied ways and ages. Prior to being in the unit I had believed it was an area for the aged with broken bones and such – how wrong I was. It's a shame that the greater community is not aware of the input given from every part of the AT&R team."

MATERNITY

"The whole team on Jean Todd was so **helpful, thoughtful and easy to talk to**. I was **encouraged to get help** whenever I felt the need and even when they were all busy they always made time. What an awesome team! Every single person we were involved with in the five days in hospital was so fantastic, thank you all so much."

SURGICAL

"The nurses and the anaesthetist (best I have met) were nothing but excellent in their communication with me. The **explanations were concise and in terms that were easily understood** It was nice to be able to "chat" in a way both parties understood. I had a very rare infection, but the staff **researched it and explained** it well. They also made sure the treatment was the best available. I was most impressed with communication throughout the pre-admission process and my hospital stay. The **pre-admission process was so thorough** and I had every opportunity to ask nurse, house surgeon, anaesthetist any questions. Every health professional I met was **professional and warm** to engage with when I needed to converse."

GENERAL COMMENT

"All staff were **on the same page**, from ED to Day Patient Surgery & Surgical Ward. Nice to be **treated as an individual**. My partner was given a great deal of comfort & relief from the staff communication. This was of great comfort as the patient. I was very aware my partner was stressed. From being in hospital to care at home from the district nurse it was seamless."



Administration Service Improvement Programme

The Administration Service Improvement programme was launched at the end of last year to look at administration services. One of the first areas to be involved is the **Outpatients Appointment Office**.

We caught up with some of the staff involved, to get feedback on how the improvement process is going so far:

"It is early days yet but we know it's got to be done, and we like that we are involved."

"The timing starting prior to Christmas was difficult as workloads were so high, and we didn't have the time to concentrate on feedback."

"Think it is a good thing and looking forward to positive outcomes with our involvement and the involvement of others."

"Seems to be going smoothly and hoping for good results."

Comment from Kaye Cameron, Project Facilitator:

I am really enjoying working alongside the staff in the Outpatient Appointment Office, they are a great team who have really engaged with reviewing their processes, identifying areas that we can improve and providing solutions for problems we have found.

It is still early days but we have been busy collecting/ collating baseline data, reviewing current processes and standards, looking at roles and responsibilities and re-establishing staff meetings.

The project deadline is June 2017.

Kaye Cameron

PROJECT FACILITATOR

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ACC Workplace Safety Management Practices (WSMP)

HEALTH & SAFETY AUDIT

I am delighted to confirm that following the recent ACC Workplace Safety Management Practices (WSMP) audit, we received a recommendation for tertiary level accreditation, elevating us from our current secondary status. Many thanks to the efforts of all our staff who made this possible.

This audit demonstrates the progress SCDHB has made over the past year, in an effort to have Health, Safety and Wellbeing become business as usual. The auditor conducted a very thorough 10 hour visit and made special comment on the engagement and enthusiasm of our Health and Safety Representatives (HSR's) and the willingness of management to take Health and Safety forward.

Staff from all disciplines have demonstrated a real commitment to making our Health & Safety practices

work, and have been very supportive of developing and implementing enhanced processes.

Whilst tertiary status reduces the levy SCDHB pays to ACC, we as an organisation can reduce this even more by creating an environment, where safety is the focus of all, staff identify and control hazards, which in turn will help to reduce the number of employee injuries suffered (a factor involved in the setting of levies). Needless to say, we have now set the bar of expectation and achievement high and I am personally looking forward to working with you all in our journey towards a safety culture that robustly serves the needs of all employees and the people we do business with.

Once again, many thanks for your participation and commitment to Health, Safety and Wellbeing.

Pete Moore

HEALTH, SAFETY AND WELLBEING MANAGER

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Site Development - Front of Hospital

User groups for outpatients, café, reception, ED and radiology commenced again for 2017, with meetings in February to discuss and inform effective utilisation of space. The meetings went well and were all well attended.

User groups will now meet fortnightly in order to consolidate and confirm the design. A virtual headset will be used to demonstrate looking around the redeveloped reception and café area.



Snapshot from Clinical Board

“Giving expert advice and exhibiting leadership on clinical matters”

Clinical board met on the 20th December; here are some of this month’s discussions:

