

## How we get **where we want to go**

South Canterbury District Health Board recently honoured 31 new graduates from its Kaupapa Māori Navigate Programme.

The event was held at Arowhenua Marae on 19 September. The participants in the programme have been pursuing self-identified leadership learning goals, meeting together in small teams, working with individual mentors, and working on individual work-related service projects over the past three months.

The programme was led by Joseph Tyro, the Director of Māori Health and by Ballard Pritchett, the lead facilitator of the Navigate Leadership Learning Programme.

Two-thirds of the participants identify as Māori.

### The participants in the programme were:

Tony Froud	Kima Sampson	Tuatahi Taha	Josh Koia	Karen Thomas
Anna Buckingham	Kalinia Te Rahui Harris	Barbara Gilchrist	Shannon Mudge	Michelle Thew
Raumiria Henare	Lavinia Reihana-Moemate	Leigh Milmine	Olly Wilson	Anahera Home
Tania Kemp	Janine McClelland	Tania Maguigan	Julie Calder	Emma Te Raki
Nicolas Kruize	Joseph Tyro	Wendy Joy	Kylie Hough	Gwen Anglem-Bower
Maire Froud		Tyler Davies	Haami Rahui	
Kim McCone		Leslie Dixon	Nic Bartlett	

Kera Baker, Anah Aikman, Joseph Tyro, Olly Wilson and Ballard Pritchett also served as facilitators.

Participants included SCDHB and CDHB employees, members of the South Canterbury Māori community, staff from Te Aitaraikihi Trust Centre and He Manu Hou school, a GP, a member of Ara Poutama Aotearoa (NZ Corrections), staff from Adventure Development, a member of NZ Police, staff from Oranga Tamariki, staff from Family Works, University students, and staff from Te Runanga o Arowhenua and staff from VOYCE Aotearoa.

For the first time, a team from Christchurch participated in Navigate. This was the largest Navigate waka to date, involving more community participation than any previous programme.

**navigate**  
Our Leadership Learning Programme.



## FROM THE CEO

### He taonga rongonui te aroha ki te tangata

### Goodwill towards others is a precious treasure

This month has been a celebration. A celebration of the language, culture and connection that makes New Zealand the best place to call home.

With te Wiki o te reo Māori (Māori Language Week), Sign Language Week, Tongan Language Week and Mental Health Awareness Week, all falling in the same month, we can reflect on not only what we say, but the impact of our words on others.

### Cultural Reset

In response to feedback from staff, in 2017 our Board, Unions and Management embarked on a journey to reset our culture. Feedback suggested that while most staff were happy to speak up regarding patient's safety, they were less confident it led to change. It was also felt that unprofessional behaviours occurred at our DHB and that these were tolerated.

Looking for an evidence-based solution, the Cognitive Institute were selected to help reset our culture with the introduction of the Speaking Up for Safety and Promoting Professional Accountability programmes.

### Speaking Up for Safety

Speaking Up for Safety is a stepped approach to raising a concern in the moment. It is founded in mutual respect (mana) and acknowledgement that no one comes to work to intentionally cause harm to patients or distress to colleagues.

It is not based from a position of right and wrong, but rather allows a conversation that provides insight, concern, another way of looking at a situation, and above all, a joint action that can be carried out together.

### Promoting Professional Accountability

It is acknowledge that while we are developing the skills to speak up in the moment, there is a need for a safety net for those occasions where a person may feel they are unable or it is unsafe to speak up.

Promoting Professional Accountability, which you can find on iHub, allows a person to provide their perspective on a situation anonymously through the use of a peer messenger. This feedback is not investigated, it is not part of any human resource record, unless a pattern of feedback is observed.

This is not based from a position of right and wrong, but rather allows reflection on how a behaviour may have made a person feel. The assumption is that as professionals, on reflection of the feedback, we are able to adjust our behaviour.



**Nigel Trainor**

CHIEF EXECUTIVE

ntrainor@scdhub.health.nz

You can find out more about these programmes and our ICARE values which underpin them on iHub



### Top tips for Speaking Up for Safety

- **Checks:** Can I just check...
- **Options:** Concern + Another way of looking at the situation
- **Demands:** Concern + Respect + Joint action
- **Elevates:** Safety CODE + Respect + Concern + Joint Action

### Top tips for Promoting Professional Accountability

- Make sure you try speaking up in the moment first
- If this isn't possible speak with your line manager
- Promoting Professional Accountability is your last resort
- Remember, feedback is a gift, not a judgement



We all have a responsibility to speak up for our patients, we can do this

It puts clients in the centre

Checking we are doing the best for our patients

Keeping you safe

Creating a great culture

Healthy conversations

It removes hierarchy

Safety is paramount

# Creating our safety culture

It gives everyone a voice to advocate for patients

Promotes and supports excellent patient care

Facilitating a conversation in a non-threatening way

Working together for safety

# Site Redevelopment

## Front of Hospital Redevelopment

The Front of Hospital Redevelopment Project continues to run on time and to the construction programme. The project team are pleased with the progress made and are thrilled to be "out of the ground". The café and atrium will be the main focus over the next 12 weeks and all going to plan will be watertight before Christmas. The photos right show the progress over the month.



