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Introducing the new strategic leadership team

SDHB is a unique, independent, health organisation that is able to anticipate and respond to our dynamic landscape, generating the best health outcomes for our whānau, friends and community.

This has been clearly evident during the past six months as consultation on the management structure has occurred. In July the new Strategic Leadership Team was initiated. The following is an introduction to this new team who aspire to empower staff through distribution of leadership, staff development and provision of a clear, united vision of one family, one health system.



Hello to all. I'm Lisa Blackler.

I was born in Invercargill, however spent most of my schooling life in Queensland and returned in 1995 to begin my nursing training in Southland.

I have had the opportunity to work across some exciting areas and this has broadened my knowledge of health care and the demands as a clinician. I originally commenced my nursing career in general surgery and moved onto duty manager; community; education and staff development roles. I was fortunate enough to be involved in the new build of Southland Hospital in 2004, and went onto co-lead the combined surgical and orthopaedic ward. From here having no formal orthopaedic nursing experience I completed post graduate study in orthopaedic knowledge and assessment and worked with the

Southland team for many years. During this time, I managed to fit in two children whom are now 6 and 8 years. Prior to returning from maternity leave in 2009, I was seconded to the Maternity sector to lead the nursing and midwifery team, and this is where my passion for midwifery began. I uprooted my family and returned to Queensland to complete my diploma in midwifery which evolved into leading the maternity; nursery and paediatric teams and then more recently the inclusion of Perioperative Services at Central Queensland Hospital and Health Service – Gladstone Campus. It is exciting to return to New Zealand with my family, and I look forward to working as a team to face the ongoing challenges of healthcare.

contact

Lisa Blackler
Director Patient, Nursing & Midwifery Services
03 687 2215 extn 8215
lblackler@scdhb.health.nz



Hi I'm Robbie Moginie

My background is in Human Resource Management and Business Consulting. I have worked in the health sector in HR and Organisational Development leadership roles for 10 years.

My most recent experience was as Programme Manager at Ashburton Hospital charged with facilitating the development of a fit-for-purpose health service for that community, in particular to support better health system integration both between primary care and the hospital and Ashburton and the wider CDHB. I was also responsible for facilitating the employee engagement process, workforce planning and remuneration process for the wider CDHB.

I am married to Kevin, a rural GP in Geraldine and we have three children, all born in Timaru hospital. I am delighted to be coming back to work in my own region of South Canterbury and the opportunity to contribute to the continued development of our health system is truly exciting to me. Since I've been back, I have really enjoyed meeting many of the same staff who knew me from my previous role at SCDHB, as HR Manager between 2008 – 2009. I look forward to meeting (and reuniting with) more of you over the coming weeks.

contact

Robbie Moginie
Director Organisational Capability & Safety
03 687 211 extn 8211
rmoginie@scdhb.health.nz

Strategic Leadership Team continued



Hi I'm Ruth Kibble

I have been working within South Canterbury District Health Board for almost six years. Initially I worked within Primary and Community Services as a Service Manager for Community Services, Primary Care and then most

recently General Manager Primary and Community Services.

As a physiotherapist, I worked across many inpatient areas prior to a few years in Special Education. Once my children were older, I then returned to the DHB roles where I worked within the community rehabilitation team. At this point I completed my post-graduate diploma in rehabilitation.

My initial foray into management was within the community services in Otago DHB. For the last 10 years I have worked in management roles both within NGO sector in community based

services for older people and industry training for the care and support workforce. One of my recent achievements has been the completion of my MBA through Massey University in 2015.

I am married to Martin and we have two children, both living and working in Australia. When not working, my husband and I like sailing and fishing – Lake Benmore is our favourite sailing lake and Abel Tasman our favourite holiday destination to sail! I also provide support to my elderly parents who have moved to Timaru and now live next door!

I am delighted to be part of the new Strategic Leadership Team and feel privileged to be part of a DHB that has the courage to lead the way towards integrated health services to the benefit of the people living in our community.

contact

Ruth Kibble

Director Primary Health Partnerships & Allied Health

03 687 2302 extn 8302

rkibble@scdhb.health.nz



Hauora Māori – Māori Health

It is now five months since I took up the role of GM Māori, a lot has happened. My title has been changed to Director of Māori Health, however the mahi (function) remains the same.

My role has a strategic leadership component and a cultural advisor component. Briefly, in the Strategic Leadership forums, I apply a Māori cultural lens to policy, protocols and practice, whilst contributing to the strategic planning and accountability of SCDHB. I have set myself one target for 2016 which is to increase visibility of things Māori within SCDHB. This will take a three pronged approach to raise awareness and competence.

1. Increase visual characteristics which reflect te ao Māori, promote introduction of artworks,
2. Promote and facilitate rituals and events,
3. Increase incidence of Te Reo written and spoken.

Education is one of the mechanisms to raise awareness and competence. Two Treaty workshops have been delivered. There are two more scheduled; 23 September and 16 December, sessions run from 9 – 4:30.

Sessions in an aged care residential setting titled “Supporting Whānau Māori” have been delivered in the community. These have been well received. Te Reo Māori me ona tikaka sessions have been delivered in Gardens Block.

There has been good uptake particularly in the most recent block. The only down side is that I am unable to extend this option to the wider organisation due to time constraints (watch this space).

contact

Ruth Garvin Director Māori Health

03 687 2385 extn 8618

rgarvin@scdhb.health.nz



Hi I'm Steve Earnshaw

I moved to South Canterbury from Nottingham in the UK 12 years ago in search of a better place to work and to bring up my young family.

Until I moved into the role of Chief Medical Officer earlier this year I worked as an orthopaedic surgeon, and for the last six years was Clinical

Director for Orthopaedics. I have always enjoyed being part of the team here in Timaru and am very proud of the many changes and improvements that we made in the orthopaedic service. I believe that with our relatively small size as a DHB we are able to be nimble and innovative, and I know that we could easily be the best at what we do. I think that it's really important for experienced clinicians to get involved in managing and leading our health system. I have been studying part-time for an MBA at the University of Canterbury, and have recently gained



Hi I'm Fiona Gellatly

I have been working at South Canterbury District Health Board for almost three years.