- Congratulations to **Ron Luxton** who has been appointed chairperson for SCDHB Clinical Board for a two year term.
- This month clinical board enacted the Tikaka Hui guidelines. The intention is to embrace the Maori culture as integral to what we do at SCDHB.
- **Megan Stark** presented the new life support levels on behalf of New Zealand Resuscitation Council. She showcased the new resources, and confirmed that the current SCDHB life support instructors have received updated training for the new courses to commence in January 2017. It was discussed that courses will be provided with a multidisciplinary, primary / secondary inclusive approach which the clinical board sees as an opportunity for collaboration.
- Clinical board heard a proposal presented by **Angie Foster** (Infection Prevention Control Nurse) to introduce IV safety cannulas as an option for cannulation at SCDHB. Clinical board felt that the proposed safety cannula options promoted staff and client safety and supported this proposal. We look forward to seeing this proposal explored further as product options and costs are explored.
- Clinical board was informed of some work that is underway to improve the SCDHB discharge summaries and handovers between secondary and primary care services.
- A discussion was heard around the childhood obesity screening programme. Currently children that are identified as obese are being referred to their GP. Childhood obesity is difficult to treat and multifactorial. Clinical board discussed options around ongoing support for this process.
- Clinical board is currently recruiting for new membership. This is an exciting opportunity for you to represent your profession and service on this board. We particularly seek registered nurses, a midwife, and Allied Health, Scientific and Technical representation at this time. **If you are interested please get in contact with Anna Wheeler extn 8296 - awheeler@scdhb.health.nz or Rene Templeton extn 3709 – rtempleton@scdhb.health.nz**

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

Enhancing Nursing & Midwifery

JANUARY '17:

Happy New Year to all. I hope we are all feeling refreshed over the break, especially those who managed some leave and a special mention to those who were on the floor working to ensure our services were maintained. I thoroughly enjoyed working ‘in between’ and it was great to get out and thank staff for being here.

2017 is going to be demanding for us all, we are moving straight into budgets and planning for the next financial year. The pressure almost certainly comes on to determine what services are sustainable, where can we be more efficient, and what is our direction required for our consumers to deliver safe quality care.

There are some amazing individuals within the region and I want you all to assist me in growing each and every one of you for our Nursing and Midwifery professions.

DECEMBER '16:

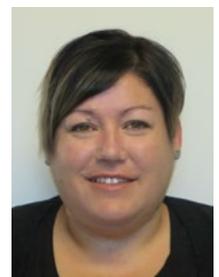
What an amazing year it has been with peaks and troughs, as to be expected in health care and leadership.

Firstly, I would like to congratulate the nursing and midwifery teams for the stunning job we do overall for the patients/ consumers/women & children/ & whanau of South Canterbury.

It has been a tumultuous year with the restructure and rebuilding planned for the future, however, five months and the enthusiasm and passion that I arrived with I still carry each and every day. I can only congratulate the team around me at all levels and all roles that drives this winning combination.

I am very confident that 2017 we can only cement our roles further and be a dominant DHB for health care in New Zealand. So if you are waiting at the station get on the train and JOIN us in the journey.

Lisa Blackler
DIRECTOR OF PATIENT
NURSING & MIDWIFERY



Understanding Cancer for Māori

The aim of the Improving the Cancer Pathway for Māori project is to identify opportunities for service improvement ultimately improving the cancer pathway for Māori from referral through treatment. In brief, so Māori would experience faster, and more equitable cancer treatment.

Ethnicity data accuracy is an already identified area for improvement. It is an issue which is not unique to SCDHB, nor the health sector.

We would like to hear from individuals and or their whānau Māori who have experienced or are currently in cancer treatment within SCDHB, and are encouraging them to come forward to share their story, as their stories may very well reveal opportunities for service improvement in the SCDHB region.

For information about how they could participate, please contact Dr Melissa Cragg melissa.cragg@xnet.co.nz. Alternatively they can contact Ruth Garvin Director Māori Health SCDHB.

Ruth Garvin
DIRECTOR MĀORI HEALTH

South Island Health System Closes Information Gaps

Hospitals across the South Island will soon be sharing relevant patient health information electronically for the entire South Island population.

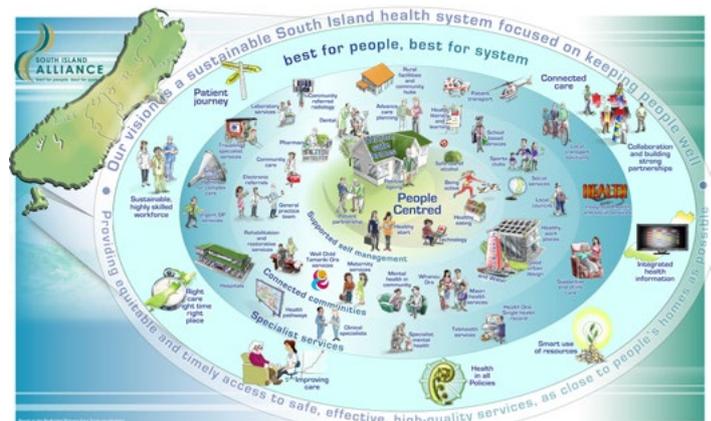
On 13 February, when Nelson Marlborough district health board (DHB) launches the clinical information portal, Health Connect South, it will join Canterbury, West Coast, South Canterbury and Southern DHBs – connecting all five South Island DHBs to the same shared electronic patient record for hospital care.

Steve Earnshaw, Chief Medical Officer for South Canterbury DHB and Chair of the South Island Clinical Informatics Leadership Team, says although this milestone has been years in the making, it's really just the start.

