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Cook Sue Burridge retires after 46 years

Sue started working for SCDHB on the 20 April 1970. When she first arrived she lived in the old maids' quarters on site. Below is an extract from a conversation with her around her experiences.

When I first came here there were four cooks and I was fourth cook, making sauces for the first cook. Well now there are two cooks. The cooking was totally different in those days. We didn't have trays, we had bulk cooking which was put into the wagons and wheeled up and the nurses dished all that up. Whatever was left over was dished up on a plate for the night staff. And we used to cook scones for the staff for morning tea in those days.

Today everything comes pre-prepared which is fantastic as we don't have to worry about things like making up for someone who is off sick, or someone cutting their hand, or waste in the vegies – it's fantastic. We might not have the variety of fruit, but that's just the difference between what it is today.

I think it is for the better. You know now that the vegies are going to be good and we have always had good meat but you know, we use to have tripe, brains, liver and boiled mutton nuckles. Those were the things that used to be cooked in those days. Today it's good

quality stuff we use, it's not seconds. You can't please everybody, you never will. Sometimes you think oh no, they might have a bit of a moan, but you understand that they are not feeling well. The food is really good and a lot of effort goes into it. The people that we are feeding are the people that don't really want to be here and so you try and do the best that you can.



My words of wisdom would be head down bum up. You never know what's ahead, but all my working career you never knew what was ahead. I always said you are here doing your job getting paid, so get on with it.

I'm looking forward to not getting up in the morning so early, but I still will. I'll be able to do all the hobbies I want and it's going to be really different after all those years of doing the same kind of thing. I have really loved working here, and the people, at the end of the day this is your family.

Sea2Sea

This year staff have really embraced the Sea2Sea Challenge and with Medlab South, South Canterbury Eye Clinic, South Canterbury Mammography and Ear Health joining in with us we have 40 teams with over 400 people taking part.

There has been a lot of physical activity going on. I have spotted people walking at lunch time and heard that the Linen Services crew are meeting in the mornings and walking to work together. We were treated to a hip hop class by Macey Dobson at the staff forum on Wednesday 5 October with an impressive staff turn out. I was pleasantly surprised that I wasn't the only person doing a new interpretation of hip hop dancing, wrong direction, wrong rhythm and, well, just plain wrong.

The physiotherapists have also been getting right into it. Tim Li, Sonya Veale and Lucy Ireland have taken up hula hoop fitness classes. Lucy Ireland, Sonya Veale and Lynley Horton also took part in the Rakaia Mud Run on 16 October. During the first week of the challenge I caught Sue Wilkinson walking around her office



ABOVE LEFT > The Senior Leadership Team gear up for Sea2Sea.

ABOVE RIGHT > Demonstrating their hula hooping skills are physiotherapists Tim Li and Lucy Ireland.

in her trainers, one laced up and the other undone. She was so busy when she got to work that she hadn't had time to change her shoes. Unfortunately the battery was flat in my phone, so no photo. All in all a great effort by everyone to get active for spring.
Written by: Dave Moore, Workforce Advisor

message from your CEO

Administration and clerical service improvement programme

In January this year we began a process to review the structure through which we deliver health services in South Canterbury. Included in the DHB's management structure review was the design principles of grouping activities by function, defining roles and responsibilities and keeping layers of supervision to a minimum to aid efficient communication and decision making.

To date this has included a review of all management levels to ensure that we are structured to meet current and future health needs in our community in the most efficient and effective, patient-centered manner.

With the new structure in place, the focus has now moved to ensuring the DHB has the necessary supports in place to ensure the delivery of fully integrated models of care to the patient. To this end we have launched an Administration and Clerical Service Improvement Programme which will run over the next eighteen months. Our aim is to grow our own internal workforce capability and optimise relationships for clerical staff with other staff working in departments, supporting logical work flows, ensuring manageable workloads and avoiding duplication of effort between staffing groups.

We want to engage with our administrative and clerical workforce to improve service delivery, empowering staff by providing an avenue for them to voice innovative ideas and

solutions to problems in their work area. We also want to ensure that administrative and clerical resources are aligned to service delivery ensuring that those staff involved in direct patient contact are well placed to be responsive to patient's needs, have the necessary skills and knowledge to answer patient enquiries, and that coordination of services is optimal so that the delivery of services is as streamlined as possible for the patient.

Finally, we need to make sure that as information technology advancements come on-line these are both fully optimised and we cease redundant practices to avoid a duplication in effort. It is intended that skilled quality coordinators work with both staff and those that use the service to understand and modernize our processes. They will also identify the training required to assist staff to use technology and systems to their advantage as we move to a paper-lite system with the aim of reducing manual tasks, allowing staff to spend more time on value adding tasks.

As we want to take our time over this work a steering group has been formed to oversee the programme. In view of the time frame, the imposed vacancy freeze has been lifted and staff will be recruited to permanent positions. Service areas are currently being prioritised for this opportunity by the steering group with the initial choice likely to be one that is a touch point for the patient.



Nigel Trainor

CHIEF EXECUTIVE

ntrainor@scdhb.health.nz



Is your performance appraisal up-to-date?

Express how you are performing.

Appraisals validate your practice and offer opportunities to discuss your career-plan and how to meet organisational and personal goals. The Interim Performance Appraisal has been developed to assist with meeting performance objectives, meeting organisational objectives, saving staff time and setting goals and discussing how to meet them.

If you have completed a full appraisal your next two appraisals can be completed on the Interim Performance Appraisal. However, at any time you or your line manager can request a full appraisal.