Initially as General Manager Information, Finance and Commercial overseeing Finance, IT, Supply, Maintenance, Facilities, Laundry and Payroll. In my new role in addition to these I have responsibility for

Administration/Clerical and Orderlies services. I am a qualified accountant and following seven years in the UK working in the Financial Services Industry; initially as an accountant before



Hi I'm Bruce Small

This is a role established six years ago when SCDHB boldly went where no-one had thought possible and disestablished the PHO and created a division of Primary Care within the DHB.

This really signalled that our Board was a District Health Board (not just a

Hospital Board) and wanted integration of the whole of health. My role is essentially to raise the awareness of Primary Care into all aspects of the DHB and its various functions. Frequently this involves the catch phrase "What about Primary Care" at the multitude of meetings I attend.

associate fellowship of the Royal Australasian College of Medical Administrators.

Since moving to South Canterbury I have become very involved with a range of community activities, I chair two local charities and I have been an elected member of Timaru District Council for the past six years. Because I want to focus on my new role here at SCDHB I will not be seeking reelection at this year's local body elections. In my spare time I enjoy travelling with my partner and children, and I'm a keen cyclist, runner and adventure racer.

I'm enjoying the challenges of my new role, and am excited to be part of the new strategic leadership team.

contact

Dr Steve Earnshaw
Director Clinical Services & Chief Medical Officer
 03 687 2100 extn 8705
searnshaw@scdhb.health.nz

taking on the role of Governance Manager overseeing large rectification projects, we returned to live in South Canterbury four years ago. Prior to living and working in the UK I owned and operated a Cinema Complex in Queenstown for nearly nine years. Andy and I have two cats and two dogs and enjoy the lifestyle that Timaru has to offer, golf, skiing, cycling and walking.

contact

Fiona Gellatly
Director Corporate Services
 03 687 2202 extn 8202
fgellatly@scdhb.health.nz

When not working at the DHB I am a general practitioner in Timaru where I have been based since house surgeon days some thirty years ago. Like many people my wife and I came here for a couple of years before heading overseas and have never shifted. It has been great to live and work in South Canterbury and see the innovation that the DHB is prepared to foster. We have three grown children and for recreation I plant native trees, run a small lifestyle block, breed slow race horses and play some sports.

contact

Dr Bruce Small
Chief Medical Officer Primary Care
 03 687 2423 extn 8923
bsmall@scdhb.health.nz

Public health nurses and their role

There is often confusion in the community as to the role of public health nurses so we are taking this opportunity to tell you about our role.

At the SCDHB our public health team is made up of seven registered nurses, one vision and hearing technician and two administration staff who work a mixture of full and part time hours.

Our geographical area covers from the Rangitata River in the north to the Waitaki River in the south and from the sea to Aoraki Mt Cook.

We are a mobile service, touching base with a wide number of early childhood centers, schools, clients, organisations, agencies and disciplines.

Realistically, our role is both broad and diverse, with every day being different from the last.

Our roles consist of:

- Identifying, assessing and coordinating supports between clients, families and other key organisations of specialists.
- Being strong advocates for children, youth and their families in our community.
- Maintaining good relationships with all stakeholders.
- Provision of health clinics in secondary schools, which may include provision of contraceptive information, advice, assessment, services and referrals as required.
- Alongside a Nurse Practitioner, we support the provision of the free Youth Health Clinic at Woollcombe House, for young people aged 12–25 years, who experience barriers in accessing health care.
- PHNs support the health curriculum in schools, and provide education on Puberty, Sexual and Reproductive Health, Personal Hygiene, Sneezesafe, Hand Hygiene and Cough Etiquette.
- Health plans can be developed for students in order that school staff respond appropriately to potential anaphylaxis, acute asthma, diabetes, and significant allergies. We educate staff in the signs of anaphylaxis and how to correctly use an epipen or inhaler.
- Ensuring all 4 years olds receive their final Well Child Tamariki Ora service, which combines the B4 School Check with Vision and Hearing and ensuring immunisations are up to date.
- Liaising with child protection services to help identify and ensure accurate reporting of child neglect and abuse in all its forms. Nurses are also involved in providing psychosocial health assessments for children who are in Child Youth Family or foster care. Comprehensive health



ABOVE > Left to right, public nurses team Sue McNeil, Judy Cooper, Linda Merrilees, Jane Pierce, Tinks Arscott, Claire Neilson, Ann Rooney, Kate Balfour and Susan Baker.

assessments are also provided to 'at risk' young people or those involved with Youth Justice and the courts.

- Working with vulnerable youth in Alternative Education settings.
- Working with Early Childhood Centres and the 0–5 year olds.
- Organizing and delivering Immunisation programmes to students at school. Currently this is the HPV (Human Papilloma Virus) vaccine, which requires three doses per year, for girls aged 12 and above.
- Following up on notifications and complete contract tracing for cases of communicable diseases e.g. Measles, Pertussis, Mumps, Rubella, TB etc. as directed by the ministry of health.
- Taking part in national health campaigns and have been known to dress up at children's day or Career's expos.

Overall, PHNs are an important part of improving the health and wellbeing of children, youth and families in our community, who are passionate about their role in schools, communities and with the multidisciplinary teams they work alongside.

contact

Public Health Reception
03 687 2320 extn 8320
pubhealth@scdhb.health.nz

Diversional therapy boxes

Exciting news for patients on AT&R, Medical and Surgical ward! Diversional therapy boxes have been purchased by the Staff Development Unit as part of the SCDHB falls prevention campaign.

The boxes contain items such as jigsaws, reading books, playing cards and dominoes, for patients to utilise during their hospital stay. It is envisaged that those patients deemed at risk of falls, following completion of Morse tool and care plan, can use the items from the diversional therapy box. Patients requiring a safety watch will benefit from the boxes too.

The boxes are green to coincide with the green "falls" wrist band and can be located in the AT&R, Medical and Surgical ward's. So, staff please make sure you are aware of where your wards box is located and should you require any further items to be replaced or purchased contact your Charge Nurse Manager.