## Temporary Alternative Entrance

The alternative entrance was put in place on Monday 14 September 2020. The Front of Hospital working group demonstrated great commitment towards the preparation for this change. Staff and public have been front of mind throughout the entire process.

We have received good feedback from the public on the alternative entrance to date. More parking is now available onsite for drop off, accessible parking etc. We will continue to have a strong communications programme on the change of entrance over the next 12 weeks. Radio, social media, and print media are all in place and working well.



## New Helipad

The new helipad located on the hospital site behind Medlab is also progressing well. The shift of the helipad from public land in the botanical gardens increases our ability to maintain public safety as well as providing a better route into the hospital facility.

## Going above and beyond

Please may I recommend Bronwyn Gridgeman in Outpatients Appointment Office (OAO) for employee of the month.

She is always a pleasure to deal with and this week has truly gone above and beyond. I have an elderly patient with a new cancer diagnosis and asked Bronwyn to arrange that he come in for an ENT appointment at short notice. I asked her to co-ordinate a booking for audiology and Radiology on the same day so as to expedite the investigations and limit his return trips to

the hospital. She has taken on this challenge with gusto. Bronwyn personally contacted everyone and has seen to it that the patient gets from one appointment to the next and then to ENT. Bronwyn has foregone her morning tea time to take the patient to his appointments. She even delivered his appointment details personally to his house on her way home last night as she knew that, due to the urgency of the consultations today, there would be no time to post them. Truly a caring and dedicated Kiwi whose work ethic needs to be recognised.

Regards, Alan McCulloch



## Extra Mile Award

Do you know someone who has gone the extra mile?

Email [nhoskins@scdhub.health.nz](mailto:nhoskins@scdhub.health.nz)



# Introducing our Front of Hospital (FOH) Administration team

The Main Reception, Telephonists/After Hours and Emergency reception team provide essential support to front line clinical staff and are most often the first point of call for anyone entering our hospital – directors of first impressions.

“Administration staff help our hospital run smoothly and clinicians rely on their support, so it’s important the value of their work is recognised” said Denise Witbrock.

Our Front of hospital team must have a great deal of talent in communication and customer service skills. Whilst we have plans for many events this team are fronted with situations that surprise even those of us who have been here many years. The multifaceted role and the fact they are the port of call for everything non clinical means there are some things that you just can’t prepare for – staff have to think on their feet. The team are understanding of the possible underlying reasons why people behave the way they do both patients and visitors.



L'ann van Emmenis, Kathleen Esler, Karen O'Connell, Libby Davenport, Noeline Rogers

## Patient Story

Hi folks,

I thought I would like to record my thoughts and experience as a Timaru Hospital Patient this year 2020. Because of constant knee pain my active life over the years had shrunk to a room and computer and TV and the feeling of being a burden on my wife. I also had two visits to the Emergency Dept during the year.

This year I found I was even more lucky or fortunate to have been a patient at Timaru Hospital. Because after treatment my quality of life and lack of pain has been life changing for me and my wife of 54 years.

After a referral from my Doctor, Anneke Pribis, I had xrays. Then my wife and I met with Dr Senthuren Issac, who explained the problem and possible treatment. We felt very relaxed and comfortable in his company. We also met my future Surgeon at this time Mr Frank Wurmitzer and I took an instant liking to his style, so had an instant bonding and trust in him.

Having everything explained to my wife and self and my concerns addressed, I sat in the car outside the hospital after the meeting, feeling totally relaxed, as if a weight had been lifted off my shoulders. Which seemed strange knowing I had two major operations ahead.

I also had contact over the coming months with departments listed below. I found in every case a smiling friendly face and very efficient

staff, giving me full and clear instructions and always asking me if I had any concerns. What amazed me, was a lot of my contact with staff was before and after lockdown, when you would expect a lot of stress for the staff, but no, they just carried on, in their efficient, friendly way putting patients at ease.

Physio	X Ray
Pre-Admission Clinics	Ultrasound
MRI Scan	2 visits to The Timaru Emergency Dept

One thing that impressed me, I was contacted by cell phone a number of times, because of a cancellation, so I could get early treatment, while keeping the staff productive. I did not have a single doubt or any concern, as I progressed through the operations and recovery. I always had all the information I required, regarding medication, physio exercises etc so there were no surprises at any stage.

Please pass on my thanks to all staff, as I really am grateful for their friendly efficient care and dedication, we are so lucky in Timaru to have a great team of health workers.