Professional bodies for annual practicing certificates only accept full appraisals for audit and if you are applying for PDRP a full appraisal will be required.

The interim appraisal is for all staff (except midwifery). You just tick you have met each competency then set your goals and objectives and have a meeting with your manager. Easy!

Staff Development are more than happy to provide education. For managers there is a toolkit and process flow chart to assist you to complete appraisals. You can find this and more on iHub: [knowledge-base>human-resources>performance-appraisal-tools2](#)

Lending a helping hand at Southern DHB

In September nine of our staff provided support cover to Southern DHB in Dunedin and Southland.

Thank you to Donna Bryce, Gillian Graham, Angela Bennison, Richard Whitticase, Jane Wagner, Rachel Mills, Carla McFarlane, Sandi Bennet and Anne Greaney for the support your provided.

See below from Richard Whitticase, Charge Nurse Manager ICU/CCU regarding his experience:

I was working in 7B Coronary Care on the floor. Upon arrival I did feel slightly old as the charge nurse had done a student placement with me in ICU Timaru approximately 15 years ago!

I also ran into a number of other people I have worked with over the years. I was made to feel very welcome and appreciated by the staff during my time there. Having comparable IT systems such as Medchart and Trendcare and familiarity with the monitoring systems meant that I was able to contribute in a meaningful way, although monitoring and reporting on 16 telemetry units instead of the four as we have here proved a challenge.

I also took the opportunity to update myself on the post-operative care of patients post angiography which will allow me to pass on accurate information to patients transferring from Timaru for interventional cardiology. Best thing about Dunedin: the café!!

Front of hospital update

In June we were able to announce Chow Hill / DLA had been the successful applicant of the Project Manager / Architect contract.

Over the past couple of months Chow Hill have been working through the request for proposal (RFP) process for the procurement of engineering and sub consultant services.

The next steps involve Chow Hill and the engineers engaging the user groups in moving the designs from development design to detail design drawings.

Information on the Front of Hospital project can be found on iHub: [knowledge-base>facilities-and-maintenance>site-redevelopment](#)



concept
design

development
design

detailed
design

Clinical services building update

The Clinical Services Building (CBS) project, previously known as Project B, looks at the future of the clinical services block.

We have been granted an extension from the board on the original timeline around financial decisions, and as such will be looking to engage all staff in an information/workshop evening.

An independent facilitator will work with the attendees to gain feedback and co-design the process for future consultation, be this through user groups or other means going forward.

The consumer voice will also be investigated, key learnings shared and input provided throughout the consultation processes.

Following the information evening it is predicted that the user groups or equivalent will then be tasked with considering the options for the future of the CSB, including concept designs. This will allow for a business case to be developed along with a recommendation as to how we should proceed for the Board to consider.

Correction: Sleep Apnea (OSA) Assessment: A regional service delivery model

Deborah Box, Clinical Nurse Specialist Community Respiratory for SCDHB, presented at the Annual Scientific Meeting of the Thoracic Society of Australia and NZ (TSANZ) in Perth this April.

The presentation titled Nurse Led Obstructive Sleep Apnoea (OSA) Assessments: A Regional Service Delivery Model for Small Health Boards highlighted the results from a review of referral, demographic and outcome data for the 202 referrals received for obstructive sleep apnea assessment via the sleep pathway in the calendar year of 2014.

Prior to November 2013 there was not one clear referral pathway for South Canterbury patients with suspected OSA. The introduction of the sleep pathway allowed for nurse led OSA

assessments to occur in conjunction with the Christchurch Hospital sleep unit.

76% of referrals were from GPs and 12.5% from SC physicians, 65% of patients were male. 17% had severe OSA and went onto CPAP trial. There have been some changes in practice with little information provided in initial referrals and a large number of referrals were discharged back to primary care with no significant OSA (33%). Since 2015 Canterbury has accepted only high risk referrals due to high demand on their service. The process has helped to ensure high risk OSA patients are able to receive the care they require in a coordinated, timely way.

Come along to the CME meeting on Tuesday 15 November to see the presentation.

Written by Deborah Box, Clinical Nurse Specialist – Community Respiratory

Chronic obstructive pulmonary disease (COPD)



COPD stands for chronic obstructive pulmonary disease (sometimes called CORD for chronic obstructive respiratory

disease) and is an umbrella term for the diseases emphysema, chronic bronchitis and chronic asthma.

COPD affects hundreds of thousands of New Zealanders, yet most have never even heard of it. COPD is narrowing of the airways, resulting in shortness of breath, other symptoms include coughing, increased phlegm and breathlessness.

COPD progresses over time and though it is not curable, it can be controlled and further damage prevented. There are lots of ways to manage the symptoms and improve quality of life:

- Becoming smokefree – Every cigarette smoked adds more damage and makes the condition worse. It's never too late to stop.
- Maintaining a healthy body weight.
- Keep physically active – Exercise helps muscles, joints and circulation work as efficiently as possible. When you exercise your muscles regularly, they are able to do more work on less oxygen.
- Correct use of medicines – It is important to understand how the medicines work, and then take them as prescribed.

- Keeping a warm and dry home.
- Pulmonary rehabilitation – A programme of education and exercise which usually runs for 6 weeks. Everyone with COPD should attend at least one programme to ensure they understand all they need to know about COPD and how to manage it.
- Spirometry (measuring the lung capacity) is the most important test to diagnose and monitor COPD, it should be completed by a person trained in the spirometry techniques.