Written by Tracy Worthington, Falls Committee Member



ABOVE > Karina Bennett, Aimee Colvill and Tracey Worthington introduce the new diversional therapy boxes to AT&R

World Physical Therapy Day

World Physical Therapy Day is on 8 September.

The purpose of the day is to spread the word about the range of skills your physiotherapist/physical therapist has, to 'promote the belief that every individual is entitled to the highest possible standard of culturally appropriate healthcare delivered in an atmosphere of trust and respect for human dignity and underpinned by sound clinical reasoning and scientific evidence'. The World Confederation for Physical Therapy (WCPT) is committed to furthering the profession and improving global health and wellbeing.

The WCPT is based in London. It was founded in 1951 and is the sole international voice for physical therapists, representing more than 350,000 physical therapists worldwide from 112 member organisations. The New Zealand group was amongst the 11 founding members.

World Physical Therapy Day was established in 1996 to celebrate and publicise the role of physical therapists. Globally on 8 September each year there are events to promote physiotherapy.

The theme for World Physical Therapy Day is "Movement for Health." This year the message is "Add Life to Years".

The WHO (World Health Organisation) World Report on Ageing and Health 2015 says, "maintenance of functional ability has the highest importance for older people". See the front of hospital foyer notice board for our display.

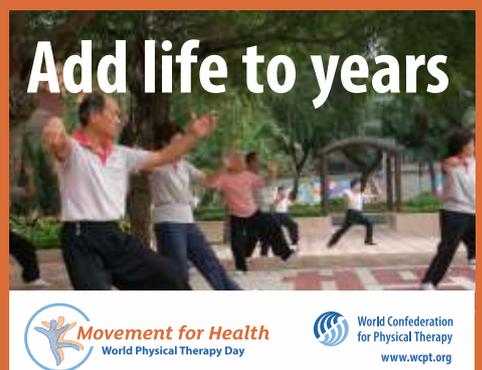
See your physiotherapist for other resources to enable you to keep moving, to enhance movement for health and for advice and support with "adding life to years".

Written by: Lucy Island, SCDHB Physiotherapist.

Physical therapists help you to add life to years, improving mobility and quality of life

If you have problems that affect your mobility, ask a physical therapist, the qualified experts in movement and exercise

Through support and exercise programmes, physical therapists can help people maintain mobility and independence as they age. Physical therapists, the experts in exercise, movement and function, can help maintain mobility and independence. Through advice and exercise programmes, physical therapists work with people to prevent long-term conditions and help overcome physical limitations. They help people manage pain so that they can be more mobile. By keeping people active and independent for as long as possible, physical therapy can also reduce the cost of care.



Second round of the Health Endowment Fund opens

The newly established South Canterbury Health Endowment Fund is calling for organisations and charities in the Aoraki region to apply for funding for community health related initiatives.

The fund is managed by the Health Endowment Committee and is made up of donations and bequests received by the SCDHB over many years. The initial investment capital of the Health Endowment Fund will be grown through new bequests and endowments, and the income from the funds invested will be distributed to worthy health-related charitable purposes twice-yearly by the Aoraki Foundation in April and October.

A number of groups and organisations were able to receive funding in the first round including:

Parkinson Society

Purpose: Training costs for facilitator

Salvation Army Timaru

Purpose: Bridge Alcohol and Addiction Programme Support

Alzheimers South Canterbury

Purpose: Furniture for Park Centre Meeting Rooms

Mid & South Island Women's Refuge & Family Services

Purpose: Programme for Health Education

Mid and SC Plunket Society

Purpose: Be Seen Be Safe Programme vests, helmets and cost of programme

Waimate Therapeutic

Purpose: Massage and well-being workshop for students

Life Education Trust Mid & South Canterbury

Purpose: Work books for Mobile Classroom

Waimate Centrecare Counselling

Purpose: Women's Support Group and Youth Programme

Arowhenua Whanau Services

Purpose: Influenza Vaccines

Presbyterian Support South Canterbury

Purpose: Equipment for Enliven Day Centre (Centre for Elderly)

Presbyterian Support South Canterbury

Purpose: Shade cloth for play area at Family Works service centre

South Canterbury Hospice

Purpose: "International Trends towards Euthanasia" Seminar

Application forms can be downloaded from:

www.aorakifoundation.co.nz/sc-health-endowment-fund.html



contact

Ginny Bolderston Aoraki Foundation

www.aorakifoundation.co.nz.

P: 03 6877 363

admin@aorakifoundation.co.nz

Arowhenua Whanau Services update

Childbirth education classes FREE 8 WEEK COURSE

St Johns King Street Temuka Starting when numbers permit.
From 10–12:30pm.

contact

Lyndsey Primary Health & Tamariki Ora Nurse 027 4076017 or
Beth Primary Health Nurse, Plunket Nurse & Childbirth Educator

September is cervical screening month

Come in for a cuppa, a smear and a goody bag! A moment with us could ensure a lifetime with them. We are heading to Waimate on Tuesday 27 September from 2–15.30. Lift your skit and save your life! Remember smears are free.

contact

Diane 0274076114 or Lyndsey 0274076017



contact

AROWHENUA WHANAU SERVICES

Arowhenua Marae
38 Huirapa Street, Temuka
03 615 7452 admin@aws.health.nz

World Smokefree Day

For World Smokefree Day 2016 the South Canterbury Smokefree Committee decided to focus on a smokefree pregnancy promotion for the month of May.

The smokefree pregnancy promotion was displayed in the Timaru Hospital main foyer, antenatal clinic and maternity ward, and Pregnancy Quitpacks were made freely available at these sites.

COC Midwives, Independent Midwives and Hospital Midwives were all provided with information and resources regarding the smokefree pregnancy promotion and reminded of cessation referral pathways and given tips for conversations regarding smokefree pregnancy.

During May, 28 pregnant smokers attended the antenatal clinic at Timaru Hospital. All were given brief advice regarding their smoking, and as a result 17 of these agreed to help quitting from the Smokefree team. Unfortunately 11 women declined, but they still had a conversation about smokefree pregnancy. Before this promotion, the majority declined contact with cessation services.