"With the addition of Nelson Marlborough, we have a South Island health system that is well-prepared to respond to future challenges – it's a huge step forward. The South Island is the only region in New Zealand to have made this happen and it was only made possible by the collaboration of the five South Island DHBs through the South Island Alliance.

"Although each DHB serves its own unique community, we share similar issues. When we work as a regional team we can leverage improvements and ensure everyone has equal access to the same high quality care. If I end up in the emergency department away from home, I can expect the same level of care based on the same knowledge of my health history as I would in my home town."

Health Connect South, an Orion Health solution, pulls information from disparate sources, allows users to update or add information, and presents it in a single patient view. Information includes test results, allergies, x-rays, medications and previous hospital admissions. The modular nature of Health Connect South allows new clinical systems to be added over time. For Bev Nicolls, General Practitioner and Clinical Director of Information Systems for Nelson Marlborough DHB, this is the most exciting aspect of the system.



"Health Connect South is the catalyst for a number of initiatives. It is helping us to streamline some previously complex, manual processes and provide richer, more meaningful patient information, which is available when and where it's needed. Also, for the doctors, nurses and allied health teams who move between South Island hospitals, they will be using the same systems, as if they were still in the same hospital."

Nelson Marlborough DHB is also preparing for the delivery later this year of HealthOne, which allows primary healthcare providers, such as GPs and community pharmacists, to share records and view hospital information such as discharge summaries and test results.

"Joining the dots between primary and secondary healthcare is hugely beneficial for doctors and their patients," says Bev.

"As a GP, I spend a lot of time chasing results and playing phone tag with other doctors. With all the information at my fingertips, I can provide faster and more effective care for my patients. Hospital staff will have access to GP and pharmacy records and GPs will have access to test results and hospital information including the status of a GP referral. When you include access to pharmacy dispensing information, it's a level of integration we've never had before."

Gala Awards Evening - 13th May 2017

To celebrate the great achievements, large and small, that go on in healthcare everyday, there will be a gala awards celebration in May.

Save the date, and join us on Saturday 13th May, at the Caroline Bay Hall for awards, supper, music and dancing.

• Gala Award Nominations

You will have the opportunity to nominate a person or service, and details of this will be available very soon.

Gala Fundraisers - Show Your Support

At present we are busy fundraising in an effort to keep the evening affordable for all, so look out for activities over the next couple of months.

• Tuesdays - SAUSAGE SIZZLES (fortnightly)

Held every second Tuesday, outside the Education facility – don't forget to bring your \$2 for the cheapest, tastiest lunch around. We sold out last time, so get in quick! On sale from 11.30 am till 1pm, rain or shine. **Dates: 28 Feb, 14 Mar, 28 Mar, 11 Apr, 25 Apr, 9 May.**

• Fridays - MUFTI DAY THEMES

Gold coin donation towards the Gala Awards Dinner - if there isn't a collection jar in your area, call Barb or Meron in SDU, and we'll send you one.

This is a fun way to raise money, and doesn't require any work beyond a good look round in your wardrobe.

Staff who wear uniforms are encouraged to take part, providing their mufti wear doesn't affect patient care or safety in any way.



• FROCK FAIR & HIGH TEA - 3rd March

Everyone else's clothes always seem more exciting than your own... here's your chance to do something about it, while you enjoy tea and tiny cakes!

Frock sales 8am to 4pm * High tea 9.30 - 11am & 2 - 3.30 pm. \$5 plate, tea and tiny cakes. Clothing donations welcome.



• QUIZ NIGHT!
 Get a team together
 \$40 entry per team
Wednesday 22 March
 Raffles and prizes
 7 pm till late
 The Sail & Anchor, Timaru
 More info available from Staff Development

Donations of raffle prizes for the quiz night would also be appreciated – we can't do this on our own, and all fundraising is towards the gala, and making it affordable for people to attend.

Date	Theme	Ideas
March 3	Mad hatter	Something on your head
March 10	Summer daze	Palm trees, flamingos
March 17	Luck o' the Irish	Green, and lots of it
March 24	National dress	From your country
March 31	April's Fool!	Be the joker today
April 7	Easter bunny	Bunnies, chicks and eggs
April 14	Gone dotty	Spot yourself
April 21	Flower power	A floral ensemble
April 28	You're a star!	A nod to the movies

Staff Engagement and Wellbeing Survey Results

The Staff Engagement and Wellbeing Survey was conducted during November and December 2016. The survey was completed by 377 people which equates to approximately 39% of our staff.

The results showed a high level of engagement and commitment with staff prepared to “go the extra mile” and committed to quality outcomes. Most employees found their roles mentally stimulating and were confident in their ability to do their roles.

Bullying behaviour, having adequate resources and being adequately rewarded were some areas of concern. Other opportunities for improvement included communication, role clarity and career development.

More detailed analysis will take place over coming weeks and we will share more details with relevant groups.