Source: www.asthmafoundation.org.nz. Written by Deborah Box, Clinical Nurse Specialist – Community Respiratory

contact

Mandy Morris
Respiratory CNS
extn 8366

contact

Deborah Box and Janis Warburton
Community Respiratory CNS
03 687 2331

Health, safety and wellbeing overview

April introduced new health and safety legislation to New Zealand, legislation with a greater focus on identifying and managing hazards.

For many, health and safety has negative connotations, with people believing it is restrictive bureaucracy, that couldn't be further from the truth. The new legislation gives us an opportunity to review and develop our current policies and protocols, identify accountabilities and better serve our aim of creating a place of work where the safety culture is business as usual.

During the recent restructuring work, it was recognised that the FTE dedicated to health and safety management was going to make this journey difficult and as a result a full-time position was created. SCDHB staff can now enjoy more timely access to health and safety assistance, but also look forward to the additional focus on wellbeing. This approach will look to develop resilience throughout the organisation, associate health and safety with

meaningful workplace outcomes and generally enable us all to increase control over and improve our own health. The Health, Safety and Wellbeing team includes Infection Control, Manual Handling, Emergency Management, Fire Safety, Health4You, Health and Safety coordinator and the Health and Safety representatives; a group of staff who are empowered to advocate for safety and work directly with department leads to ensure a safe, robustly managed place of work.

Written by Pete Moore, Health, Safety and Wellbeing Manager.

contact

Pete Moore
Health, Safety and Wellbeing Manager
 ext 8397 or 027 4478727 (5935)



Busy Emergency Department

The ED may be busier than usual during winter, but staff are still actively involved in learning and keeping their skills up to date.

In a recent trauma simulation, ED nurses and doctors joined other members of the on-call team to rapidly assess and treat a "patient" who had suffered severe injuries in a logging accident. Using simulation offers opportunities to practise skills and teamwork essential to managing emergency situations. This is part of ongoing training in the department; earlier activities have included cardiac arrest and anaphylaxis, and there are paediatric and further trauma scenarios planned.

ED Charge Nurse Manager Rachel Mills says "Learning and development are key factors in ensuring the emergency department functions efficiently and effectively with current practices. Our aim is to provide excellent patient care and a supportive staff environment even when the increased volume of patients and acuity makes our workload greater."

Written by Barbara Gilchrist, Nurse Educator



ABOVE > ED nurses Penny Fuller and Kim Lipsham work with ED doctor Robyn Carey and anaesthetist Peter Doran to manage a simulated trauma scenario.

Health Roundtable

Health Roundtable are a non-profit membership group who focus on benchmarking health services for innovation. They have over 92 health services as members, representing over 159 facilities across Australia and New Zealand.

In September Dr John Menzies and Dr Gail Prileszky were able to present on the Health Roundtable concept at the DHB staff forum. Central to the goal of the Health Roundtable is the focus on using data to celebrate innovations and share best practise within the sector. Anyone with a SCDHB email address can register to gain access to the data, reports, events and more: www.healthroundtable.org

Mental Health Awareness Week

This year Mental Health Awareness Week ran from the 10-16 October with the theme of “connect with nature”. As a DHB we ran a number of activities including a staff picnic, daily updates on iHub, and a display competition.

RIGHT > 1. Ruth Garvin, Christine Akurangi and Lisa Blackler connecting with nature. 2. Not put off by the bad weather, the crowds mingled indoors out of the rain. 3. Pharmacy gets in the spirit of connecting with a shared lunch. 4. Chris Cahill sets the tone and entertains the crowds with his musical talent.



Updates on iHub



LEFT > A new article appeared each day of the week on iHub to help us connect with the Five Ways to Wellbeing that is promoted by the Mental Health Foundation to support improving mental health for those in our community.



Display competition

RIGHT > As part of MHAW we ran a competition for providers to put up a display in their waiting area and send us a photo. Congratulations to Adventure Development for their winning display, a morning tea will be heading your way soon.



Youth and sexual health

Nurse practitioners are considered expert nurses within their own scope of practice and work both autonomously and collaboratively within the wider health care team to improve health outcomes.

I completed my Clinical Masters of Nursing degree in 2008 and gained my nurse practitioner registration in 2010 with authorised prescribing. My initial scope of practice was restricted to youth and Sexual Health, however at the beginning of this year I had my scope of practice extended to primary health care, the same scope shared by two other nurse practitioners working in South Canterbury.

In my current roles for the DHB, I provide nurse practitioner-led youth and sexual health services. I am also the co-ordinator and health assessor for Gateway Assessments; these are specifically for children who are in Child Youth and Family (CYF) care. The assessment process involves a collaborative multi-sectorial approach with education, health and social development to improve the overall health, education and well-being outcomes for the child or young person.

Youth Health Clinic is a free drop-in service for young people aged between 12–25 years of age and is run from our offices at

18 Woollcombe Street between 2–5pm.

Sexual Health Clinic is also a free service for people of all ages. Clinics are held twice a week on Tuesday and Thursday evenings out of the hospital Outpatients Department. Appointments can be made via Public Health Nursing.