Anecdotally, there has been positive outcomes from cessation attendance at the antenatal clinics, with positive feedback from patients, midwives and obstetricians. One woman, in the later stages of pregnancy, had an appointment with her obstetrician and her scan indicated her baby was very small for her

Smokefree facebook

South Canterbury has high rates of smoking within our youth population.

As a team, the Smokefree Facilitators (Carmen, Jill and Lyn) decided we needed a new approach to reach this priority group and social media was identified as a possible avenue. Evidence suggests young adults spend a great deal of time communicating via Facebook. Facebook was already being used successfully by the national service Quitline, Canterbury DHB and The Cancer Society – to name but a few, and we felt SCDHB could utilize Facebook also. We started by putting together a proposal and spoke to Ruth Kibble Director Primary Health Partnerships and Allied Health who is very forward thinking and could see the potential for this and the benefit it could have for our community. In our proposal we highlighted:

- The ability to reach individuals in their everyday lives.
- Facebook is the top social media website in NZ, of users 54% report visiting the site daily.
- Low cost and resourcing within current FTE.
- Recommended a trial and review period.
- Opportunity to promote activities and general messages



ABOVE > An afternoon tea with the midwives on behalf of the smokefree team to say thank you.

gestation. The obstetrician was able to offer a Smokefree consult immediately, while the woman was motivated. Another woman was referred for cessation support by her midwife in November. Contact with her had been by text and phone call, though the antenatal clinic appointment provided the first opportunity for face to face contact (this had been offered in the past but not accepted by the woman).

An afternoon tea was arranged to thank the midwives and review the activities for the month.

From the smokefree team we would like to say a special THANK YOU to Julie Dockrill and the team of midwives for their hardwork and ongoing commitment in helping pregnant mums to stop smoking.

Written by: Lyn Johnson, Smokefree facilitator



f **find us on facebook**
Kick-Ash-South-Canterbury

e.g. Stoptober, Safe Sleep Day.

- Specific target audience and evaluation criteria were identified eg. conversion from Facebook engagement onto caesarian programme.

Then came the day after the proposal was taken to SLT and we were told it had been accepted! After the initial excitement came the apprehension of making our Facebook page a reality – when two out three of us are not that computer savvy and have only a basic knowledge of Facebook! The rest is history. It is a steep learning curve but we couldn't have done it without the help and support of management.

Sleep Apnoea (OSA) Assessments: A regional service delivery model

Deborah Box presented at the The Annual Scientific Meeting for Leaders in Lung Health and Respiratory Science in Perth this April.

The presentation entitled *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 referrals received in the calendar year of 2014.

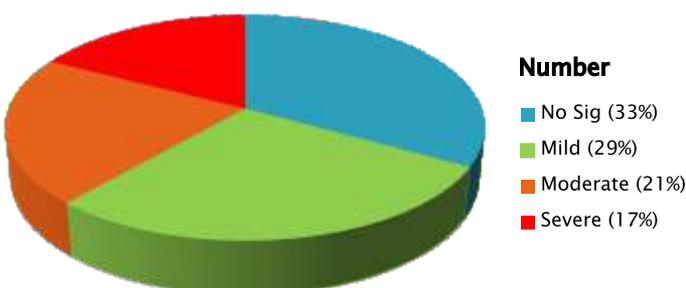
Deborah is the Clinical Nurse Specialist Community Respiratory for SCDHB and was brought on in November 2013. Prior to her arrival there was no established referral pathway for South Canterbury patients with suspected Obstructive Sleep Apnoea and around four referrals per month were being received by Canterbury DHB for South Canterbury residents. The introduction of a specialist nurse allowed for local nurse led OSA assessments to occur.

The review has led to a number of changes in practise. In particular, in the past, there was limited ability to triage referrals due to the low level of information provided and no clear acceptance criteria. Therefore a large number of referrals were discharged back to primary care. In 2015, CDHB introduced a new high risk criteria for referrals. This criteria, partnered with the local nurse led OSA assessment, results in clearer health pathways for patients. This is evident in the dramatic decrease of referrals to South Canterbury (DHB) and therefore CDHDB.

The review process has helped to ensure high risk OSA patients are able to receive the care they require. While looking forward to the future, the focus shifts to developing a process for accessing a sleep study for patients with suspected OSA but who don't meet the high risk criteria.

You can see the presentation on iHub.

Outcome - Level of Severity of OSA



Feedback on the conference:

1. Provide a summary of the key things you learned from this experience:

- Presenting OSA data including submitting the abstract was an excellent learning experience.
- Confidence in presenting to an Australasian Respiratory nursing group. Sharing South Canterbury information and answering questions. Also chairing raises the profile of South Canterbury.
- Reaffirmed the importance of pulmonary rehabilitation and thus ongoing commitment to MCR.

2. Provide an explanation of how this learning has affirmed or influences your work at SCDHB.

A reminder about how much work there is to be done over the lifespan to improve respiratory outcomes for South Canterbury patients especially around asthma.

A reminder about working as a team, not making decisions in isolation or as a silo as a team has decided to do by stopping OW? team meetings.

3. Provide an explanation of how you have / intend to share learning with colleagues.

- Information from nurses day sent to all respiratory nurse specialist interest group members.
- OSA presentation to be made to CME.
- Present information regarding key learning points to South Canterbury Respiratory Nurses.

Severe OSA Group (N= 35) (ODI >30)

- | | |
|---------------------|-------------------|
| ▶ Referral Source | ▶ Occupation |
| ◦ 1 ENT | ◦ 9 of 39 Retired |
| ◦ 1 Nurse | ◦ 4 of 16 Drivers |
| ◦ 2 CDHB | |
| ◦ 5 Physician SCDHB | |
| ◦ 26 GP | |

No Significant OSA Group (N= 67) ODI <5

- | | |
|---------------------|-----------------------|
| ▶ Referral Source | ▶ Occupation |
| ◦ 5 ENT | ◦ 10 of 39 Retired |
| ◦ 2 Nurse | ◦ 5 of 16 Beneficiary |
| ◦ 0 CDHB | ◦ 3 of 16 Drivers |
| ◦ 3 Physician SCDHB | |
| ◦ 57 GP | |

WET Programme

SCDHB has continued with subsidised access to the CBay Aquatic Centre with the 'Water Exercise Therapy' (WET) programme for up to 40 'high need' clients, following on from the cessation of the SWIM programme (2012-2015). The WET programme started in September 2015 and currently all placements have been identified through the SWIM membership list. Subsidised access is for two visits to CBay per week.

