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AWARD

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COMBINED
SERVICE

Celebrating Christmas



FROM THE CEO

Whaiā te iti Kahurangi, kit e tūohu koe me he maunga teitei.

Seek the treasure you value most dearly; if you bow your head, let it be to a lofty mountain.

Living our values

We are an organisation that strives to live our values of Integrity, Collaboration, Accountability, Respect and Excellence. The feedback from Certification recognises this with our focus on providing a high standard of service quality, safety and continuous improvement. Each month I am encouraged by the depth and breadth of the Extra Mile Award nominations that continue to come through as we look to support and recognise each other's value and contribution. But this holiday season, it is time to think about you.

Make this holiday season about you

As healthcare professionals we spend our days and nights giving out to other people. It doesn't matter whether that's caring for the patient in front of us, servicing the buildings and infrastructure, supporting the workforce or planning the services of the future. We naturally put the needs of others in front of our own.

This holiday season I encourage you to take a moment to seek the treasure you value most dearly. Let this refuel you: mind, body and soul. Try the Te Whare Tapa Whā model for wellbeing by looking at taha wairua (spiritual), taha hinengaro (mental), taha tinana (physical), taha whānau (family and social), and whenua (land, roots).

Support is just a phone call away

In some cases, it is in the downtime when things catch-up with us. Please know you are supported. Call 0800 820 080 for healthcare worker specific support 9am-7pm Monday-Friday or call or text 1737 for mental wellbeing support anytime.

I will see you all again in 2021
refreshed and ready for whatever
may come our way!



Nigel Trainor

CHIEF EXECUTIVE

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Catching up with audit

Following a delayed audit as a result of COVID-19, DAA group certification meetings were held between 3-5 November with a wide variety of staff. In addition to the significant number of documents and evidence of progress provided ahead of the visit, further information was requested and provided over the three days.

Initial feedback

The auditors from the DAA met with the Senior Leadership Team following the first two days of the audit to feedback on their initial findings, which were overwhelmingly positive.

Feedback was (inclusive of but not limited to):

Mental Health – 'fantastic service, very positive with nice inclusive attitude with staff and patients.'

Maternity – 'amazing, well-staffed, quality outcomes well displayed, great training opportunities.'

Paediatrics – 'really impressive, service best practice in place, very positive feedback from parents.'

ED & ICU – 'really impressed with these environments, good team work, collaborative relationships.'

Facilities – 'great service.'

Medical & Surgical – 'Quality board's really empowering, good discharge planning, cultural needs are recognised and supported.'

Human Resources – 'really good logical processes in place, great work on credentialing.'

Quality & Risk – 'improved timeframes, Clinical Governance Framework – great document, Consumer Engagement has improved.'

Governance – 'clear increased focus on equity, partnership with Iwi/Marae has strengthened, collegial inter-sectorial relationships evident, improved reporting.'

Summation feedback

A final summation meeting was held on Thursday 5 November for all staff where the audit team provided us with a 'draft' Corrective Action Plan Report. The report included 9 corrective actions. Of significance is the level of the actions. 1 was 'moderate' risk and the rest were 'low' risk. A comment from the auditors was that this was something of "a record" in DHB audits. It was heartening to hear the lead auditor conclude with a reflection that many, many, small changes at SCDHB amount to something quite transformational in our culture".

Next steps

The full audit report should be with us in mid-late December for critique, with the final report (approved by HealthCert) being confirmed early next year. In the meantime, we will progress the draft actions and some other informal suggestions offered, to ensure we maintain our focus on a high standard of service quality, safety and continuous improvement.

Robbie Moginie

Director Organisational Capability and Safety.

above and beyond

The farewell for Lisa Dobson yesterday reflected on Lisa's impact on the organisation not only in supporting staff in IT systems but also in her impact on staff culture. Lisa showed kindness, patience and positivity in providing support to learners, they always left proud of their achievements. Lisa coached and encouraged learners enabling them to succeed.

Megan Stark, Learning Hub Advisor



Amber works hard to build relationships with clients and families to navigate the health system in the community.

Recently I have received an email expressing gratitude about Amber and how she assisted a smooth transition of clients from home to a care facility keeping all family members informed along the journey

The family felt Amber went the "extra mile"



The Violence Intervention Programme, which includes child abuse and neglect and intimate partner violence screening, is a really important but challenging area of work. Angela and Carole demonstrate commitment and persistence towards promoting and driving this work, even though it often requires difficult conversations with colleagues. I wanted to take this opportunity to thank them for going the extra mile, along with encouraging everyone in our DHB to walk alongside them – helping people to be safe is our collective responsibility.