Becoming a nurse practitioner has enabled me to independently assess, diagnose and prescribe pharmacological treatments on a wide variety of health conditions. I have a passion for working with our young people and in my nurse practitioner role, I work hard to advocate for this population group to address the inequalities in health that a percentage of our young people face.

contact

Sarah Patrick
Nurse Practitioner Sexual Health
and Gateway
03 687 2320



SCDHB important relationships

(Apart from the Director of Māori Health and the two designated Kaimahi Māori (Māori Community Mental Health Workers))



South Canterbury DHB has a close and long standing relationship with mana whenua (territorial authority) namely Te Runanga o Arowhenua (Aoraki rohe), and more recently Te Runanga o Waihao (Morven and surrounds).

Arowhenua marae is located between the Opihi and Temuka rivers. This marae is the central gathering place for the local Māori community who whakapapa (have blood lines) that connect them to this area. Whakapapa is an important aspect of tūrakawaewae, identity and belonging, a place to stand that connects the people to the whenua (land) and to each other.

This DHB relationship with local Māori authority involves annual visits to marae to discuss health and wellbeing aspirations of key stakeholders Māori in the district.

From these discussions the SCDHB Māori Health Plan is formulated. This Māori Health Plan has been developed to improve Māori health and reduce Māori health outcome disparities. Three hui stimulated Māori participation, in formulating this plan with direct input from mana whenua representatives from Te Runanga o Arowhenua and Te Runanga o Waihao. Input into the plan was also sought from mātāwaka represented by Te Aitarakihi Trust Incorporated.

Mātāwaka is a term used in this rohe (region) for people or groups of people who belong to a different tribe and region. Generally Mātāwaka when they move to an area outside of their own tribal territory will recognise that their status has changed from mana whenua to a manuhiri like status. As such whilst having a 'place of their own' in this region, they recognise and respect the mana (authority) and kawa (protocols) of the local tribal 'authority'.

Te Aitarakihi Multicultural Centre is administered by Te Aitarakihi Trust Incorporated. The centre was established in the late 70s, early 80s as a gathering place for people Māori who belong to tribal groups located up north generally. It is a multicultural centre which embraces the participation of the wider community; however it operates under the kawa and tikaka Māori.



ABOVE > Ruth Garvin presenting the Mihi whakatau at the health care assistants graduation.

Another important relationship has been created by the establishment in the late 1990s of the DHB Māori Health Advisory Committee which is commonly referred to as MHAC. MHAC is made up of two representatives from each papatipu runanga and two representatives from Mātāwaka. This committee meets quarterly and advises the Strategic Leadership Team.

Finally there is one more important relationship which is Arowhenua Whānau Services (AWS) which was established in late 2001. AWS is a marae based service contracted by the DHB to provide Māori health services in the DHB region. Currently located in beautiful premises right in the heart of main street Temuka, AWS provides a wide range of integrated services to all people living within the Aoraki region. AWS staff are registered health professionals and are an invaluable conduit for seamless services across the region.

Written by Ruth Garvin, Director Māori Health

contact

Ruth Garvin
Director Māori Health
 03 687 2385 extn 8618
 rgarvin@scdhb.health.nz



Email phishing test – education

On Tuesday 20 September all 460 staff who have a SCDHB email address were sent an email with the subject line “Change of Password Required Immediately”. This was a scam email sent by SCDHB IT department.

133 people (28%) clicked the link “Change Password” which displayed a screen indicating the email was a Test Scam. This number is 10% higher than other organisations who have undertaken a similar test.

It was very pleasing the number of people who rang or emailed suspecting it was a scam email. Well done to those people as it is encouraging to see the cautious approach.

What are we trying to achieve?

This will be the first of a number of phishing emails sent by SCDHB IT. These emails are designed to educate staff of the implications of clicking on the link or attachment and how to spot potentially lethal emails.

What are the implications of clicking the link or an attachment?

Unfortunately some viruses now have the potential to cause significant damage. Ransomware is the DHB’s greatest fear. If this virus gets into our network it will encrypt all files and disk making everything locked and unusable. A fee is requested to unlock the encrypted files and there is no guarantee, if paid, the unlocking key will be provided. The action of clicking on an innocent looking link in an email could cause the above situation.

How can you spot a phishing email?

- Hover the mouse over the email address and see if the address is the same as on the email – if not then very likely it is bogus.
- Check that the “From” person has a valid looking address – Garrett.41@static.vnpt which has no country code or

Garrett.41@static.vnpt.vn which has vn as the internet country code for Vietnam.

- Poor spelling or grammar.
- Several people who didn’t open our phishing test email were suspicious that it wasn’t signed by one of the IT team. Good spotting.
- Asking for passwords or personal information. Most companies, banks, Microsoft etc never do this.
- As per the email address if you hover the mouse over the “Click here” it shows you where the click will take you. If it’s bogus it will normally be a long address with a country code such as Vietnam.
- If you are suspicious of an email NEVER open the attachment. This can trigger a program such as a java script to run starting the initiation sequence of a virus.
- If in doubt either delete or send the email to someone in IT who will check it for you.

What’s next?

I would like to stress this is an education exercise. We plan to do more phishing emails and they will be more sophisticated than the “Password Reset”. By the end of the project we would like to see a very low percentage (or none) of staff who have opened the phishing email.

Anything you wish to discuss around this project please get in contact with myself, Paddy or Dale.

contact

Dave Frater
IT Manager
03 687 2382
dfrater@scdhb.health.nz

email phishing campaign

During the next 12 months SCDHB’s IT will be releasing phishing emails on a fortnightly basis. This is similar to the test phishing email sent during September.