“I found in every case a smiling friendly face and very efficient staff”

# South Island Intensive Care Unit Project

Since the South Island Intensive Care Unit (ICU) Project Group was formed two years ago, communication between ICUs has increased dramatically, resulting in more collaboration and collegiality across the region.

“The group has achieved our hopes and expectations in spades,” says Richard Whitticase, ICU Charge Nurse Manager, South Canterbury DHB. “We get to exchange ideas, policies, procedures – and you know your problems are the same as everyone else’s. In the past, others might have thought we weren’t a proper ICU because we’re small. Now, everyone realises our work is the same as other ICUs, and we have great mutual respect and confidence.”

The South Island ICU Project Group is responsible for sustainably planning and improving intensive care services, across the five DHBs. Chaired by Nelson Marlborough DHB CMO Nick Baker, the group meets monthly and consists of each ICU clinical director and charge nurse manager, and a selection of duty nurse managers, operations managers, planning and funding, as well as allied health scientific and technical representatives.

Richard is based at Timaru Hospital, where he originally trained as a Registered General and Obstetric Nurse, from 1984-87. After a stint in Australia working in a high dependency environment, he realised he enjoyed the unpredictability and adrenalin of a more intensive nursing style.

In 1991, during a holiday in Timaru, he was approached about a maternity leave cover role in ICU – and he’s been there ever since. In 2000, Richard became the Charge Nurse Manager of the Level 2 Intensive Care Unit. He relishes the environment. “You never know who is going to come through the door, you must have a broad practical skillset and then you can stretch it.”

Richard learnt the trade alongside experienced nursing colleagues, especially during seven years of night shift. “It’s about the nuances of assessment and clinical judgment, and when something just doesn’t feel right, it’s important to be able to communicate succinctly, coherently and persuasively to nursing and medical colleagues – who also may be on call off-site.”

Some of the project group’s achievements include the development of an automated dashboard to display what’s happening in each ICU environment, as well as daily and weekly status reports. “We look at the reports every day, and contribute our data, so that we know what’s happening and where the pressures are in the system. If we can provide support, we will and do.”

The sharing of information between ICUs is invaluable, he says. “We really appreciate the short communications chain about ICU-related issues and our collective ability to get things done, such as the COVID-19 response, when we were having meetings three times



“The work we do takes pressure off Canterbury. Our first option is to keep patients in South Canterbury if it’s clinically safe, because it’s best for the person and their family.”

a week. We had access to information early and could make sure our organisation responded, and we got our voice heard at local, regional and national levels. And the ability to share information shapes policy here in South Canterbury. We get inspiration about models of care, changes that will make our own system better.”

Being able to air common issues in a forum with colleagues who can take those concerns further is another benefit, he says. “We have never had this before. It gives us the confidence to know we’re heading in the right direction, we’re not out on limb, we’re part of a system. It will be good when we can all get back together in the same room – virtual meetings are great, but it’s also good to meet in person.”

Richard believes South Canterbury plays an important part in the South Island health system. “The work we do takes pressure off Canterbury. Our first option is to keep patients in South Canterbury if it’s clinically safe, because it’s best for the person and their family. Things change in ICU all the time, and the work we’re all doing together is the best way of collaborating.”



# Certification Audit – It's that time again!

After a delay due to COVID-19, auditors from the DAA Group will be at Timaru Hospital completing our Certification from the 3rd to the 5th November

The audit measures our compliance with the New Zealand Health and Disability Sector Standards, i.e.:

- General Standards
- Restraint Minimisation and Safe Practice Standards
- Infection Control Standards
- The auditor's follow-up on the corrective actions from the previous surveillance audit to assess the changes we have made.

A team of auditors and technical experts will be on site for three days, meeting with patients, family/whānau and staff across the organisation. Invitations for staff to attend specific meetings will be sent out as soon as we receive the itinerary.

The auditors will undertake 'tracer' and 'systems audits', following individual patient journeys through the organisation, assessing compliance against standards and checking the patient and family/whānau experience at the same time.

We'll be in touch on a regular basis leading up to the audit, and if you have any questions please contact [kcameron@scdhb.health.nz](mailto:kcameron@scdhb.health.nz) or ex 8362.

## So how does it improve what we do?

Staff in the Paediatric Ward took a 'corrective action' from the last audit and developed easily accessible, age appropriate pain assessment tools for the children in the ward.



## CCDM PROGRAMME

# Calculations complete for three wards

We are pleased to announce the completion and approval of FTE Calculations for nursing in three wards: Surgical, Medical and ICU.