Sarah Greensmith, Child and Youth Manager



"I would like to nominate Dr Fraser Dunbar for the Extra Mile Award. In response to an out-of-hours emergency he attended in person to the hospital saving the patient from a transfer to Christchurch DHB. The flow on impact of his professionalism was felt by all involved, patient and staff alike."

Olly Wilson, Duty Nurse Manager



Extra Mile Award

Do you know someone who has gone the extra mile? Email nhoskins@scdhb.health.nz

2020 Peter Snow Memorial Award

Matan ga Tapuhi (Nurse Practitioner)

We are proud to acknowledge our local Nurse Practitioner, Tania Kemp, for her achievement in receiving the 2020 Peter Snow Memorial Award. This national award is administered by the NZ rural General Practice network recognising inspiring leadership in rural health services.

Tania was nominated by the Nurse Executives NZ, and the college of Nurses Aotearoa NZ for her inspirational nursing leadership, and for her rural healthcare innovation and leadership.

A huge congratulations to Tania, we are honoured to have you part of our team in South Canterbury.

Lisa Blackler, Director Patient, Nursing and Midwifery and Anna Wheeler, Associate Director Nursing and Midwifery.



End of Life Choice Act

Our Chief Medical Officer Secondary Care, Dr Robyn Carey and Chief Medical Officer Primary Care, Dr Lik Loh are leading a working group to oversee the Ministry of Health's implementation of the End of Life Choice Act 2019.

The working group acknowledge the training, support and development that will be required to implement the Act. They will proactively follow the Ministry of Health developments.

GENERAL

The key points are:

The End of Life Choice Act 2019 comes into force on 7 November 2021. This means referrals for assisted dying can begin on that day.

A clear majority of New Zealanders voted 'yes' on the referendum on the Act.

Assisted dying remains illegal until the Act comes into force, and it's only for those who experience unbearable suffering from a terminal illness (diagnosed as likely to die within six months).

There are controls in the Act which require that a person seeking assisted dying is making an informed decision, is not being coerced and has the capacity to make that decision.

There will be no obligation for any health practitioner to assist a person to die if they have an objection based on their personal beliefs. However the health practitioner must tell the person of the person's right to ask the SCENZ (Support and Consultation for End of Life in New Zealand) Group for the name and contact details of a replacement medical practitioner.

The Ministry of Health will be responsible for implementing the Act and making any regulations, and will engage with health sector stakeholders as detailed policy is developed.

The MOH work programme is currently being established.

For more information about the End of Life Choice Act please visit:

www.health.govt.nz/our-work/regulation-health-and-disability-system/end-life-choice-act

NEW VAPING LEGISLATION

New laws intended to discourage young people from vaping, while allowing smokers to continue using vaping to give up cigarettes, took effect on Wednesday 11 November 2020.

The Smokefree Environments and Regulated Products (Vaping) Amendment Act 2020 means the laws around vaping are now similar to those around tobacco smoking. It introduces a range of prohibitions and restrictions on vaping which will be phased in over a 15-month period through to February 2022.

Some of the key initial changes are:

- the sale or supply of vaping products to under 18s is prohibited
- indoor vaping is prohibited at workplaces, restaurants and licensed premises
- vaping is prohibited at schools and early childhood centres (including outdoors)
- most advertising and sponsorship of vaping products is prohibited
- retailers cannot encourage the use of vaping products (with some exceptions).

These changes will prevent vaping products from being marketed or sold to non-smokers, especially young people, while ensuring that they are available for smokers who want to switch to a less harmful alternative.

Vaping is not without risks, but it is less harmful than cigarette smoking, which is why the legislation allows for the provision of information and advice for those wishing to switch from smoking to vaping.

"We know from research into smoking that, when people could smoke anywhere, smoking was seen as a normal and socially accepted practice, which increased the risk of experimentation among young people. Reducing young people's exposure to vaping is important in shifting perceptions of vaping as an accepted recreational practice and reframing it as a tool that could help people who smoke to switch to a less harmful option."

The SCDHB Smokefree Team have fielded numerous requests from schools wanting support to reduce the number of young people vaping. Recently Trish Dovestone, Katherine Miller and Richard Rowley (Arowhenua Whanau Services) spoke to nearly 50 hostel students from Timaru Boys High School and Timaru Girls High School.