The WET programme is coordinated by Jane Sullivan who holds a Master's Degree in Physical Education and is supported by community physiotherapist Pam Russell. Each client is assessed by Pam to ensure they meet the eligibility criteria and to establish patient goals for the WET programme. Jane is in the programme pool which is heated to 32 degrees on Tuesday mornings during the Walk n Talk session to provide instruction and support for clients with their exercise therapy programmes.

The eligibility criteria for the WET programme states that the client has either one or more progressive long-term health conditions or a permanent disability; water based exercise is the clients only option (i.e; land based activity is severely limited or contraindicated and considered unsafe; all other exercise options have been explored).

Pam and Jane have completed the transition of all eligible SWIM members onto the WET programme and now have limited vacancies for new referrals. Referrals to the WET programme: GPs and members of the



ABOVE > Clients of the WET programme get down to business at CBay Aquatic Centre

health care team may make referrals electronically via ERMS to PRISM to Water Exercise Therapy (WET) programme.

Regular contact is kept with the client through the review process with follow up at three month intervals. Some of the benefits reported by WET programme clients include:

"I feel better after being in the pool"

"Helps with my breathing"

"My balance has improved"

"I have less muscle soreness exercising in the water"

"I can walk and move freely and pain-free in the water for a greater period of time whereas I can't on land".

"My range of movement is much better in the pool".

Well done Darrell Evans

Extract from a letter from the Department of Corrections:

"It is our ultimate goal to reduce re-offending to make our communities safer. We cannot do this on our own. We know you were a very significant part of this person's ongoing journey... We are very grateful for the way you worked alongside our probation officers and our partners in government to achieve something special for this person. This case is an example of how you have persisted over many years to achieve an outcome that is beneficial to the client and brought to bear your specialist capability to compliment and advance the work of others. Darrell, we recognise and acknowledge you for your massive contribution. We appreciate you work and your service to the people we both care about. We commend you. Thank you." – Raymond Clark, District Manager.



ABOVE > Darrell Evans, Clinical Nurse Coordinator seen here with staff from Alcohol and Other Drug Team, Mental Health & Addictions Services was awarded a 'Commendation for excellent service to Probation'.

Farewell Dr Philip Morrison, General Paediatrician

It was South Canterbury Day 1981, when I was met at Timaru station by my new colleague, and now life-long friend, Richard Forster (in those days there were passenger trains) I arrived with my wife Jan and our first child Frances aged 10 weeks. We had previously only ever driven through the town.

My predecessor, Dr Mike Watt, had moved to Auckland about 18 months earlier, and Dr Sid Hawes, then Medical Superintendent, had agreed to my appointment that far in advance. At that time I was still in England completing my training.

At this point I must express my admiration of Richard who, despite running a very busy General Practice, was also the principle Paediatrician, with the on call help of Physicians Dr John Doran and Dr John Maclaurin.

I realized that I had come to the right job when I was told that my first day was the provincial holiday, but then down to work! Initially Richard and I provided a 1:2 on call service, but we soon gained the help of the Physicians for weekend cover, albeit understandably reluctantly. So this is an appropriate opportunity to thank them. (I would not want to be looking after patients of my age).

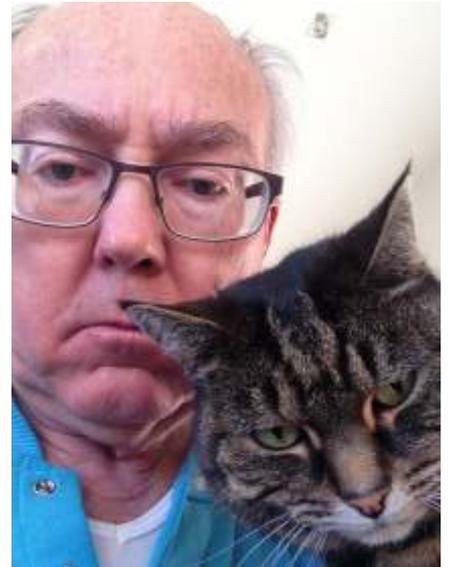
Over 35 years my clinical work has changed a lot. We no longer see children with infections like epiglottitis, thanks to immunization; severe asthma is now rare; and premature infants are transferred in utero to tertiary centres for birth.

We now have to deal with a lot more behavioural, learning and developmental problems such as autism spectrum disorder, attention deficit hyperactivity disorder, etc, which for me has required "on the job" training.

I moved to Christchurch 10 years ago, and when Richard moved away we both commuted to Timaru, "flating" together in our 60's, and sharing the "on call". Richard then retired from Timaru and I was joined by my current colleagues Sona Zaleta and Mick Goodwin. I have continued here for two days each week, but have had every weekend off (which I thoroughly recommend).

My time here has been very enjoyable, thanks to the collegiality and friendship of Sona, Mick, and all the senior medical staff, past and present. The expertise and camaraderie of Mark Liddy, the Children's Ward nurses, and the Jean Todd midwives are without equal. The knowledge, help and friendship of MedLab staff have been invaluable.

Occasional visits to Theatre have always been most welcoming. I thank the orderlies for all the jokes, the telephonists for always finding me, and the kitchen staff for superb meals (I'll confess now to having enjoyed, in years gone by, the sweetbreads, which, for some reason, the children on the ward wouldn't eat).



The numerous JMOs and TIs have been a joy to encourage at the start of their careers, and a stimulus to research answers to their awkward questions.

I could not have coped with the day to day administration work without the exemplary skills of my secretaries Kath Beard and Sue Wilkinson. (How will they cope without my regular cups of tea and fruitcake?).