Key Findings per Domain

Engagement

There was a very positive response to the statement *'I am prepared to go the extra mile in my job'* with less than 2% of employees disagreeing or strongly disagreeing. Most employees agreed that their job is fulfilling and feel a sense of loyalty to the organisation. However, a quarter of our employees disagreed or strongly disagreed with the statement *'I enjoy discussing my organisation with people outside it'*. This may indicate that, although staff are committed to the success of the organisation, they are not as proud of it.

Direction and Purpose

Most employees find their jobs mentally stimulating, feel they contribute to the success of the DHB and are committed to quality outcomes. However, less than half (44%) of employees are happy with their career development opportunities and 22% disagreed or strongly disagreed with the statement *'My role is clearly defined'*.

Performance

There is quite an even split of responses to the statement *'I feel that I am adequately rewarded for the work I do'*. Approximately one third of our staff (35%) feel they are adequately rewarded, one third (35%) do not and the remainder (30%) are neutral.

Contribution and Control

Although almost all staff (94%) are confident about their ability to do their job, more than a third do not believe they have what they need to do their job (e.g. adequate equipment, office tools and working space).



TOPIC @

STAFF FORUM

12 - 1pm, Monday 27 March

Education Centre, Timaru Hospital

Connection and Support

Nearly a quarter of employees disagree or strongly disagree with the statements *'Communication among my colleagues is positive and constructive'* (24%) and *'My direct manager communicates clearly and frequently with me'* (23%).

Patient Safety and Wellbeing

Most staff agree that SCDHB places a high priority on patient safety and are comfortable reporting any patient safety concerns. However, employees are less satisfied with the amount of feedback they receive on the outcome of investigations into patient related incidents.

Employee Safety and Wellbeing

41% of staff disagreed or strongly disagreed with the statement *'Bullying behaviour is not tolerated in my work area'*.

The majority of employees feel comfortable reporting any health and safety concerns, however, fewer staff believe the SCDHB places a high priority on employees working safely.

While half of our staff agree or strongly agree with the statement *'I can give equal priority to work and family or personal life and still have equal opportunities in my work'*, a quarter (24%) of our employees disagree or strongly disagree with this statement.

Robbie Moginie

**DIRECTOR ORGANISATIONAL
CAPABILITY AND SAFETY**

Shared Learnings. New Year Thoughts...

So here we are again, crashing head long into another year. Christmas been and gone, and shelves already groaning under Hot Cross Buns for Easter.

Being a new year, I am as ever full of plans and hopes and good intent – a plethora of “I’magunna” moments, as my father would have said. My mind see-sawing between excitement for what is to come, and mild panic about just how much we want to do.

And when my mental see-saw is juddering to a halt on its mild-panic bumper that is when I soothe my angst with images of the people with whom I work closely (no, that’s not as dodgy as it sounds, honestly!)

Thoughts of the colleagues and teams I work with once again bring with it the realisation that there are many capable and dedicated people that I can trust, and, I hope, that feel they can trust me. It is in some cases a trust built upon years spent working together; sharing each other’s strengths and supporting our weaknesses. In others, where our time working together is much more recent, it is a trust built upon reputation and exploring common goals, on respect and appreciation (or a nauseatingly encyclopaedic shared knowledge of 1970s children’s toys - anyone else remember Pocketeers?!).

This trust does not rely on people simply doing what they are told; like good conversation, it needs the engagement of two parties. It is grown when we have a shared desire to try, are not afraid to be open, and an understanding that we might fail. Trust must be nurtured and tended to keep it vital.

Time and again we get feedback from people across our community that remind us of the trust they have in the care we deliver, and the people who deliver it, across the whole spectrum of services we provide. And it is trust that we need to keep a sure foundation to what we do, and on which to build future improvements and innovations.

I scanned the interweb for some learned words on trust, and in between watching videos of windsurfing gerbils, or panicking cats, I found a few that rang true to me.

Top of the list was this little gem from Peter Drucker:

“Trust is the congruence between what you say and what you do.”

It is not sufficient to “I’magunna,” we have to actually “Do!”

I will leave my final word this month to my favourite poem. May your team, your colleagues, your trust, be your orange.



THE STOLEN ORANGE BY BRIAN PATTEN

**When I left I stole an orange
I kept it in my pocket
It felt like a warm planet**

**Everywhere I went smelt of oranges
Whenever I got into an awkward situation
I’d take out the orange and smell it**

**And immediately on even dead branches I saw
The lovely and fierce orange blossom
That smells so much of joy**

**When I went out I stole an orange
It was a safeguard against imagining
There was nothing bright or special in the world**

contact

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Improvement Manager

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Good Progress on New Healthy Kids Target

Health Minister Jonathan Coleman says the latest health target results show South Canterbury DHB has made good progress on the raising healthy kids target.

“The health targets help to improve performance across the health system, ensuring that Kiwis get better access to health services,” says Dr Coleman.

“The latest health target results for October to December 2016 show South Canterbury DHB continues to perform well, but there’s always more to do.