At the end of the 12 months our target is to have zero percent link clickers or attachment openers compared with 28%

“IF IN DOUBT DELETE”

from the first campaign. Yes there will be attachments in some of the phishing emails, login requests and software installs.

healthLearn is LIVE

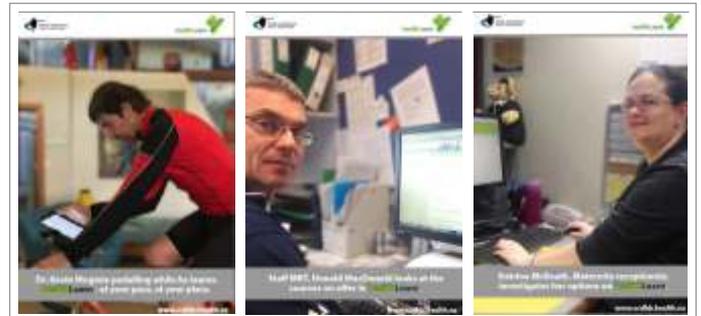
healthLearn went live in South Canterbury on Monday 10 October. Everyone working in the healthcare community will have access to this exciting online educational resource!

What is healthLearn? healthLearn is an online, internet-based collection of courses and resources, offering you the opportunity to study at your pace, at your place. It is a shared community of learning that aims to ensure everyone in the South Island healthcare environment has access to quality educational resources that will lead to better patient care.

What can I learn? There are a wide variety of health-related courses; some examples are medication safety, IV therapy, advanced care planning, pain theory and hand hygiene. As you study, healthLearn keeps a record of your efforts, which you can easily access to provide evidence of your ongoing education. New courses and programmes are being added regularly, and entry to most courses is open to all staff.

What do I do next? Once your account is set up, you can begin planning and completing your study. You can access healthLearn from anywhere – home, work or anywhere in between, as long as you are connected to the internet.

What if I'm not very computer savvy? If you are already using Medchart, iHub, Payroll kiosk or Health Connect South in your work, you will find healthLearn easy to navigate and use.



ABOVE > Our staff featuring in healthLearn promotional material demonstrating that healthLearn is for anyone to engage with education at their own pace, in their own place.

It has an automated password reset, and lots of great help information close at hand. You can even use healthLearn on your smart phone!

contact

Barbara Gilchrist
Nurse Educator and Clinical IT Systems Trainer
03 687 2384
bgilchrist@scdhb.health.nz

Library update

In September we were able to introduce staff to UpToDate, a clinical decision support tool available anytime, anywhere to all DHB staff.

Uptake of this fantastic tool is slower than expected so please help spread the word or go and take a look for yourself.

To access UpToDate anywhere, click on the UpToDate icon on your desktop or go to www.uptodate.com/contents/search from any SCDHB computer. Register (top right hand corner), then download the app onto your mobile device.

UpToDate benefits

- Access UpToDate from any computer with an Internet connection.
- As registered users, clinicians can get the evidence-based clinical information they need from home, the office or wherever they are.
- Improved clinical workflow.
- UpToDate becomes part of the clinical workflow with access through EHR/EMR systems.

UpToDate®



- CME/CE/CPD credits accrued onsite or remotely.
- Clinicians may accrue credit when researching a clinical question using UpToDate Anywhere, both onsite or via a mobile device.

contact

Brownyn Flemming
Librarian
03 687 2396
library@scdhb.health.nz

this issue's focus: It's a shovel!

#BONOBO

I know I have gone on at length previously about the power of good communication. It is the key that unlocks everything we do.

Well, my mind has turned again to how we (in general, as people, not just in health) communicate, and how each different field has its own language; and each seems to love confusing the others with their phraseology.

A case in point, and what started me on the communication track again, was a missive that I recently received by email. It was from a very learned body (I felt suitably honoured!), and was an invitation for us to join a new consortium. The new consortium had a very "buzzy" acronym that I'd never heard and was never explained.

Then my confusion deepened at paragraph two. I quote:

"... Is an international, interdisciplinary, open, not-for-profit organisation. Its core function is to provide a registry of unique, persistent, and resolvable person identifiers together with a web service to enable interoperability through integration of identifiers into your research systems and workflows."

Cue rather blank look. I read it again. Still didn't have the faintest idea what it meant.

Now I am sure that the people who wrote the letter know exactly what they mean. And I am equally sure that many of you will understand exactly what this consortium is about, and what that paragraph means. But for me, it made no sense whatsoever.

That is what brought me back to the way we communicate with our patients and their families, and how we communicate with our colleagues.

I know we know what we are saying when we say things. But do we check often enough that the person we are talking to understands? I know I don't, and it is something I definitely need to try harder at.

When we make clinical notes or send results or referral letters to clinical colleagues, are the details clear, and is any plan or proposal unambiguous? Will what you want the message to be, be what the person reading it sees?

So that is my challenge this month – let's try to make our messages clear and understandable for the people receiving it. Let's make it easy for them – don't call a spade a foot powered manually operated earth inverting implement – call it a spade. Or, to quote my late father's straight forward Yorkshire-isms: "Just tell 'em it's a bloody shovel."

PS: *It's just struck me that this is my first Pulse article since taking up my new role as Workforce Development & Quality Improvement Manager.*

Not only am I delighted to be back working with the Quality team as before, I now find myself lucky enough be working alongside the fabulous team in the Staff Development Unit. And it has been great to see the focus and innovation all these people bring, and the potential that we as a group have for improvement through integration and collaboration.