Anna Wheeler, Associate Director Nursing and Midwifery said: "It takes a whole team to impact on the end result of an FTE calculation. From nurses entering TrendCare actualisations with accuracy, the working group setting base data assumptions, to the teams negotiating the recommended roster and resulting budget change. To progress to CCDM FTE calculations in the three wards, Surgical, Medical and ICU has been a massive achievement, congratulations to all those involved"

**Lisa Dobson**

**CCDM coordinator**

[ldobson@scdhb.health.nz](mailto:ldobson@scdhb.health.nz)



# Nursing Snapshot

## Did you know:

- There are 56,000 nurses registered in NZ, 641 work in the South Canterbury region
- South Canterbury has 5 Nurse Practitioners, 43 Enrolled Nurses and 593 Registered Nurses
- There are 3, 226 Midwives registered in NZ, 30 Work in the South Canterbury Region.
- 27 Midwives work for SCDHB
- 610 Nurses work in the Timaru region, 9 in Mackenzie Country and 22 in Waimate
- 347 South Canterbury Nurses work for the DHB, 39 in private hospital, 91 in primary care, 91 in aged care, 6 in Maori health, and 7 rurally
- 13% of South Canterbury nurses have been working 1-5 years, and 62% of South Canterbury Nurses have been working 15+ years
- In South Canterbury 610 nurses are female (95%), 31 male (5%)
- 6.3% of South Canterbury Nurses identify as Maori

- We have a local Ara undergraduate Enrolled Nurse and Registered Nurse Programme
- There are currently 40+ students in the Local South Canterbury Nursing programme through Ara

## Anna Wheeler

### Associate Director, Nursing And Midwifery

awheeler@scdhb.health.nz

# My nursing story – Maree Rowley

**Role:** Practice Nurse    **Profession:** Registered Nurse    **Years in Profession:** 26yrs

## 1. Why did you get into nursing/midwifery?

Didn't really know what to do when left school, worked for a year post school and applied to go into nursing and teaching... and nursing won!

## 2. Tell us about your current role

I work in Geraldine in a small GP practice as a Practice Nurse. Because of our geography, we are also a Rural practice, so that includes covering PRIME (Primary response in Medical Emergency- assisting St John in time critical emergencies) with the other local GP practice. It also means our travel time to hospital is longer and our rural community can face increased access issues to services due to the geography, so that can alter how we care for them, by comparison to our urban colleagues.

Practice Nursing is by far the most diverse role I have had in my nursing career. No two days are ever the same! A typical day would see me drawing bloods, providing health education, administering Immunisations and medications, attending cervical smears and wound care, following up information and results, attending to liquid Nitrogen treatment, initial assessment of patients who are unwell or injured and

COVID swabbing. It will see me talking with patients, to other Health care providers, liaising within our workplace team, attending to referrals to other organisations, and constantly keeping the patient at the heart of everything.

## 3. What do you love about what you do?

It's the people! The patients, the team that I work with, the absolute integration of the community. I love being able to help make a difference, whether that is in guiding someone on a health journey, responding to an acute situation as part of our team, finding a solution to a problem, listening to a person's stories and concerns or ensuring that the right supports are found to assist someone in need. It's about the connection and the relationship. I love being able to have a laugh with people, I love knowing people by name, by having a relationship of longevity with our patients.

It's also the wider relationships with other organisations – the pharmacy staff, the physio, the Volunteer Fire brigade and St John's, District Nurses, my other Practice Nurse colleagues and community and hospital based health professionals. I love knowing the wider team who assist our community.

## 4. What do you think is coming next for the future of nursing/midwifery?

I think that the future for nursing is mixed...we have some fundamental issues that need addressed, however there is also a growing opportunity for Nursing to lead the future of healthcare.

There are less people training to be nurses and I think that is really worrying for our profession and for the health care that is provided in the future. There needs to be an honest look at what is dropping those numbers, and an improvement to pay disparity within nursing, especially in Primary Health and Aged care sectors. There is a significant move to provide health care in the community, but there is yet to be the recognition or infrastructure to fully develop and support this.

I feel that Nursing is pivotal to the future of health care provision, the addition of Nurse Practitioners and Registered Nurse Prescribers in health care is a phenomenally positive step and has transformed the landscape of what Nurses can do, despite the very slow wheels of change. Nursing based upon the needs of the people is essential moving forward and I believe there will be more nurses developing clinics, increasing their skills and outreach opportunities to meet those needs and start to address the equity issues facing our nation. Nurses provide a holistic view of health and incorporate this into our care and vast scope of practice, and the world is slowly realising that without a holistic view of health, you don't have good health.



**Name:** Olly Wilson  
**Role:** Duty Nurse Manager  
**Profession:** Registered Nurse  
**Years in Profession:** 20+

### 1. Why did you get into nursing/midwifery?

I had been brought up on a farm with fantastic parents we would always look after the sick animals and care for them. I had always wanted to “make a difference” in people’s lives and had a sense of social justice. Nursing was the perfect fit as it encompasses many different specialities and areas to help people in their lives.