So, after almost 35 years it's time to say farewell to many many friends, and for me to do other things, such as visits to Frances and our first grandchild in London. Frances has nearly finished her Paediatric training, and Rosie, the youngest, wants to be a Paramedic, so they will both keep me up to date with modern medicine.

Timaru has been a good place to live and work, and to raise children – Frances, Nick, David and Rosie will always call themselves Timaruvians.

But I could not have lasted here for 35 minutes if it weren't for the love and support of Jan, whom I left at home with our first child while I strode off to my consultant career; if there is a next life I would do it differently.

"If I have learned only one thing it is this, if we look after the mothers, then they can look after their children."

I hope that I have left something of a mark, even if it's only the addition of a few missing apostrophes on the signage; and who else will turn off unnecessary lights?

Mental health work placement

Janet Meyer completed a three month social work placement under the supervision of Grace Penetrante. The two recount the experience in an extract of an interview below and reflect on the role of social workers in mental health.

Janet Meyer “Everything went really well. A few surprises but nothing of significance. I thought I knew a lot more than I did. When it came to case notes and things at the beginning I struggled, even with things just like spelling after being on the computer for four years and all of a sudden I had to start spelling properly!”

Grace Penetrante “It was really helpful for Janet to study with us, especially in learning what social work is all about. Janet was able to experience a lot of different areas, from mild to moderate mental health with Adventure Development, to moderate and severe mental health in Kensington inpatient unit. She was able to work with infants and kids in iCHAMS, through to working with the elderly in AT&R. She came a long way.”

Janet Meyer “I've really enjoyed my time here and am very thankful that Maria (Parish) let me do this. It was a very long placement. The orientation has been immense. I really enjoyed the MDT meetings and psychiatrists. There just wasn't a bad word to say, it all went really well.”



ABOVE > Fourth year social work student Janet Meyer and her supervisor Grace Penetrante.

Grace Penetrante “As a supervisor it was a challenge for me in terms of education. I am thankful to the other social workers inside and outside the DHB who helped Janet out.

Mental health is often stigmatised and labelled but it is a good experience for us all. Students would really benefit from completing a work placement in mental health as it will help them become more flexible and resilient and more understanding of the patients that we are working with. Even though they have mental health conditions it's our role as social workers to make sure that we still respond to their needs and their families as well.”

Health Science postgraduate

I have recently completed my postgraduate certificate in Health Sciences, endorsed in Mental Health. My name is Miranda Woodall and I have been working as an RCpN at Kensington since 1989, the last five years as a Crisis Liaison Worker on the TACT team.

I completed my Bachelor of Nursing in 2000 and last year decided the time was right for me to continue my study. My aim is to complete the Post Graduate Diploma so I am now half way.

My first paper was the Pharmacotherapy of Addiction; an area which has always been of interest to me and the area in which I most needed further education to feel competent when assessing people in crisis who had addiction issues. This paper was very much self-directed learning but I learnt more than I ever expected and also gave me a network of like minded colleagues around the country with whom I stay in touch. My second paper, Mental Health Nursing Practice refreshed the knowledge I already possessed but it has helped me articulate more succinctly the information I need to include in my crisis assessments. Study has broadened my enthusiasm for staying up to date with current practice and I am happy to share

information with my colleagues.

Although study adds a layer of pressure to an already hectic schedule, I have no regrets. It is great if you can find someone else who is contemplating the same course so you can form a study group. We had three people completing the first paper and enjoyed weekly dinners where we studied together and shared ideas. It also became a challenge to our culinary skills as we took turns to cook the meal for the group. I would like to thank the DHB for the opportunity to enhance my practice.

This year I was fortunate enough to receive funding to complete two papers in Nursing Management and Leadership through Otago University. I am currently underway on my third assignment!!!

I chose to study the postgraduate certificate in Nursing Management and Leadership, with the idea it would complement and extend my knowledge, understanding and direction around health strategy, strategic planning and coaching and mentoring staff. It has certainly done this!!!!

As a comprehensively trained nurse, I moved into mental

health six years ago. At that point I embarked on study to increase my knowledge and skill base because I was passionate about learning. I completed a post graduate certificate in co-existing disorders. Two years ago the opportunity arose for me to take on a leadership role as Acting Charge Nurse of the Community Mental Health and TACT team, which has changed my vision of where I see myself progressing in the future. This course have given me confidence to perform within this role and has set for me a change of direction in my career pathway.

My advice to those considering study options is to talk to those who have previously completed papers, as they offer inspiring advice which keeps you motivated. Link in with your friendly staff development facilitator who will give you guidance in regards to process and funding pathways (the

university application was pretty complicated lol). Overall I am most grateful to the member of staff who has read many of my assignments, pointing out the full stops that should have been commas prior to my submission date!! (it was so worth the money spent on chocolate fish).

With my managers cap on, it has been a privilege to see the staff in Mental Health who have taken on postgraduate study grow, my observations have been not only in knowledge but also in confidence within themselves, sharing their knowledge with other staff, which has a positive impact on the delivery of care we offer consumers who access our service.

My final words I would encourage anyone considering a study pathway to start your conversations now, and I wish you all the best.

HealthLearn

Exciting news, things are well-underway to have all staff up and running with healthLearn elearning within the next couple of months.

HealthLearn is an online, internet-based collection of educational content for the healthcare community. There are a wide range of topics, from medication to hand hygiene, and new modules are being developed all the time. Staff will be able to access healthLearn from work or home, and it is easy to use – anyone

who can use a computer, smart phone or social media sites like Facebook should be able to use healthLearn. It even has automated password reset. Keep an eye out for posters.

contact

Barbara Gilchrist

extn 8384 bgilchrist@scdhb.health.nz

Library update

UpToDate® clinical decision support is now available anytime, anywhere, including on your mobile device for all SCDHB Staff.

UpToDate evidence based clinical decision support:

UpToDate includes more than 10,000 topics covering general internal medicine and more than 22 specialties; a drug database and drug interaction tool (in partnership with Lexicomp®); nearly 1,500 patient education topics; more than 27,000 graphics and links to more than 380,000 references. UpToDate is used by more than 850,000 clinicians in 164 countries and impacts thousands of clinical decisions every day.