“I’d like to acknowledge all the health professionals in South Canterbury for their continued hard work to improve key health services for Kiwis.

“This is just the second time that the new raising healthy kids target has been reported. Nationally, DHBs improved their performance up to 72 per cent. South Canterbury DHB achieved 87 per cent. Results are expected to improve each quarter as referral processes are fully implemented.

“The target is a key part of the Government’s Childhood Obesity Plan. We want to ensure that through the B4 School Check, kids and their families are put in touch with primary healthcare professionals who can check for any clinical risk associated with obesity, and encourage families to take action.

“South Canterbury DHB met the shorter stays in ED target, with 96 per cent, and was above the faster cancer treatment target by five per cent.

“Further work is needed however on the improved access to elective surgery target, increased immunisation for eight month olds and better help for smokers to quit targets.”

These results are supported by the \$36 million funding increase South Canterbury DHB has received over the last eight years. South Canterbury DHB will receive an extra \$5 million in new money this year, taking the DHB’s total funding to \$181 million for 2016/17.

Health target results are sourced from individual DHB reports, national collections systems and information provided by primary care organisations.

SOUTH CANTERBURY RESULTS BY QUARTER

Health target results quarter two 2016/17 compared with quarter one 2016/17 and quarter two 2015/16.

Target Area	National goal	Q2 15/16	Q1 16/17	Q2 16/17
Shorter stays in emergency departments	95%	96%	96%	96%
Improved access to elective surgery	100%	101%	91%	93%
Faster cancer treatment	85%	74%	77%	90%
Increased immunisation	95%	92%	95%	92%
Better help for smokers to quit (primary care)	90%	87%	86%	87%
Raising healthy kids	95%	N/A	71%	87%

Faster Cancer Treatment Up 13% This Quarter

Service improvements put in place are beginning to show results with South Canterbury achieving the target this quarter. Lisa Blackler, Director of Patient Nursing & Midwifery, executive sponsor within the DHB on the target, explains.

The Ministry of Health Target is for 85% of cancer patients to receive treatment within 62 days of first initial ‘high suspicion’ and for all patients to be seen within two weeks of identification of ‘high suspicion’.

For the DHB, this is multi factorial and crosses across many areas. We have focused on key areas to improve process. This has involved the following:

- Engaging with clinicians across the service to consult and review their recommendations to how we can improve ‘meeting our target’ putting the patient at the centre of our care. Listening to the clinicians concerns and working through with solutions is ongoing. A session with clinicians and administration staff included identifying areas that require improvement with the flow of referrals incoming; identification from primary care – with an accurate ‘tick

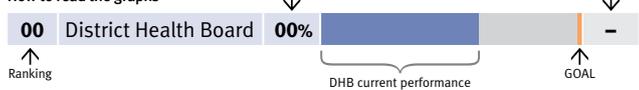
box’ of ‘high suspicion’. This also involved looking across the sectors – and potential delays with referrals needing consultation out of region.

- Work has also been done at the front end (administration) to ensure identification of “high suspicion” is loud and clear on the referral; utilising the electronic systems; rather than printing and hand delivery to avoid untimely flow of the referral through the process – i.e. delays with weekends; statutory days which adds to the timeframe.
- A monthly report is provided to track our progress on each individual patient and where the possibility if any delays occur is reviewed further. This is reviewed monthly and a paper audit conducted.
- Monthly meetings are also held to review progress and changes regionally. We have worked closely with our patient management system data entry options to improve flags; timing; outflows.
- Education Forums – for DHB staff pertinent to the flow of the referral and Primary Care Health Pathways is ongoing across the directorates.

q2 16/17 health target results



How to read the graphs



Shorter stays in Emergency Departments

The target is 95 percent of patients will be admitted, discharged, or transferred from an Emergency Department (ED) within six hours. The target is a measure of the efficiency of flow of acute (urgent) patients through public hospitals, and home again.

	Quarter two performance (%)	Change from previous quarter
1 West Coast	99	▲
2 Waitemata	97	▲
3 South Canterbury	96	▲
4 Bay of Plenty	96	▲
5 Nelson Marlborough	96	▲
6 Counties Manukau	96	▲
7 Hutt Valley	95	▲
8 Wairarapa	95	▲
9 Tairāwhiti	95	▲
10 Auckland	95	▲
11 Hawke's Bay	95	▲
12 Canterbury	95	▲
13 Whanganui	95	▲
14 Taranaki	94	▲
15 Southern	94	▲
16 Lakes	93	▲
17 MidCentral	93	▲
18 Northland	93	▲
19 Capital & Coast	88	▲
20 Waikato	88	▲
All DHBs	94	▲



Increased Immunisation

The national immunisation target is 95 percent of eight-month-olds have their primary course of immunisation at six weeks, three months and five months on time. This quarterly progress result includes children who turned eight-months between October and December 2016 and who were fully immunised at that stage.