If you or anyone you know would like to stop vaping, you can phone Quitline on 0800 778 778 for free support.



ORANGE CARD

District Nursing, Palliative Care Clinical Nurse Specialist, and Social Work have teamed up to improve equitable access to after-hours support for end-of-life palliative patients in the community.

"In the past we had a system which was really only practicable to Timaru-based clients," said Jackie Grigsby, Charge Nurse Manager for District Nursing.

"During the COVID-19 lockdown we learnt the value of phone-based support for carers of palliative patients at end-of-life in their own homes.

While we had a similar system in place prior to the introduction of the Orange Card, it required clients telling their story multiple times before being connected with the right person – something very difficult given the circumstances in which they are calling".

The new system enables District Nursing to give clients and their whānau an Orange Card which ensures:

- Clients and their whānau have education on the protocol.
- The protocol gives clients and their whānau the ability to identify themselves as an Orange Card holder to the telephonist out-of-hours and be connected directly to the District Nurse on-call.
- The protocol ensures Orange Card holder's details, pre-emptive medications and care plans are updated and available for the District Nurse on-call to access electronically.

- The District Nurse on-call can then provide advice and support, may arrange a follow up visit, may contact the Primary Health provider or arrange for an Emergency Department presentation depending on the nature of the problem.

"We think the work undertaken by the whānau in the community caring for loved-ones enabling them to stay in their own homes at end-of-life is amazing. Anything we can do to help support that or smooth that journey is really important."



SNAPSHOT UPDATE FROM THE CLINICAL BOARD

"Giving expert advice and exhibiting leadership on clinical matters"

Clinical Board met 24 November, 2020.
Discussions included the following:

- A discussion was opened around the End of Life Choice Act.
- The Certification Audit took place over three days in early November. The DHB received nine draft corrective actions, with one being of moderate risk and the rest were recorded as low risk. The auditors praised our DHB for how far we have come over the past few years.

There will be a workshop to bring relevant people together and discuss what does it mean to us and what are a few things we are going to tackle and do well.

- The documentation of care planning was a key area for improvement and one Auditor made the comment that there appears to be too many forms, duplication and frequent review schedules which makes compliance very challenging. A project to rationalise the number of forms and ensure this process is easier to complete for staff was suggested.

- The new Consumer Engagement Safety Marker was discussed. It was suggested that rather than starting a new committee to monitor the Marker, this might be something that the Clinical Board could add as a standing Agenda item. It was agreed that this could be something the Clinical Board trial if the Consumer Council were in favour.

KNOW YOUR IV LINES



The Know Your IV Lines project has now rolled out to the four pilot wards: Medical, Surgical, ICU & AT&R. We had a great week rolling out the project with fantastic engagement from staff, delicious cupcakes to give out and some fun graphics to put on our walls.

We are using the “Ready, Review, Remove” theme for education about IV management. Here is some more information on Ready, Review, Remove to help you know how to manage IV care effectively and safely for our patients.

READY

Be ready to insert the peripheral IV by performing the 5 moments of hand hygiene, use non-touch aseptic technique, pick the best place for the IV line (generally the forearm is preferred), choose the smallest gauge IV cannula for the treatment required, use an alcohol and chlorhexidine wipe and allow to dry, place an extension set if the patient will be admitted, place a transparent dressing directly over the insertion site and make sure the steri-strips do not obstruct the view of the insertion site (so that phlebitis can be assessed), label the dressing with the date, and provide the patient with the information pamphlet about their IV. Also, don’t forget to document the insertion on Patient Track.

REVIEW

Each shift and as needed make sure to review the peripheral IV cannula, checking for whether the IV is still needed, look for phlebitis or pain, flush the IV, and document the VIP score on Patient Track.

REMOVE

Remove the cannula as soon as it is no longer clinically indicated to have it, or if the VIP score is two or higher. If the IV line is in for no clear reason, or has not been used in the last 24 hours, this is a great time to check if its still needed.

Angie Foster

Infection Prevention and Control

afoster@scdhb.health.nz

WINNERS OF ROLL-OUT DAY QUIZ AND ANSWERS

During roll-out week we had a quiz for all DHB staff about Know Your IV Lines.

We drew 3 winners.

Congratulations to the following staff. We will contact you shortly to give you your \$50 meal vouchers!