### 2. Tell us about your current role

My current role is Duty Nurse Manager. I effectively look after the hospital out of hours from bed management to helping in the resus room in the emergency department. It is a fast paced varied and at times high pressured role. It involves communicating with many different specialities with the aim of problem solving for patient safety while in hospital care.

### 3. What do you love about what you do?

In my current role no two days are the same and you are continually learning. Health is an evolving field and keeping up to date is vital. Nursing itself is a great profession. I have had the opportunity to work in many different areas from Māori health to emergency care and everything in between.

### 4. What do you think is coming next for the future of nursing/midwifery?

A number of factors are putting pressure on our current health care system and nursing will be at the forefront of change. I believe there will be a greater need for independent practising specialty nurses, nurse practitioners and a huge investment required in Māori health with nursing again being at the forefront of change.



**2020**  
**INTERNATIONAL YEAR**  
**OF THE NURSE AND**  
**THE MIDWIFE**



The SCDHB has partnered with ACC to implement a project called “Know Your IV Lines” that is aimed at improving the patient experience with Peripheral IV Cannulas (PIVCs) as well as decreasing the complications associated with their insertion and management.

Healthcare Acquired Infections (HAIs) are a significant problem as it is the most common complication affecting patients in hospital and is a significant global burden. Up to 80% of all patients admitted to hospital receive a PIVC and it is one of the most common invasive devices used. While most PIVC infections are mild, some can be life-threatening and require significant interventions and cost to the patient, their whānau and also the health provider. At least 1 out of 5 life threatening Staph Aureus Bacteraemia are linked with PIVCs. Each HA-BSI (Healthcare Acquired Blood Stream Infection) in NZ costs approximately \$20,394 to the healthcare system, and increases the length of stay and treatment for patients.

ACC has noticed an increase in claims related to PIVC infections in hospitals around the nation and has offered to fund resourcing to implement this programme to improve the management and reduce the complications associated with PIVCs.

We will be utilising the expertise of our IV link staff to help audit and provide training and support around PIVCs. You can expect to see an increase of support and educational opportunities around PIVCs in the coming months, with an expected rollout date in November this year. We will be focusing on the insertion and management of PIVCs as well as patient education around what they can expect with their experience.

We are looking forward to having a bit of fun while bringing a very colourful programme to you!

[www.hqsc.govt.nz/assets/Infection-Prevention/PR/PIVC-info-graphic-adult-landscape-web-Sep-2018.pdf](http://www.hqsc.govt.nz/assets/Infection-Prevention/PR/PIVC-info-graphic-adult-landscape-web-Sep-2018.pdf)

**Angie Foster**  
**Infection Prevention**  
**And Control**  
[afoster@scdhb.health.nz](mailto:afoster@scdhb.health.nz)

## ePharmacy LIVE



Pictured here are Nicky, Hannah, Janet, Meghan, Carolyn, Nathan, Lich, Rene, Wylene, Kannikar and Olivia.

Like hospitals everywhere, Timaru Hospital must carefully manage its medicines both in the pharmacy and throughout the hospital. Its three pharmacists and five pharmacy technicians must keep accurate inventory records of all medicines in stock, dispense medicines in the correct dosages to the correct patients on the right wards, and complete all associated billing and financial accounting in a timely way.

To achieve this, the pharmacy was using an end-of-life information system called WinDose which had limited functionality, had reached end of life support and was not compatible with a Windows10 environment. The chosen pharmacy information system identified by the National IT Health Board was ePharmacy and on 15 August, after 12 months of planning, SCDHB and Southern DHB were the last to implement ePharmacy.

ePharmacy currently allows more comprehensive stock management within the pharmacy, faster and more accurate refilling of imprests around the hospital, and in the future the system will integrate with MedChart – already it does integrate with our patient management system (HPS). All of this means there is greater ability to report on usage, as well as prescribing trends, and extract patient-specific prescribing information. Additionally, each patient's profile is more detailed and funding information such as special authorities granted, including for cancer treatments, can be held in the system which reduces the chance of any claiming errors and maximises the funding available from Pharmac.

Carolyn Coulter reports that the Team are very pleased to finally have this project over the line and in use. For the staff, both technicians and pharmacists, it has been a long journey with staff being very patient nurturing WinDose along, as well as instigating multiple work around processes to ensure medicine supply to wards, doctors, and patients occurred without delay. The team were also appreciative of the extra technician and pharmacist support they had during this time, as the workload was considerable.

## Adverse Events Virtual Training

Need some help getting up to speed with adverse event investigation?

HQSC are launching a virtual training programme, and the test version goes live this week.