	Quarter two performance (%)	Change from previous quarter
1 Hutt Valley	97	▲
2 Auckland	95	▲
3 Hawke's Bay	95	▲
4 Wairarapa	95	▲
5 Capital & Coast	95	▲
6 MidCentral	95	▲
7 Canterbury	95	▲
8 Counties Manukau	94	▲
9 Southern	94	▲
10 Lakes	94	▲
11 Whanganui	93	▲
12 Taranaki	93	▲
13 Waitemata	92	▲
14 South Canterbury	92	▲
15 Waikato	92	▲
16 Nelson Marlborough	91	▲
17 Tairāwhiti	90	▲
18 Northland	89	▲
19 Bay of Plenty	86	▲
20 West Coast	80	▲
All DHBs	93	▲



Raising healthy kids

The target is that by December 2017, 95 percent of obese children identified in the Before School Check programme will be offered a referral to a health professional for clinical assessment and family based nutrition, activity and lifestyle interventions. Data is based on all acknowledged referrals for obese children up to the end of the quarter from Before School Checks occurring in the six months between 1 June to 30 November 2016.

	Quarter two performance (%)	Change from previous quarter
1 Waitemata	100	▲
2 Auckland	97	▲
3 Hutt Valley	91	▲
4 MidCentral	89	▲
5 South Canterbury	87	▲
6 Waikato	79	▲
7 Canterbury	78	▲
8 Wairarapa	76	▲
9 Lakes	76	▲
10 Whanganui	75	▲
11 Northland	73	▲
12 Tairāwhiti	66	▲
13 Southern	64	▲
14 Counties Manukau	62	▲
15 Capital & Coast	47	▲
16 Hawke's Bay	40	▲
17 Nelson Marlborough	39	▲
18 Taranaki	36	▲
19 Bay of Plenty	33	▲
20 West Coast *	0	▲
All DHBs	72	▲

* This result is based on low volumes, six children identified as obese were not referred.



Improved access to elective surgery

The target is an increase in the volume of elective surgery by an average of 4,000 discharges per year. DHBs planned to deliver 97,092 discharges for the year to date, and have delivered 3,300 more.

	Quarter two performance (%)	Progress against plan (discharges)
1 Northland	125	▲
2 Taranaki	112	▲
3 Whanganui	111	▲
4 Tairāwhiti	108	▲
5 Counties Manukau	108	▲
6 Nelson Marlborough	107	▲
7 MidCentral	107	▲
8 West Coast	107	▲
9 Waitemata	106	▲
10 Waikato	106	▲
11 Bay of Plenty	104	▲
12 Lakes	104	▲
13 Hutt Valley	101	▲
14 Hawke's Bay	99	▼
15 Southern	99	▼
16 Auckland	97	▼
17 Wairarapa	96	▼
18 Capital & Coast	95	▼
19 Canterbury	95	▼
20 South Canterbury	93	▼
All DHBs	103	▲



Better help for smokers to quit

The target is 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.

	Quarter two performance (%)	Change from previous quarter
1 West Coast	91	▲
2 Lakes	90	▲
3 Bay of Plenty	90	▲
4 Counties Manukau	89	▲
5 Waitemata	88	▲
6 Hutt Valley	88	▲
7 Auckland	88	▲
8 Wairarapa	88	▲
9 South Canterbury	87	▲
10 Hawke's Bay	87	▲
11 Nelson Marlborough	87	▲
12 Waikato	87	▲
13 Tairāwhiti	86	▲
14 Capital & Coast	86	▲
15 Taranaki	86	▲
16 Canterbury	85	▲
17 Whanganui	85	▲
18 MidCentral	84	▲
19 Northland	81	▲
20 Southern	75	▲
All DHBs	86	▲



Faster cancer treatment

The target is 85 percent of patients receive their first cancer treatment (or other management) within 62 days of being referred with a high suspicion of cancer and a need to be seen within two weeks. Results cover those patients who received their first cancer treatment between 1 July and 31 December 2016.

	Quarter two performance (%)	Change from previous quarter
1 Waitemata	90	▲
2 South Canterbury	90	▲
3 Auckland	88	▲
4 Lakes	88	▲
5 Waikato	86	▲
6 Canterbury	85	▲
7 Nelson Marlborough	84	▲
8 Bay of Plenty	84	▲
9 Southern	83	▲
10 Northland	83	▲
11 Wairarapa	82	▲
12 Capital & Coast	82	▲
13 MidCentral	81	▲
14 Tairāwhiti	80	▲
15 Taranaki	77	▲
16 West Coast	76	▲
17 Whanganui	74	▲
18 Counties Manukau	74	▲
19 Hutt Valley	68	▲
20 Hawke's Bay	65	▲
All DHBs	82	▲

are you prepared?

12



Being Prepared – PERSONAL PREPAREDNESS AT WORK AND HOME

Emergencies can happen any time and any place. We spend a large part of our day at work, so it is just as important to be prepared at work as it is at home.