Sue Johnson

Medical Ward

Ella Remmerswaal Medical Ward

Bhawani Shrestha

Surgical Ward



PRIZE ALERT #2

You can check out another educational activity by completing the Know Your IV Lines Health Learn Course below.



It will take about 15 minutes to complete and all courses completed before the end of the year will go into the draw for one of three \$50 meal vouchers to a restaurant in Timaru.

TIP OF THE WEEK

Keep an eye out each week for the “TIP OF THE WEEK” posters, that give handy hints on IV care and management.



Pressure Injury Prevention Project Plan

Each year a predicted 55,000 New Zealanders will acquire a pressure injury. As the majority of pressure injuries are preventable there has been a high priority placed on their reduction.

Pressure injuries are one of the leading causes of preventable harm in the in-patient setting. Hospital acquired pressure injuries can reduce the quality of life for those suffering from them, as well as negatively affecting mental wellbeing. The human cost is significant, including ongoing pain, reduced mobility, social isolation, depression, prolonged hospital stays and even death. The fiscal implications in New Zealand are also vast with approximate cost of \$64 million yearly.

SCDHB has been actively involved in pressure injury prevention for the past decade, with significant reductions occurring, they are however still present. In 2020 a partnership between SCDHB, ACC, HQSC and MOH has enabled my recruitment as Pressure Injury Practitioner to roll out the Six Principles for Preventing and Managing Pressure Injuries and the SSkin model of care.

What are we trying to achieve?

Pressure injury prevention is important within inpatient settings, as early identification of a pressure injury and appropriate interventions including equipment, can stop the progression of pressure injuries. With increased reporting, our goal is to ensure there is consistent and

high quality approach to the risk assessment, identification and prevention and treatment of pressure injuries. Building on the expertise and learning from this aspect of patient harm for more than a decade.

What have we done?

Implementation of the project commenced in AT&R, unfortunately it was impacted by Covid and level 4 lockdown. The project was first initiated on AT&R 15th May, with key MDT staff and ward champion involved with developing PDSA cycles of key initiatives as identified by staff and patient interviews.

Some of the successes to date have been:

- Identification of high risk patients to all staff by red dot top right side of whiteboard.
- Introduction of SSkin model of care. Individualised person-centred care plan using evidence based care bundle are developed, documented and implemented to reduce the risk of pressure injuries. Weekly audits indicate 100% compliance concurrent for the last 4 weeks.
- Focus on weekly Waterlow update as per HQSC requirements, 48hrs for high risk patients or change of patient condition. Included in weekly audit 100% compliance concurrent for 4 weeks.

- Hybrid mattress trial. 20 new mattress and pumps have been purchased
- Heel protection boots evaluated, trial process of Maxxcare heel pro boot with evaluation forms utilized to gather further evidence of benefit to patients in management of patients at high risk or has developed a heel PI.
- Flow chart developed for newly identified pressure injury policy and management.
- Introduced an alert sticker and guide for its use, to be completed and inserted in clinical notes when PI develops.
- Education sessions monthly. HCA study days. Two pressure injury prevention workshops. All of which have been well attended.
- Ward champions have been busy supporting staff in classification and documentation of pressure injuries as NPUAP system to ensure consistent and accurate information is communicated.
- Pressure injury information laminated, hanging in each care station, easy reference and access for all staff.
- Patients at high pressure injury risk are updated on handover sheets and communicated each duty.
- Discharge summaries include MDT input when high or identified pressure injury to ensure information and resources move seamlessly with people transferring to other healthcare settings or requiring services at home.

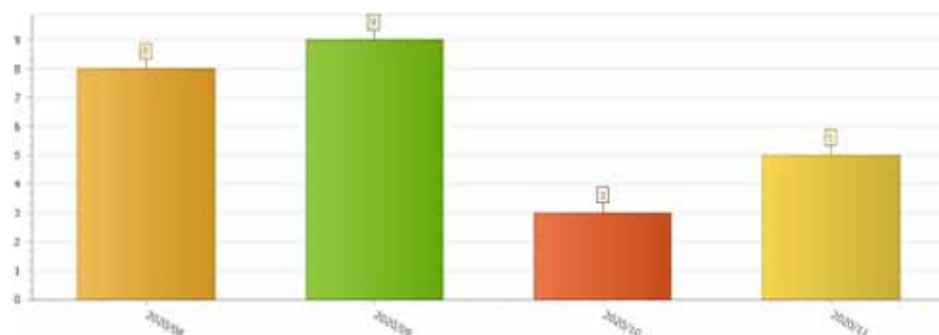
What did we find?