Barb Gilchrist, Nurse Coordinator Quality and Risk is one of the testers for this first effort, and is excited that training on this topic can now be completed virtually. If you're interested in finding out more, give Barb a call on ext.8292, and of course if you need help with incident investigation, get in touch with the friendly Quality and Risk team.



# Learning and enhancing lives through Te Reo Māori

Today I visited **101: Addiction Mental Health Peer Support Services** at 24A Church Street next door to AA opposite the Timaru Library to support the Te Reo Māori teaching programme.

The Kaiako-Teacher is Hendrix Reihana-Brown who has been teaching for 6 weeks so far every Monday morning from 10.30am – 11am which has been appreciated and well received.

It's such a wonderful initiative that Hendrix has offered 101 with the manager's blessing. It was great to meet with the Manager Amanda McNoe and her supportive staff team Wayne Harris and Charlene Grey who are an amazing support team working together voluntarily to empower clients. Kaumatua from Arowhenua Marae Taua Hiria Moffat was also there to tautoko-support and learn too. 101 also offer a 24/7 mobile support line also for clients.



It was great to see people from our community learning and enhancing their individual lives through Te Reo Maori. It was great to join this Kaupapa.

CONTACT: Kera Baker, Associate Director Maori Health | [kbaker@scdhub.health.nz](mailto:kbaker@scdhub.health.nz)

In celebration of te wiki o te reo Māori South Canterbury has launched a Practice Te Reo lanyard. Ka mau te wehi Joseph Tyro and Kera Baker for supporting us with this project.

## Practice te reo Māori

**Haere rā** – Goodbye (to the person leaving)  
**E noho rā** – Goodbye (to the person staying)  
**Hei konei rā** – Goodbye  
**Ka kite** – See you  
**Ka kite anō** – See you later  
**Mā te wā** – Bye for now  
**Po mārīe** – Good night  
**Kia ora** – Be well / hello / thanks  
**Kia ora rawa atu** – Many thanks  
**Kia pai tō rā** – Have a good day  
**Kia tino pai tō mutunga wiki** – Have a great weekend  
**Nā** – From  
**Nāku noa nā** – Yours sincerely, from  
**Ngā manaakitanga** – With best wishes  
**Noho ora mai** – All the best



**KIA KAHA  
TE REO MĀORI**

TE WIKI O TE REO MĀORI

## ENGAGING PASIFIKA CULTURAL COMPETENCY

Over 50 people from across the healthcare, education, council and support services attended this one day training opportunity by Le Va.

A multi-generational lens was applied to the learning in acknowledgement of the changing dynamics of culture.

The session encouraged a reframing of the approach to engagement with Pasifika people from a process or task approach, to one which actively sought to overcome the power balance. This can be achieved by asking, "What have I got to offer the va, the space, this relationship".



**Le Va**

Pasifika within Te Pou

### Coming up next

**FOFOLA E FALA KAE TALANOA E KĀINGA**  
 TONGAN FAMILY VIOLENCE PREVENTION  
 TRAINING PROGRAMME

**NGA VAKA**  
 O KAIGA TAPU

### TIMARU

The programme will take place over three days:

**Thursday 15 to Saturday 17 October**

**Thursday evening: 6pm-9pm**

**Friday and Saturday: 9am-4pm**

### To register your interest:

[www.pasefikaproud.co.nz](http://www.pasefikaproud.co.nz)

### To find out more, contact:

Manu Otutaha-Bennett | M: 021 599 379

E: [ngavaka@thecausecollective.org.nz](mailto:ngavaka@thecausecollective.org.nz)



## Falls Prevention

South Canterbury residents who are at risk of falls or have fallen have the opportunity to participate in an In Home-Based or Community Class programme.

Individuals can be referred to the Falls Prevention Pathway via ERMS and iCATT (Integrated Community Assessment Treatment Team). The information on referring to the Falls Prevention programmes has been updated and is available on 'Health Pathways'.

The aim of the Falls Prevention programme is to prevent falls in older adults 65 years of age and older (55+ Maori & Pacific peoples). The programme focuses on exercises designed to improve balance and strengthen leg muscles based on the 'Otago Exercise Programme' (OEP). SCDHB Falls Prevention Physiotherapist Vanessa Waller and Sport Canterbury Falls Prevention Coordinator Cathie Weith work together to provide support for individuals referred to the programme. Participants are encouraged to work at their own pace and are given an individualised exercise and walking programme. Maintaining mobility and muscle strength is vital to ensure better balance and prevention of falls.

The 'Live Stronger for Longer' (LSFL) initiative has supported In Home based strength & balance programmes and Community Strength & Balance Classes. The 'Live Stronger for Longer' website provides information for health professionals, older adults and their families. Debbie Esler from Sport Canterbury leads the Community Strength & Balance Project. New and existing community exercise classes meet nine criteria to become approved Live Stronger for Longer programmes.