Here's what you get with UpToDate anywhere:

- Free UpToDate Mobile App for your iOS, Android™ or Windows 8 device. Chosen as one of “The Best Apps in Publishing” by EContent Magazine.

- Easy access to UpToDate by logging in from any computer with an Internet connection.
- Free continuing education credit (CME/CE/CPD) when you research a clinical question using UpToDate onsite or remotely – including on your mobile device.

Registration is easy www.uptodate.com/online.

Click on Log in/Register, create a user name and password. You will receive a confirmation email with information about installing the UpToDate Mobile App.



patients and their families express their gratitude

AT&R

"Great food. Sue on the medical ward was fantastic. As pleasant an experience as it could be in the circumstances. Thank you."

Maternity

"Great people skills, understanding and caring staff."

"The midwives at Jean Todd ward were very good at explaining what was happening to me, what the in-patient plan was and what they were going to do. They were very kind, approachable, courteous, caring and gentle..."

"All staff I dealt with were great. They had time to sit and explain what was happening. And had time to answer my questions. I wasn't fobbed off because they were busy."

"I found the nurses and midwives amazing."

"I would like to say a special thanks to all the staff at Jean Todd especially Amanda the nurse/midwife and Donna the support lady who does the hearing tests. They were both so lovely. And also a very big thanks to my obstetrician Dr Lafayette. She was the best Dr to deal with. Very kind and genuine. And really listened to me. She was great at answering my questions. And explained things really well as our baby had to be induced. Timaru hospital is very lucky to have her. My stay at Jean Todd having our baby was a great experience and my husband and I are very thankful."

ICU/CCU

"Everyone genuinely seemed to be trying their best to make me comfortable with my situation which (in my case) meant maximum information."

Medical Ward

"Everything was well explained at all stages concerning my treatment and care."

"Nursing staff in Medical Ward exceptional."

"I was treated very professionally within a very busy and at times stressful environment for the staff. They manage commendable on all levels. So thank you Timaru Hospital."

Surgical Ward

"I could not have been better cared for. Any staff member I had liaison with was wonderful. Very caring."

"The nurses were excellent and very helpful, particularly Kim from Ward 5 and the night male nurse and his partner, understanding, helpful and respectful."

"The nurses and nurse aides are dedicated and caring. Even though they are busy, nothing is a bother and everything is done with a smile. Even the cleaning staff had a ready smile."

"With my condition I was unable to sit, one nurse offered to help with a meal, that same nurse was absolutely wonderful – sitting with me when I was frustrated, talking and hearing me. Exceptional young lady!"

"I was very impressed with standard and professionalism of the staff who were part of my treatment and recovery."

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 > Minister Coleman officially re-opens Gardens Block.



ABOVE > Dr Sires Bharathan, a Psychiatrist and Psycho-Geriatrician at Kensington Unit, Rosemary Carruthers QSO, Barrister and Solicitor, Constable Steve Wills and Professor Annette Beutrais at the Elder Protection Awareness Day Community Forum.



ABOVE > Christine Nolan recognised by her team for her dedication and hard work.



ABOVE > The team farewell Ric Neuhoff as he heads up to Christchurch.



ABOVE > Mountainview High School students visit their artwork in the Gardens Block.



ABOVE > Rene Templeton wishes Jane Brosnahan all the best and thank you.



ABOVE > Recognition for the disestablishment of roles for Sue Morrow (left) and Judy Cooper (right) in the primary care team.



ABOVE > Recognition for the disestablishment of roles for Sue Morrow (left) and Judy Cooper (right) in the primary care team.

“Onwards ever. Backwards Never.”
 – Christine Nolan

send your snaps
 The Communications Manager
nhoskins@scdhb.health.nz



ABOVE > A wide range of staff from across the DHB met to farewell Mark Fields.

noticeboard

Interested in studying in 2017?

If so, save this date! Friday 9 September is SCDHB Education Fair. Between 11.30 and 1.30 you can talk to representatives from education providers including Ara Institute of Canterbury, University of Otago, EIT and more. Everyone is welcome at the Education Facility in Timaru Hospitals.

MedChart refresher session

Wednesday 14 September. Prescribers 12.30-1.30; Nurses 1.30-2.10. Spaces are limited to 10 per session so be sure to get in quick. The sessions will be held in the IT Training Room on Level 5 of the Gardens Block.

Employee assistance programme

Change can be stressful and unsettling and the next months may be difficult for some staff as the transition to the confirmed structure continues. Please remember that free personal and confidential support is available through the Employee Assistance Programme via Ross Yarrall, Human Resource Advisor on ext. 8388

Update on preparations for the 2016 district health board (DHB) elections

Key dates for the elections. Voting in this year's elections will close at 12 noon on Saturday, 8 October 2016. The Single Transferable Voting (STV) system will again be used to elect members and elections will be held on an 'at large' basis (ie, all voters have the opportunity to cast preferences for all candidates who stand). The following table highlights key dates for the 2016 elections, as they currently stand.

| Date | Action |
|-------------|--|
| Mon 8 Jul | Enrolment update packs sent to all registered electors for them to check/ update details. |
| Fri 15 Jul | Candidate nominations open. |
| Fri 12 Aug | Candidate nominations close (at 12 noon). |
| Fri 16 Sep | Delivery of voting documents starts – start of voting period, special votes are issued and early processing of votes begins. |
| Sat 8 Oct | Election day – end of voting period (at 12 noon) and announcement of preliminary results (as soon as practicable after the close of voting). |
| 13 - 19 Oct | Special votes counted and official results declared (as soon as practicable after all valid votes have been counted). |
| Mon 5 Dec | Newly elected DHB board members take office. |