When the SSkin model of care was implemented and appropriate interventions put in place for identified high risk patients, AT&R had a significant decrease in pressure injuries. Project now completed in ATR, Medical Ward have now commenced, with November safety 1st report showing less pressure injuries.

Jeanette Paterson
Pressure Injury Practitioner
jpaterson@scdhb.health.nz

Pressure Injuries Medical Ward
Event Date is within 01/08/2020 and 03/12/2020

Grand Total: 25



Nursing Professional Update

NATIONAL UPDATE



Nursing Education Standards

Draft revised nursing education standards are out for consultation. These standards are used to create a minimum standard, audit and review the nursing education programmes delivered in tertiary providers across NZ. These standards were last reviewed in 2010, and are being updated to reflect the 2020 context and preparation of nurses for the future.

The revised standards have been updated with the following focus:

- Growing complexity of health service
- Ever changing health delivery context and growing evidence-based practice
- An increased commitment to equity
- Increasing use of technology in healthcare, and by healthcare providers
- COVID-19 impact
- Restructure of the education sector
- Challenges in relation to the internationally qualified nursing workforce, and international nursing regulation trends.

Key changes in the Draft standards include:

- A reduction in required placement hours from 1400 to 1000 (minimum) – this is in response to growing difficulty security placement availability, and increased evidence and use of simulation and artificial intelligence as effective learning experiences.
- Increased focus on Equity, Māori health outcomes, cultural safety and te titi o Waitangi obligations.
- Increase in pathophysiology and pharmacology component
- Increase technology competence and use

Feedback is encouraged through the NC website survey monkey.

Scope of Practice

There are no plans to revise the RN scope of practice, but a focus on reviewing the EN scope of practice in 2021. The RN competencies will be revised in 2021.

State Finals

The state finals exam is likely to become digital online in 2021.

Health Workforce Funding Review

Early in 2020 the Ministry of Health commenced a process to review the funding allocation in the workforce directorate.

The funding currently supports:

- new graduate nurses, midwives, pharmacists and doctors to transition into the workforce in their first year of practice

- postgraduate training of nurses, midwives and a range of allied health and scientific workers such as anaesthetic technicians, sonographers and medical physicists
- training of the kaiāwhina workforce
- Māori and Pacific workforces
- vocational training for doctors including general practice trainees.

The COVID response has disrupted progress, and they look to restart in 2021.

Data and Information Strategy

The Ministry of Health is developing a data and information strategy for health and disability workers to help guide the use and management of health information, and we would like input from people working in the sector.

Please follow this link: <https://consult.health.govt.nz/data-and-digital/aca430e8/>

Office of the Chief Nurse, Ministry of Health

With the resignation of Margareth Broodkoorn Acting chief Nurse is currently Pamela Doyle.

Pam has a deep understanding of professional nursing issues, regulation and policy as it relates to nursing.

The office of the Chief Nurse has formed a national infection prevention and control expert group. The group was established to provide expert advice to support infection prevention and control best practice in the health sector. It has been initially developed to respond to the impact of the COVID-19 pandemic but will provide a broader longer-term direction.

The Medicines list for RN prescribing in primary and specialty teams review resulted in over 50 prescription only additions to the currently list. This list is proposed for approval by MOH before the end of the year.

Health and Disability System Review

Parliament have appointed Steven McKernan to implement the health and disability system review conducted in 2019. A timeline on changes and decisions is expected early 2021.

Anna Wheeler

Associate Director Nursing and Midwifery



REGIONAL UPDATE

Health Professional Pathway into Midwifery

The South Island Directors of Midwifery, and Head of schools of midwifery (Otago Polytechnic and Ara) have worked to approve a two+ year recognition of prior learning (RPL) programme for NZ registered nurses (RNs) and other NZ registered health professionals who have held a practising certificate in NZ in the past ten years in their respective profession to gain a Bachelor of Midwifery qualification to be able to enter the register of midwives and practice in New Zealand. The programme will commence in 2022.

Nurse Practitioner Toolkit for Primary Care

South Island nurse practitioners, PHO directors of Nursing have been working in partnership to produce a toolkit to support primary care teams to understand the scope of practice, role and model of care than nurse practitioners can provide in primary care. This is in last stages of consultation with South Island Nurse leaders, and national NP groups, prior to publication.