Of special note, over the last few of weeks, I have witnessed a couple of big successes. It was amazing to see the success of NETP Assessment Day, which was brought together in a very short time frame by Megan Stark, and all who put in a great deal of hard work as assessors or guides. The day was incredibly well received by those who attended and those who took part.

Also, I was honoured to present the certificates at the Health Care Assistant Level 3 graduation day on 6th October. Tracey Worthington had led and mentored the group through their education, and the graduation day she arranged was so well supported and appreciated by the HCAs, their families, and their work colleagues, and was an excellent way to celebrate everyone's success.

contact

Chris Eccleston Workforce Development and Quality Improvement Manager.

8213 / 687 2112

ceccleston@scdhb.health.nz



2016 public health events



NOVEMBER

- 1 – 30 5+ A Day Primary and Intermediate school challenge www.5aday.co.nz
- 1 – 30 'Movember' Men's Health Month www.nz.movember.com
- 1 – 30 Epilepsy New Zealand 'Talk about it' Month www.epilepsy.org.nz
- 12 World Pneumonia Day www.worldpneumoniaday.org
- 14 World Diabetes Day www.diabetes.org.nz
- 19 World Day for the Prevention of Abuse and Violence against Children www.woman.ch
- 20 World COPD Day www.asthmafoundation.org.nz



DECEMBER

- 1 World Aids Day www.nzaf.org.nz
- 3 International Day of Disabled Persons www.dpa.org.nz
- 5 World Volunteers Day www.worldvolunteerweb.org
- 10 World Human Rights Day www.amnesty.org.nz
- 16 Term 4 ends – Secondary School www.minedu.govt.nz
- 18 Term 4 ends – Primary and Intermediate Schools www.minedu.govt.nz
- 18 International Migrants Day www.un.org/en/events/migrantsday/

Nurse entry to practice

Each year we run two nurse entry to practice (NETP) programmes, one commencing late January and the next commencing late August.

The programme is designed to assist new graduate nurses to further develop their clinical practice and critical thinking skills as they transition from a student to competent registered nurse (also known as RN). The 2016 January intake of nine new graduates were placed in areas such as surgical, medical, assessment, treatment and rehabilitation, district nursing, mental health, and day patient services. The 2015 midyear intake placed three graduates in medical, surgical and hospice care. In 2017, we are looking to have additional placements in the intensive care unit/coronary care unit, paediatric ward, and emergency department. We also are aiming to increase the midyear intake of nurses to continue to grow our new graduate workforce.



ABOVE > Congratulations to Marie Moore, Nicole McLeod, Jessie Chapman, on completing the NETP programme.



ABOVE > The 2015/16 SCDHB NETP programme graduates, celebrating the completion of the programme by the 2015 midyear intake.

Innovation: group assessment recruitment day

The Education Team and CNM have conducted a group assessment recruitment day for 36 potential new graduate nurses.

This was an innovative way to recruit nursing staff. A big thank you to the team for the huge amount of work that went in to making this day a success. – Lisa Blackler, Director Patient, Nursing and Midwifery Services.



Health Care Assistants graduation

Congratulations to all the health care assistants on completion of their Level 3 Certificate in Health and Wellbeing.

The graduation commenced with a mihi/welcome by Ruth Garvin, Director of Māori Health and the blessing of the kail/food. Ruth congratulated all the health care assistants on their achievement.

Chris Eccleston Workplace Development and Quality Improvement Manager represented the CEO Nigel Trainor by presenting the health care assistants with their certificates, ably aided by Lucille Ogston Careerforce Workplace Advisor. Andy Bunn Careerforce Workplace Advisor and Tracey Worthington Nurse Educator also congratulated the health care assistants.

Thanks were also offered to the CNMs for their continued support and to the presenters of the two study days. SCDHB is very proud of the health care assistants' achievements and hope they wear their badges on their uniforms with pride. Well done to you all and congratulations!



ABOVE > AT&R staff, RN Del Boase verifier, Lisa Price CNM, Tracey Worthington Nurse Educator, EN Flis Put verifier, Eleanor Luscombe HCA, Karina Bennett HCA, Calley Beaumont HCA.



ABOVE > Andy Bunn Careerforce workplace advisor, Tracey Worthington Nurse Educator, Karina Bennett HCA, Eleanor Luscombe HCA, Maxine Wingrove HCA, Cristene Gebbie HCA, Debbie Michelle HCA, Calley Beaumont HCA, Dave Morrison HCA, Karen Roberts HCA, Paula Sneddon HCA, Lucille Ogston Careerforce Workplace Advisor, Chris Eccleston Workplace Development and Quality Improvement Manager. Missing from the picture are Barbara Cosgrove HCA and Sharyn Slade HCA who also completed their certificate.

Stefanie Rhine

Social Worker

I am the social worker for the new Cancer Psychological and Social Support Service (CPSSS), here at SCDHB as part of the Oncology Team.

When did you start your role? I started here on Monday 4 July this year and (this being a new position) was happily surprised that there was a desk complete with phone, paper clips and stunning views waiting for me!

What does your job involve? The Cancer Psychological and Social Support Service (CPSSS) is a new nationwide MoH initiative; it focuses on providing high and complex needs patients with access to specialist social work and/or psychological support at the front of their cancer pathway (eg with a new diagnosis, recurrence or high suspicion of either). The aim of this service is to assess and manage the psychosocial needs of the patient and work with family/whānau if their needs are impacting on a patient's cancer treatment as well as setting up support services and improve coping systems.