Plan, Prepare, Respond.

Here are some simple things that you can do to make sure you are prepared:

Have a Plan

Plan with your household what you will do if an emergency occurs during work or school hours.

Use the Civil Defence sheet 'Household Emergency Plan' at <http://getthru.govt.nz/how-to-get-ready/household-emergency-plan/>

At Work

Know the SCDHB emergency procedures

- Locate your closest emergency exit and the next nearest alternative
- Know where the emergency evacuation assembly point is located.
- Regularly read the emergency procedures so you know what to do in different emergencies.
- Look around, know and identify safe places to shelter during an earthquake.

Further information is available on <http://scdhbintranet.sunsystem.timhosp.co.nz/knowledge-base/emergency-management>

Know the location of essential emergency supplies

- Civil Defence cabinet
- Defibrillator
- First Aid Kit



At Home

Make sure you have essential emergency survival items at your home. You need to be able to survive for at least three days on what you have at hand

Food and water

- Bottled drinking water (at least 3 litres per person per day).
- Water for washing and cooking.
- Non-perishable food (canned or dried), can opener.
- A primus or gas barbeque to cook on.

Getaway kits

In some emergencies you may need to evacuate in a hurry. Everyone should have a packed getaway kit in an easily accessible place at home.

For more information on what to include see <http://getthru.govt.nz/how-to-get-ready/emergency-survival-items/>

Keep in Contact

It is important that you are able to make contact with family, friends and work during an emergency.

- Consider all the people you would need to get in touch with in an emergency.
- Keep a hard copy of their numbers as you may not have access to your computer or cell phone.
- Ensure your details are correct on your ward/dept.'s contact list and Payroll Kiosk (iHub).

contact

Penny Dewar

Emergency Management Co-ordinator
Extn 8297 penny.dewar@scdhb.health.nz

PDRP Dates



Congratulations to all those staff who have completed or resubmitted their PDRP in 2016. We now have 107 (30%) staff from the DHB and its partnering organisations with a Portfolio.

My target for the coming year is to have 50% of staff with a portfolio, so I need your help!!!! It's not as difficult as you may think and you could receive extra money in your pay packet - please contact me for advice.

Submission Dates:

- 1st May 2017 • 1st August 2017 • 1st November 2017
- Contact: Tracey Worthington - PDRP Coordinator, ext 8344

Hadlow to Harbour

FUN RUN / WALK / JOG - Sunday 5th March 2017

Registration Sheets have been distributed around work places. SCDHB will sponsor the full registration cost for employees and 50% for immediate family.

Contact: Dave Moore - Human Resources



The Cardiac Society of Australia and New Zealand

CARDIAC NURSING ROADSHOW
Timaru - Friday 7 April 2017, 0900 - 1630

This CPD day is an opportunity to update your cardiac nursing expertise and enhance outcomes for patients in primary and secondary care.

The day will be filled with topics related to cardiovascular health care. It is aimed at anyone working in primary or secondary health care or rest home care who works with clients with cardiac conditions; or who has an interest in cardiac conditions. A certificate of attendance will be provided by the Cardiac Society confirming 7.5 hours of professional development.

VENUE: Seminar Room 1, The Education Facility, Timaru Hospital, High St TIMARU Morning and afternoon tea and lunch will be provided	COST: \$25 if a member of CSANZ \$35 for non-members of CSANZ Register now by completing the attached form Registration closes Friday 31 March
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Interprofessional Development Day

Venue: Education Facility, Timaru Hospital
 Date: Thursday 2 March, 2017
 Time: 0815 – 1630 hrs

Time	Topic	Speakers
0815-0830	Sign in & Welcome/ Mihi	SDU & Ruth Garvin Director Maori Health
0830-1230	Workshop: Recognising & Responding to People at Risk of Suicide-An Introduction	Annette Beautrais- Suicide Prevention Co-ordinator
1230-1315	Lunch (not provided)	
1315 - 1400	Chronic Obstructive Pulmonary Disease	Deborah Box Clinical Nurse Specialist Community- Respiratory
1400-1445	Practice Nurse Role in Primary Health Care	Anna Wheeler- Associate Director of Nursing & Midwifery
1445-1500	Coffee/Tea break	
1500-1615	Workshop: When people with Dementia experience a different reality	Leah Caldwell -Dementia Educator
1615-1630	Evaluations & close	SDU



register online at:

www.research.net/r/IPDDMarch17

Please note: No registrations will be taken through Staff Development.

@ the staff Christmas BBQ...



@ staff events...



ABOVE ORIENTATION: New nursing graduates who have joined us in specialist practice enjoying some sunshine over their lunch break in the first week.

RIGHT QUIZ MASTERS: The winning team of the Christmas Quiz receiving their prize. Six teams competed with the winning team a mix of hospital staff, second place to Jean Todd and third to the consultants.



MORNING TEA IN ORDER: Julie Allen, leaving the Orderlies after 8 years, shared a morning tea with the team. She will be missed by all.