Guidelines for Internationally Qualified Nurse Orientation

The South Island Alliance has been working on a framework to support integration of internationally qualified nurses into the workforce within the South Island NZ context. This Guideline has been approved by South Island NENZ, and is progressing to national approval prior to publication.

Nightingale challenge



Locally, SCDHB ran the "Nightingale and Midwife 2020" programme.

This programme included two study days on leadership and two supernumerary days to walk in others roles with a focus on learning and leadership integration.

We have had 18 nurses, and two midwives engage in the programme.

LOCAL UPDATE

Ara Nursing Pipeline

Ara has experienced a dramatic increase in applications for the nursing undergraduate programme for 2021. We have had close to 50 applications locally. We are working with Ara to ensure the programme of learning is aligned to placement availability to ensure maximum opportunity to leverage this influx to support the nursing pipeline growth, whilst ensure quality of learning experience is not impacted.

New Graduate Nursing

We have just secured two new graduate nurses into mental health positions commencing in Jan 2021, supported by the Te Pou provided NESP (Nurse Entry to Specialty Practice). For the last three years we have only been able to secure one graduate each year, so securing two is a great achievement.

We have secured 15 new graduate nurses into the NETP (Nurse Entry into Practice) programme commencing in Jan 2021. Graduate positions are across the hospital, primary care, and aged care sectors. This large number supports ongoing nursing pipeline security, congratulations to the teams supporting this to occur.

Post Graduate Study Pathway

We are pleased that 22 nurses from across South Canterbury passed their 2020 post graduate study intentions, utilising 100% of our funding allocation. Congratulations to all those nurses, it certainly must have been a challenge among the COVID-19 response.

Allocation for the 2021 workforce directorate funding for South Canterbury has occurred, with confirmation letters out. We received more applications than funding, so priorities were made aligned with our workforce priorities inclusive of Māori Health, Mental Health, Primary Care, and Aged Care.



2020 Year of the Nurse and Midwife

Plans for the 2020 year of the nurse and Midwife have been significantly disrupted by our COVID-19 response internationally, therefore there has been a national decision to extend the Year of the Nurse and Midwife into 2021.

Lastly, 2020 has been a year we will all remember! Congratulations to you all, and acknowledgement that as a health team, we have worked collaboratively in response to the pandemic.

Wishing you a very Merry Christmas

Mere Kirihimete

Nga Mihi nui, Anna Wheeler

Lippincott Procedures use increases

Over the four years since Lippincott users were last surveyed, the use of Lippincott has expanded across sixteen participating district health board areas.

The uptake has been noticeable in the range of participants in this current survey – including staff from DHBs, aged residential care, primary and community care and educational providers.

Although Lippincott is predominantly a nursing resource, in New Zealand they are known as online clinical procedures.

Lippincott New Zealand Instance is accessed by a range of people and this is reflected in the 478 respondents of this survey who included not just nurses but also students, midwives, librarians, health care assistants, doctors, maintenance staff and physiotherapists.

This diversity of perspectives will help inform how we can further development and support the provision of the New Zealand Instance.

The most commonly reported benefits (over 96% of all respondents) were, in order:

- Access to evidenced based information
- Easy to access
- User friendly format, clear and concise
- Up-to-date
- A consistent and standardised approach that was available across the sector
- Professional confidence
- Good diagrams and videos
- Less need to develop local procedures
- Education

Speak to our friendly Librarian Bronwyn Fleming about downloading the app today!

EY PERSONAS

Waih o te toipoto, kaua e te toiroa (let us keep close together and not wide apart.)

South Canterbury DHB has embarked on a journey to understand the needs of our population, their current access to services and the impact that this may have on their health outcomes. As a consequence, we are developing the South Canterbury Health Needs Assessment and Service Profile (HNA / SP). EY has supported us in the development of this profile, which has brought together a range of sources and has documented the experiences of some of our patients in the district. To understand the needs of our population in more depth, EY engaged with elderly, rural and Māori people within SCDHB to capture their lived experiences in something called a persona.

A persona is not a real person, but an amalgamation of true-lived experiences that the DHB can use to inform the delivery of services in a practical way. For example, when designing new services, we can ask, "Would this new service work for Mary, who is Māori and lives rurally?" IF the answer is no it wouldn't, we can look for ways to improve the service so that it can – this places patients at the centre of what we do. Work on the personas has helped with understanding those who serve important roles in the community by providing informal supports, such as informal caregiving, collecting groceries and collecting medicines. Understanding informal supports across our population will enable us to better design and develop services that meet the needs of our people.