Within this service, SCDHB employs me as a part-time registered social worker to work locally and I liaise mainly with the CPSSS team in Christchurch (or anywhere else depending on the patient needs) for psychological input. I can see inpatients and outpatients (including via TeleHealth) and cover the whole SCDHB area. I also can support other health professionals within the area of psychosocial cancer care. Referrals currently come from oncology, ward social workers and outpatients services but the vision is to roll out to GPs and relevant NGOs in the future.

What are the challenging bits? Moving to Timaru has been interesting, it is much easier to find a dairy here than a GP! Work wise, it took me some time to find my way through the HPS. And to be tasked with establishing a new service within the organisation is a great responsibility as well as a privilege.

What are the best bits? I was given a very warm welcome and good introduction from the organisation, management and the oncology team. Working in a smaller DHB has been great so far, the overall support is amazing but I want to take the opportunity and thank especially Chrissie Kerr and Meron Bowman for their help to settle me in my job and their patience to answer my many questions!

What do you do out of work? Horse trekking and training harness ponies, breeding fancy chooks, volunteer at Coastguard, Scottish Country Dancing, reading, painting and drawing – and more if the day is long enough.

contact

Stefanie Rhine Reg. Social Worker,
Cancer Psychological and Social
Support Service
03 687 2100 ext 8768 0226582616



Teresa Back

Maternal, Child and Youth Services Manager

My role is to be responsible for the operational management and clinical oversight of our Maternal Child and Youth Health Services.

When did you start your role? Monday 3 October.

Where are you coming from? I have come directly from Central Queensland where I was working initially as a Clinical Midwife and this led to me becoming Clinical Midwifery Consultant with my main portfolio being in Quality. I was born and raised in Hawkes Bay, where I worked as a LMC midwife then as a senior midwife at the HBDHB. I was involved with the initiation of professional development points for Suicide Prevention Training across NZ for midwives.

What are you looking forward to? Being part of SCDHB's outstanding team leading the future of New Zealand health including health promotion, health delivery and wellbeing.

What do I do out of work? I really enjoy spending time with, chatting to, or Skyping my family. I love to travel, play the bagpipes, go white water rafting, swimming. I also enjoy crafts and have a love for music of many genres.

contact

Teresa Back Maternal, Child and
Youth Services Manager
027 4387 776 tback@scdhb.health.nz



Barney Hoskins

Support Services Manager

I oversee supplies, maintenance, admin and clerical, orderlies and contract management.

When did you start your role? Wednesday 5 October.

Where are you coming from? Ara, institute of Canterbury, (formally Aoraki Polytechnic and Christchurch Polytechnic Institute of Technology [CPIT]). I enjoy developing the skills and capabilities of individuals and teams enabling high performance, whilst fostering a positive and supportive working environment.

What are you looking forward to? I'm excited about taking on a new role within the organisation and the opportunities and challenges this will bring. The diversity of this role will mean I get to work with people from across the health board which I am looking forward to.

What do you do out of work? Snowboarding, touch rugby, running, kayaking... anything outdoors.

contact

Barney Hoskins
Support Services Manager
03 687 2220 Mobile 027 7426 896



VHF radios

Have you noticed one of these in your area and wondered what it is for and how to use it?



They are VHF radios and are part of the DHB's 'being prepared' strategy. They are used to contact the telephonist or other wards and departments, within the Clinical Service Block and Kensington, when the phone system is not available. It is important that the radios are turned on at all times as you never know when they might be needed to be used.

You will be able to hear other wards/departments/telephonists talking but you only need to pick up the microphone and talk when either your radio starts ringing or you hear a voice on the speaker asking for your area.

Training sessions have commenced in how to use them so in the coming months you may hear more 'traffic' on the radios. The training messages will say that we are testing so you do not need to respond unless you are asked.



RIGHT > Penny Dewar runs over VHF radio training with surgical RNs Georgie, Jessica and Dena.

Laminated instructions have been provided to each area so if you have not had training you will be able to operate the unit by following the step-by-step instructions.

We will be commencing monthly testing in November, this will involve the telephonist calling each ward/department and asking them to reply. Each month's test will be on a different day/time so 'have your listening ears on'.

contact

Penny Dewar
Nurse Co-ordinator Quality and Risk / Emergency
ext 8297 penny.dewar@scdhb.health.nz

patients and families express their gratitude

General/Internal

"I wish to extend my sincere thanks to the nursing and orderly staff that I have had the pleasure of dealing with during my 2 stays over the last few months."

"The level of care and helpfulness I have experienced in all areas of the hospital, from the nurses has been outstanding. Due to medication, at times I was anxious and stressed, yet I was treated with respect and understanding, as were my family. Thank you for your patience, kindness and reassuring bedside manner. Thanking you."

"Again the anaesthetists have been magnificent. Must say the older ones are a lot better looking."

Kensington

"The reception area at Kensington looks amazing, well done!"

Surgical Services

"Very good, staff friendly and professional. Training student and Carole worked well together."

"Comfortable bed in a quiet room (2 patients) and ensuite better than the toilet/bathroom down the corridor. Mr Cooper and his team put me at ease prior to surgery. Good feedback after op helped me relax."

"Food – good. Slept well – happy to stay overnight due to living in rural area. Room mate friendly. Thank you."

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@scdhb.health.nz



ABOVE > Raising Healthy Children education seminar with Professor Barry Taylor from the Dunedin School of Medicine.



ABOVE > Dr Morrison, Mr Weir, Mr Nind (past Hospital Manager who employed Dr Morrison) and Mr Werkmeister at Dr Morrison's retirement party.