2016 public health events

SEPTEMBER

- 1 National Gamble Free Day
www.pgfnz.org.nz/events/gamblefree-day
- 1 – 30 Cervical Screening Awareness Month www.nsu.govt.nz
- 1 – 30 Save Our Sight Month www.nzao.co.nz
www.saveoursight.co.nz
- 1 – 30 Students Against Dangerous Driving (SADD) Month
www.sadd.org.nz
- 8 International Day of Literacy
www.unesco.org/new/en/unesco/events/prizes-and-celebrations/celebrations/international-days/literacy-day
- 9 Fetal Alcohol Syndrome Awareness Day
www.fan.org.nz
- 10 Suicide Prevention Day
www.wspd.org.au
- 15 World Lymphoma Awareness Day
www.lymphomacoalition.org
www.leukaemia.org.nz/page/433
- 21 World Alzheimer's Day
www.alzheimers.org.nz
- 21 International Day of Peace
www.un.org/en/events/peaceday
- 22 World Car Free Day
www.carfreemetrod.com
www.worldcarfree.net/wcfd
- 23 Term 3 ends – Primary, Intermediate and Secondary schools
www.minedu.govt.nz

OCTOBER 2016

- 1 – 31 Health Literacy Month www.healthliteracy.com
www.healthliteracy.com
- 1 – 31 Breast Cancer Awareness Month / Street appeal days on TBC October
www.nzbcf.org.nz
- 1 International Day of Older Persons
www.ageconcern.org.nz
- 5 World Teachers Day
www.5oct.org
- 8 World Arthritis Day
www.arthritis.org.nz
- 10 World Mental Health Day
www.mentalhealth.org.nz
- 10 Term 4 begins – Primary, Intermediate and Secondary schools www.minedu.govt.nz
- 11 International Day of the Girl Child
www.un.org/en/events/girlchild
- 14 & 15 Breast Cancer 'Pink Ribbon Street Appeal'
www.nzbcf.org.nz
- 15 White Cane Safety Day
www.blindfoundation.org.nz
- 16 World Food Day
www.fao.org/world-food-day/home/en
- 20 World Osteoporosis Day
www.bones.org.nz
- 20 World Statistics Day
www.en.unesco.org
- 24 United Nations Day
www.un.org
- 24 - 30 Blind Appeal Week/ Street collection days on 29 & 30
www.rnzfb.org.nz



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

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



staff coming & going

welcome to our new staff and those in new roles

Joanna De Vries
Registered Nurse

Matthew Cookson
Registered Nurse Part-time

Jemma Bower
Health Care Assistant
Casual

Suzanna Armstrong
ICAMHS Social Worker

Enrique Africano
O&G Specialist

Angela Macleod
Finance Administrator Part-time

Yang Yu
Registered Pharmacist
Casual

Eugenia Pritchett
Geriatrician Locum

Lisa Blackler
Director Patient, Nursing & Midwifery

Gabrielle Grady
Midwife Casual

Tracey Wright
Health Care Assistant
Casual

Kannikar Muangklang
Pharmacy Technician

Anne Smallridge
Health Care Assistant
Casual

Brooke Campbell
Health Care Assistant
Casual

Justine Simon
Health Care Assistant
Casual

Wairangi Warren
A&OD Allied Key Worker

Roberta Moginie
Director Organisational
Capability & Safety

Judith Cooper
Community Paediatric Nurse

Stefanie Rhine
Social Worker Oncology

Kellie Simpson
Registered Nurse Part-time

Joanne Brown
Registered Nurse Part-time

Gaylene Donehue
Health Care Assistant Casual

Maria Tobin
Health Care Assistant Casual

Suzanne Cleland
Registered Nurse Pool

Tina Arps
Registered Nurse Pool

Katelyn Pateman
Health Care Assistant Casual

Alicia Gollan
Registered Nurse Pool

Joanna Robinson
Health Care Assistant Casual

Hannah How
Registered Nurse Casual

Kaye Reha
Orderly Casual

Sarah Smith
District Nurse

Janet Harris
District Nurse Part-time

Rosemary Slater
Diversional Therapy Assistant
Part-time

Vivienne Florance
District Nurse Part-time

farewell & good luck to

Soraya MCGartland
CMH Social Worker Part-time

Margaret Clark
Certified Clinical Coder

Mark Fields
Facilities Manager

Sydney Horgan
Health Promotion Facilitator
Part-time

Christine Nolan
General Manager - Clinical
Services

Alexandria Johnstone
Registered Nurse Part-time

Emrich Neuhoff
General Manager Human
Resources

Maria Siapno
Registered Nurse

Jane Brosnahan
Director of Nursing &
Midwifery

Jillian Keys
CNS - GI & Colorectal

Louise Pegg
ICAMHS Nurse Key Worker

Suzanne Andrew
Supervisor Linen Services

Valerie Brown
Receptionist Part-time

Alexander Tapper
Registered Nurse

Susan Stevens
Registered Nurse

Angela Foster
CMH Registered Nurse

Kamal Raman
Physiotherapy Assistant

Kirby McCarthy
CSU Assistant Casual

Danielle Meffan
Registered Nurse Part-time

Kathryn McIlraith
Registered Nurse

Jennifer Johnson
Health Care Assistant Casual

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.carecentre.net.nz>

Nurses/Healthcare Assistants

- Registered Nurse – Emergency (Full-time)
- Registered Nurse – AT&R (Part-time)
- Health Professional – ICAMHS (Full-time)
- Adult Mental Health Casemanager CMHT (Full-time)
- Clinical Nurse Specialist – Palliative Care (Part-time)

MORE INFORMATION: www.nursingstaff.co.nz

Senior Medical Officers

- Emergency Physician (Full-time)
- Paediatrician (Part-time)
- Anaesthetist Locum (Full-time Fixed term 3 months from Oct)

Allied Health Professionals

- OT – Mental Health Inpatient Services (0.94FTE)
- Health Professional – ICAMHS (Full-time)
- Adult Mental Health Casemanager CMHT (Full-time)
- Health Care Assistant – Talbot Park (Casual & Part-time)
- Pharmacy Technician (Full-time)

Leadership Roles

- Maternal Child & Youth Manager
- Associate Director of Nursing & Midwifery
- Charge Nurse Manager – District Nursing & Long Term Conditions
- Charge Nurse Manager – Child & Youth
- Mental Health Manager
- Communications Manager

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

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Location: High Street, Timaru

Website: www.scdhb.health.nz