Lippincott Survey

The South Island Lippincott survey highlighted increase use of Lippincott clinical procedures across all services. The South Island Alliance is now working to match health Learn package content to Lippincott procedures, with links accessing both programmes interchangeably.





Patient Experience Survey Results

The Adult Hospital Survey (AHS) aims to improve the quality of healthcare services in New Zealand by enabling patients to provide feedback that can be used to monitor and improve the quality of health services. It also offers the opportunity to compare ourselves with our national counterparts.

The good

When it comes to treating our patients fairly and with respect, we can be proud of our results. The respect shown to patients by our doctors, nurses and other members of the healthcare team scored 94.4%, above the national average of 90.8%. That's a result we can be proud of.

We also do a great job protecting people's privacy, according to the survey, scoring 83.1%, well above the national mark of 72.9%. We do all this in a clean and tidy environment, again well above the national average – 89.8% compared to 80.5%.

The could-do-better

While we do a great job of looking after most of our patients, we certainly have opportunities to improve our care. Listening to our patients, ensuring staff inspire trust and confidence and including whānau in discussions about care are areas where we fall below the national average.

Conclusions and recommendations

This report forms the first of the quarterly reports measuring in patient experience, therefore provides a benchmark against which we can measure quality improvement. It will be made available to all staff and questions are welcome from anyone who would like further information.

Increasing the response rate will be essential in providing accurate data of sufficient volume. While information about the AHS was shared with staff, it may have become lost in the large amount of post-Covid information disseminated to staff around the same time as the survey was launching. The communications manager and a quality team member are planning further efforts to inform both staff and patients about the purpose and importance

Highlights

"Relationship with the specialist – he seemed to understand"

"All staff made me feel as if I was the only patient in their care – well done."

"Friendly staff. Doctors were very good with explaining. Clean rooms. Nice view from room."

Lowlights

"It was noticeable there was difference of opinions on how things should be done by the midwives which was confusing."

"There were many faults with the kitchen and menu."

"My wife was not allowed to see me outside visiting hours, although at the time I was quite ill."

of the AHS. We are also provided with a timely reminder about the importance of maintaining accurate clinical records, particularly contact details.

These results reflect inpatient experience across the whole organisation, rather than a specific area or group of clinicians, and as an organisation we gain strength by working together across areas and professional groups to celebrate our successes and to address areas where improvement is required.

Did the nurses treat you with respect?

All patients were asked "Did the nurses treat you with respect?"; 94.9% of South Canterbury District Health Boards respondents chose Yes, definitely. 3.4% stated Somewhat, and 1.7% reported No.

Did hospital staff include your family/whānau or someone close to you in discussions about the care you received during your visit?

64.3% of South Canterbury District Health Boards respondents chose Yes, definitely. 28.6% selected Somewhat, and 7.1% selected No.



Results of the next quarterly survey will be available in late December

Please get in touch with Barb in Quality & Risk if you'd like to know more, and to have access to data and patient comments.

National bowel screening (NBSP) UPDATE



National Bowel Screening Programme

Last Tuesday the 1st December, the first Bowel Screening list was completed at the South Canterbury DHB.

I would like to pass on a huge thank you to everyone who played a part in getting the South Canterbury DHB to this stage!

To celebrate our first list being completed the local Bowel Screening team had cake for everyone at our staff Christmas lunch! We also had the National Bowel Screening inflatable bowel and gazebo for our staff to have a look through!



South Canterbury DHB NBSP Snapshot, 10 December 2020

- Test Kits sent out: 825
(95 sent to priority population – 32 Māori, 2 Pacifica and 61 Quintile 5)
- 229 Kits returned: 196 Normal results
10 Abnormal (positive) results, 23 Spoilt kits

We have noticed a trend with the Spoilt Kits – 17 were due to the participant not writing the date on the consent form.

NBSP colonoscopies to date

Since the 1 December, there have been two screening lists with five bowel screening colonoscopies completed, and in four of these procedures' polyps were detected.

To date there have been no cancer histopathology results indicated.



The local Bowel Screening team have been out and about raising public awareness over the last two months at the below events:

- Mackenzie Spring Fling
- Waimate A&P show
- Geraldine Festival day
- Rose Festival Timaru
- Temuka Town Square with Arowhenua Whānau Services (AWS)



Contact

Karen Berry, NBSP Communications & Media Coordinator
021 139 7442



OVER 100 YEARS COMBINED SERVICE

The Physiotherapy department will soon look rather different with three long-term employees taking some time out for themselves.