ABOVE > Paediatricians Dr Goodwin, Dr Morrison and Dr Zaleta.



ABOVE > A photo of the wonderful cake made by Radiology Receptionist Penny Hunt.



ABOVE > Attendees of the South Canterbury World Suicide Prevention Day seminar giving the ok signal, spreading the message that suicide is preventable.



ABOVE > The team hold a farewell morning tea for Lily McCoy, Quality and Safety Administrator.



ABOVE > Brave Macey attempts to teach staff hip hop dancing as part of the staff forum raising awareness of the Sea2Sea challenge.



ABOVE > Registered Nurse Roona Maria and Nurse Educator Barbara Gilchrist discuss options at the education fair, held 9 September.



ABOVE > Rachel Mills, Tracey Worthington, Shelly McLean and Lisa Price discuss potential new postgraduate nurses as part of the group assessment recruitment day.

send your snaps

The Communications Manager
nhoskins@scdhb.health.nz

RIGHT > iHub training sessions are being held to help those looking to engage more with our intranet.



staff coming & going

welcome to our new staff & those in new roles

Teresa Back
Maternal Child & Youth Manager

Rene Van den Bosch
Clinical Director

Carol Carter
Registered Nurse Part-time

Natasha Allan
Health Care Assistant Casual

Kelly Ritchie
Registered Nurse Pool

Jessica Palmer
House Surgeon

Emma Kirkwood
Health Care Assistant Casual

Felicity Arscott
Registered Nurse Pool

Jessica McDonald
Registered Nurse Part-time

Jasmin Campbell
Registered Nurse Part-time

Stephanie Chapman
Registered Nurse Part-time

Chelsea Brown
Registered Nurse Part-time

Rosemary Slater
Health Care Assistant Casual

Bernadette Westerby
Orderly Casual

Kristin Beck
A&OD Nurse Keyworker

Shem Hansen
Electrician

Gillian Hooper
Health Care Assistant Casual

Nicolette Donaldson
Occupational Therapist

Sarah Smith
District Nurse Part-time

Nicole Strachan
Health Care Assistant Casual

Karen Wilson
Clerical/Admin Support Talbot

Muhammad Khalid
Ophthalmologist Part-time

Anthony Kerr Van
Driver & General Assistant

Anah Aikman
Registered Nurse Part-time

Sarah Smith
Registered Nurse Pool

Alice Liggett
Health Care Assistant Part-time

Safaa Zakary
Health Care Assistant Casual

farewell & good luck to

Christopher Beeby
Supply Supervisor

Gary Cooper
Clinical Director General Surgery

Leslie Cowper
Palliative Care Nurse

Sharlene Paisley
Health Care Assistant Casual

Lesley Burke
Continuity Of Care Midwife

Lillian McConnochie
Administrator Quality & Safety

Lorna Horsefield
Midwife Part-time

Sharyn Slade
Health Care Assistant Part-time

Margaret Hill
Acting Chief Executive Officer

Rebecca Jackson
Health Care Assistant Casual

Scott Gilbert
House Surgeon

Vivien Cournane
Xray Medical Radiation Tech Part-Time

Rosemary Slater
Health Care Assistant Part-time

Vivienne-Mae Cutler
Health Care Assistant Casual

Margaret O'Neill
Enrolled Nurse Part-time

Alison Hubbard
Registered Nurse Part-time

Carol Forrest
Health Care Assistant Part-time

Paul Mccauley
Orderly Part-time

Maree Steel
ASSC Director Nursing & Midwifery

Ian O'loughlin
Oral Surgeon

come work for us

SCDHB 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:



South Canterbury District Health Board

Human Resources Department

Office: 03 687 2230

Address: Private Bag 911, Timaru 7910

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

Nurses/Midwives

- **Core Midwife** (Part-time)
- **Continuity of Care Midwife (Fixed Term)** (Full-time)
- **Registered Nurse – Operating Theatre** (Part-time)
- **Health Professional – ICAMHS** (Full-time)

MORE INFORMATION: www.nursingstaff.co.nz

Senior Medical Officers

- **Emergency Physician** (Full-time)
- **Otolaryngologist** (Part-time)

Allied Health Professionals

- **Physiotherapists** (Full-time)
- **Health Professional – ICAMHS** (Full-time)

Leadership Roles

- **Charge Nurse Manager – Surgical Ward** (Full-time)

MORE INFORMATION: www.medicalstaff.co.nz

send us your news

Pulse is a snapshot of activity within the hospital and wider community. It is sent to SCDHB 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



South Canterbury District Health Board

Office: 03 687 2100

Address: Private Bag 911, High Street, Timaru

Location: High Street, Timaru

Website: www.scdhb.health.nz



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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.



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A Very Merry Christmas staff



South Canterbury
District Health Board

BBQ

PLEASE JOIN US
14 DECEMBER 2016
11.30 AM - 1.30PM
EDUCATION CENTRE FRONT LAWN



SPOT PRIZES ON THE DAY
DRINK AND NIBBLES INCLUDED

IN THE SPIRIT OF CHRISTMAS,
PLEASE BRING ALONG A CAN OF
FOOD TO DONATE TO THE
SALVATION ARMY FOODBANK
(OPTIONAL)

RSVP BY 2 DECEMBER 2016 TO:

Raewyne Irvine
rirvine@scdhb.health.nz

Donna McAuslin
dmcauslin@scdhb.health.nz

Jan Geels
jgeels@scdhb.health.nz