## LIVE STRONGER FOR LONGER

Individuals are able to go to the Live Stronger for Longer website to 'Find A Class' in their area. South Canterbury has approved classes in Timaru, Temuka, Geraldine, Fairlie and Waimate.

**A recent Community Strength & Balance survey of 3316 participants completed by ACC showed the following results:**

88% reported attending the exercise classes on a regular basis

90% reported benefits and positive experience from the exercise classes

83% reported improvement in their physical functioning as a result of attending classes

Other benefits included improving confidence, reduced fear of falling and meeting new people

To find out more about the Live Stronger for Longer programmes contact Cathie or Debbie at Sport Canterbury (03) 686 0751 or check out the Falls Prevention section on Health Pathways.  
[www.livestronger.org.nz](http://www.livestronger.org.nz)





# MENTAL HEALTH AWARENESS IN TOUGH TIMES

## A balanced life for Mental Wellbeing.

For many of us, this year has been one of the most challenging we have ever faced in our lives, with many people being impacted by the restrictions put in place to manage the risks of COVID-19.

Mental Health Awareness week 2020 has partnered with the Getting Through Together Campaign to look at ways we can support each other to deal with any issues that have arisen as a result of this.

One of the most important things we can do as individuals is to take an opportunity to re-evaluate our lives and how we are

managing all aspects of our health and wellbeing. Many people focus on the tasks of day to day living and what they need to do to be able to support themselves and their families, without looking at the overall picture of what they may also need to have in their lives to be resilient and connected.

Te Whare Tapa Whā is a model of care looking at health and wellbeing from a Māori perspective. It embraces the links between essential parts of our lives as a Wharenui/ meeting house, with the four walls being areas of our wellbeing and the foundation being the whenua/land that supports us. If one of the walls is not strong or our

Wharenui is not connected to its foundation, the house will not stand up well to adversity.

It is important to remember the human need for connection, whether it be with whānau, with our environment, or with our wairua/spirituality. These areas are also intertwined with our physical, mental and emotional health, where improving the wellbeing of your body and mind can enable you better engage in other parts of your life.

**Remember to take time out from doing, to just be!**

## GETTING THROUGH TOGETHER

WHĀIA E TĀTOU TE PAE TAWHITI

## UNSUNG HERO BRINGS SUICIDE PREVENTION TO THE WORKPLACE

Dave Armstrong, from leading food company Alliance Group received a LifeKeepers award for his contribution to suicide prevention at a ceremony today marking World Suicide Prevention Day.

David Surveyor, chief executive of Alliance Group said that Dave introduced the suicide prevention Mates at the Gate programme to the co-operative's executive team.

"Dave brought the idea to Alliance and it made immediate sense and connected to our values. Mates at the Gate is testament to the dedication and passion of Dave and the team at Alliance would like to congratulate him on the award."

The training introduces staff to the nature of mental health and provides practical advice about how they can assist and support their workmates. In addition, a number of volunteers from every site are trained as 'connectors', whose role is to link colleagues experiencing problems to the best source of help.

Karen Morris, Smithfield plant manager, said: "Most of our employees will have known someone who has experienced mental health issues. There is a lot of buy-in from them for Mates at the Gate and we are seeing a significant uplift in people seeking help."

"Dave Armstrong and Dr Annette Beutrais of the South Canterbury District Health Board, who has worked internationally on suicide prevention programmes, deserve a lot of credit for developing and delivering this excellent programme."



David Surveyor said the co-operative was committed to looking after the safety and wellbeing of its people.

"Mental health is an issue that affects all New Zealanders and we wanted to do something meaningful to ensure our people had access to the right support if and when it was required."

"Mates at the Gate is about raising awareness and encouraging people to seek help early. We offer confidential professional help to support people who need it and fund that through our Employee Assistance Programme (EAP)."

"It's also about mates helping mates and giving our people the tools to intervene early and link people to help."



## Learning Hub

*Inspiring Meaningful Learning*

*Ka whakamanawatia te akoraka whai tikaka*

# Inspiring the next generation

Around 50 budding health professionals, also known as year 11 Secondary School students from around South Canterbury visited the Learning Hub on Thursday 17 September. The students took part in a careers speed dating activity, spending time with a wide range of health professionals from across our health sector.



Surely after such a wonderful day the question is not should I have a career in health, but which career in health should I have?!





**Anneke Dossett**  
**PDRP Co-ordinator, NETP Support**  
**and Learning Hub Advisor**  
 Learning Hub  
 Ph: (03) 6872344 Ext 8344

# Welcome to the Hub

Hi there my name is Anneke Dossett and I currently work in the Learning Hub 0.7 and on the Surgical Ward 0.3.

I started in the Learning Hub the week before we went in to lockdown for Covid – which made it a very interesting time to transition from a full time nurse to working in the Learning Hub (but I loved the challenge). The Learning Hub team definitely made it as smooth a transition as it possibly could be for me.