FOND FAREWELL: Our fellow medical secretary Joan Robinson retired on Friday 27 January (also her birthday).



NETP SUCCESS: A presentation of certificates was held on 10 February for successful completion of the 2016 NETP programme for the new graduate nurses. L-R Megan Stark- NETP coordinator, Cherie Ballinger - new graduate preceptor, Ella Remmerswaal, Karly Geary, Alysha Bell, Brittini Ward, Sarah Denton, Fiona Sinclair, Chris Peters, Barbara Christie - new graduate preceptor.



NESP: Director Patient, Nursing and Midwifery Services Lisa Blackler congratulated Registered Nurse Sharee Anderson for completing her New Entry to Specialist Practice (Mental Health, Addiction and Intellectual Disability) and also to Merle Sutcliffe for her commitment to being Sharee's preceptor for the year. Also congratulations to Gill Graham for providing supervision for Sharee for the year. We wish Sharee well for her future.



WHOLE OF GARDENS BLOCK: A shared morning tea held on 26 January was very well received. These will be scheduled monthly.



PRIMARY CARE FORUM: held recently in the education centre.

send us your snaps...

Bronwyn Hargraves
COMMUNICATIONS MANAGER
nhoskins@scdhb.health.nz

staff coming & going

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

REGISTERED NURSE
Jessica Fleck
Teodoro Bulatao
Georgiana Eaddy
Caitlyn Harpur
Estelle Hide
Bronwyn Heatlie
Julia Eyles
Sarah-Rose Mcgowan
Kathryn Campbell
Eilis Hogan
Lucy Godwin
Clare Lawrence
Hannah Jenkins
Kelly Ritchie
Kathryn Mcilraith
Ma Lumampao - Casual

Penelope Barlow
 PAYROLL SUPERVISOR

Leanne Marais
 PHYSIOTHERAPIST

Diane Reid
 CNS DIABETES

Mark Rogers
 BOARD OF DIRECTORS

Jennifer Davison
 DISTRICT NURSE

Jessica Walker
 XRAY MEDICAL RADIATION
 TECH

Bernadette Westerby
 ORDERLY

HEALTH CARE ASSISTANT
Rhonda Brown
Marie Trusler - Casual
Donna Winslade
Dawn Bancroft
Rosalia Wall - Casual

Bronwyn Hargraves
 COMMUNICATIONS
 MANAGER

Kelsi McCarthy
 TELEPHONIST

Nicola Finnie
 CMH NURSE KEY WORKER

Coralie Bellingham
 STOMAL NURSE

Rosemary Slater
 DIVERSIONAL THERAPY
 ASSISTANT CASUAL

farewell and good luck to...

Allison Ryan
 MRI RECEPTIONIST

Nicola Rowbottom
 PHARMACY MANAGER

REGISTERED NURSE
Toni Vincent
Paul Musson
Vrinda Modi
Megan Kerse
Isobel Roberts

Dianne Lilley
 DIVERSIONAL THERAPY
 ASSISTANT P/T

Tania Crowe
 HUMAN RESOURCES
 ADVISOR

Anne Tyldesley
 NURSE EDUCATOR -
 PRACTICE NURSING

Sheryl Reilly
 ENROLLED NURSE

Cynthia Pulman
 DISTRICT NURSE

HEALTH CARE ASSISTANT
Eleanor Lambourne -
 Casual

Keri Soesdorp - Casual
Katie Byrnes - Casual
Rae Cooke
Bailey Hoar - Casual

Jillian Woodall
 DISTRICT NURSE PART TIME

Rachel Wymer
 HOUSE SURGEON

Rosemary Slater
 DIVERSIONAL THERAPY
 ASSISTANT P/T

Enrique Africano
 O AND G SPECIALIST



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:

Governance

Community Board Representatives:

- Community and Public Health Advisory
- Disability Support Advisory
- Hospital Advisory

MORE INFORMATION: jwilliams@scdhb.health.nz

Medical

- Anaesthetist – Full-time or Part-time
- Emergency Physician – Full-time
- General Physician – Full-time
- Medical Radiation Technologist – Fixed-term
- Otolaryngologist – Full-time or Part-time

Nursing/Midwifery

- Case Manager Addictions Team – Full-time
- Clinical Nurse Specialist Palliative Care – Part-time
- Registered Nurse Emergency Dept – Part-time
- Registered Nurse Mental Health Inpatients – Full-time
- Registered Nurse Surgical – Part-time
- Registered Nurse – Casual

Support

- Medical Secretary – Full-time
- Receptionist Radiology – Full-time
- Telephonist/Emergency Receptionist – Full-time

MORE INFORMATION: scdhb.careercentre.net.nz

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.

send us your news:

contact: Communications Manager
 email: nhoskins@scdhb.health.nz
 office phone: +64 3 687 2100
 address: Private Bag 911, High Street, Timaru 7910
 location: High Street, Timaru
 website: www.scdhb.health.nz