In the Learning Hub my role consists of PDRP Co-ordinator, NETP Support and Learning Hub Advisor. I have really enjoyed the challenge of taking on the PDRP portfolio and trying to build up the energy and excitement around PDRP. Lately I have been working towards promoting the new e-portfolio which has been a great new development and something I am enjoying. I have loved working alongside Megan, the wards and the grads this year and being a part of their experiences. I have enjoyed being a part of the planning sessions for the assessment centres and the study days.

Bring on the next year!

## DID YOU KNOW?

The 5 moments of Hand Hygiene is now a mandatory annual course.

**CONTACT: Lisa Dobson**  
**Clinical IT Trainer**  
 ldobson@scdhub.health.nz  
 DDI 022 6371573

### 5 Moments of Hand Hygiene

Short Name: RGIC001

Course Tutors: CDHB Infection Prevention & Control Service, Mike O'Callaghan and Jill Gerken

Professional Development Hours: 1 hour

Last Updated: January 2014

This course is an educational tool recommended in the Hand Hygiene New Zealand (HHNZ) Guidelines and is based on both the National Quality Improvement and Infection Prevention and Control Programmes and the WHO guidelines. The completion of this course is part of the national campaign to reduce healthcare-acquired infections.

The purpose of performing the '5 Moments' correctly is to ensure that cross-infection is minimised between healthcare workers and patients. You're here to demonstrate your understanding of this important practice. Improved hand hygiene can reduce health-care associated infection rates. Failure to perform appropriate hand hygiene is considered the leading cause of health-care associated infections and spread of multiresistant organisms. It has been recognised as a substantial contributor to outbreaks (Guideline for Hand Hygiene in Health-care Settings, 2003).

To pass this course you need to read through the various sections and achieve a pass of at least 90% in the end of course quiz.



### Busy at our careers speed dating day are:

1. Public Health Nurse Nicole Kennedy
2. Matt Kirkby, Miranda Woodall Mental Health RNs
3. Cara Smart, Ara, and Hayley Rowe-Jones Learning Hub (Maternity)
4. Emma Weith Occupational Therapy
5. Liz Corry and Student Kate, MRT (Radiology)
6. Emma Cummack (Dietitian)
7. Carolyn Coulter, Pharmacy
8. Phil Winter, Audiology
9. Dr Cheryl Stewart
10. Therese Styles Social Work along with Student Katelyn Pateman
11. Anneke Vogel, Physio

### Pink Shirt Day

Stand together, stop bullying

**Friday 16 October**

To find out more visit

[www.pinkshirtday.org.nz](http://www.pinkshirtday.org.nz)



## Welcome to our new Health and Disability Advocate, Cynthia McCaughan

I have lived in South Canterbury most of my life, and I love living and working in this area.

I have come to this role through a background in education and a life of both personal and professional experience; teaching in local high schools and in the community: ESOL, SPELD and adult literacy. I also spent time at South Canterbury Museum as their first Museum Educator.

I am passionate about empowering people to learn and develop and believe everyone has the ability within themselves to determine their own path. In my role as advocate this includes guiding and supporting people to find resolution for issues they have encountered in health and disability, as well as educating both consumers and providers about their rights and responsibilities.

I am also a practicing artist, and enjoy researching and writing family history. I have a grown-up family of four, a grandchild (and another on the way) as well as supporting my elderly parents in their home.

I am delighted to have been recently appointed to this role, and look forward to meeting with the groups and people who work in health and disability in our region.



### Melanoma Awareness Week 19-25 October

Organise a 'Get Spotted' event for your workplace.



### Breast cancer and Pink Ribbon fundraisers

Turn Pink for a Day on any day throughout October.

[www.breastcancerfoundation.org.nz](http://www.breastcancerfoundation.org.nz)

### Daylight Saving Means Time to Be Sunsmart

Find out more at [www.sunsmart.org.nz](http://www.sunsmart.org.nz)

### International Infection Prevention Week

October 18-24

### World Mental Health Day

Saturday  
10 October



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## COME WORK FOR US

South Canterbury DHB employs between 950 and 1,000 staff at any given time, including part-timers, casuals and contractors. If you know of any colleagues who may be looking for a change of scene, please feel free to pass on our contact details, or if you are contemplating a change of role then look at the selection here or visit our website for more opportunities.

+ Primary Health Partnership Improvement Facilitator

+ Medical Imaging Technologist (MIT) – Relief

+ All Trades Assistant

+ Obstetrician & Gynaecologist

+ Administrator – Executive Office

+ Social Worker – Cancer Care

+ Clinical Coordinator – Infant, Child and Adolescent Mental Health

## contact

**Human Resources** | Office: 03 687 2230 | Address: Private Bag 911, Timaru 7910