What has changed?

Sue Wigley – The amount of compliance and paperwork. I think we always used to see a lot more patients but now there is a lot more compliance, just book work basically, things take longer!

Sharyn Heath – You have a lot more autonomy now. We use to get a little sheet that the doctor would say what you were going to do and your more or less did it. But now they might have a suggestion but it is left to us to finalise the diagnosis and work out what we are going to do with them. So it is a lot more autonomy then what it was then.

The biggest thing I notice is the buildings. When I started here in 1969 this building wasn't here at all and there were a lot more wards. The only thing that is left now is the corridor and a bit of the gardens block. The physio department was right out the back, where the kitchens are.

Adrienne Stevenson – When first employed you were doing very mundane things and now I work out in the community and I work with patients and computer work. I mean everything has changed as far as being an assistant goes really. It's been great. The community work has been great. You do get to meet a lot of people.

What did you value?

Adrienne – The team has been really good. I've only had two bosses, one was Pam Doonan who still works here and then the other is Sharyn.

Sue – For me it will be staff and patients. You meet some great people when you are working here. That's why you are here. It's been a great job. I really enjoy my work and it has worked around family and other stuff and life as well. It has been a very versatile job because you keep learning all the time. Things like the vestibular and acupuncture that have come along that we use now but we never used to.

Sharyn – We have specialised in things that we never did when we trained. Most of us have done post-graduate training or a certification or diploma. When I trained we had a lot of machinery. We had to do a lot with physics and that sort of thing and know about all these machines. Now we hardly use the machines at all. It has gone right back to being very hands-on. Guiding patients to self-manage and a lot more about exercise. It always was important but now it's about getting people to take responsibility about their own health. We work with them to show them what to do but we try not to do things to people. Now we say "how can we help you to improve things for you?".

What will you get up to now?

Sharyn – A lot of people are in different sort of jobs and so when they leave they go volunteering and helpful jobs. We have been in helpful jobs our whole life and you are always giving out to other people. So it is almost like 'no I don't really want to do that, I'll think of something else!'

Sue – I think I will have a bit of a break and then we will probably do tracks in Waimate or something like that, we will probably do something physical.

"...now it's about getting people to take responsibility about their own health. We work with them to show them what to do but we try not to do things to people."



Sue Wigley Physiotherapist, Sharyn Heath Physiotherapy Clinical Leader and Adrienne Stevenson Physiotherapy Assistant



Learning Hub

Inspiring Meaningful Learning

Ka whakamanawatia te akoraka whai tikaka

Learning Hub and Oncology and Medical Day Unit prepare for temporary move

The Learning Hub staff are preparing for a temporary move out of the Education Center to make way for the Oncology and Medical Day Unit whilst the hospital redevelopment continues.

The Oncology and Medical Day Unit was removed from the hospital site during COVID-19 before finding temporary accommodation on Level 4 in the Gardens Block. The professionalism and dedication of the staff in this area, during the most unsettling of years, has been truly outstanding.

The move to the Education Center will allow some of our most vulnerable patients direct access to their area of care without needing to be exposed to the infection risk inherent in a busy hospital.

The Learning Hub team have been extending their resources over the years ensuring that education and learning is not confined to any one physical location.

Learning Hub Facebook Group

Search for the Learning Hub on Facebook to join over 400 of your colleagues in this online South Canterbury community of health practitioners.

Not only is this a great platform for us to celebrate the work of our staff (big-ups to the NETP students and Bowel screening team – whoop whoop), but also a place to share training resources and best practice.

facebook.com/groups/SCDHBLearningHub/



Family violence learn package

Always Respected, Never Abused is a recommended course for all staff available on [healtLearn](#): RGCM055

The content includes information on:

- The definition of elder abuse and neglect
- What type of incident might be considered abuse or neglect
- Identifying and responding to abuse and neglect
- Legislation
- Health Professional responsibilities
- The cultural context of elder abuse



CONTACT

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Library

Bronwyn Fleming our librarian runs a weekly email alert for those wanting the latest content from the major medical journals (full text access) including BMJ, The Lancet, The New England Journal of Medicine and JAMA.

Online access is also available to AORN, American Journal of Roentgenology, British Journal of surgery, Seminars in Ultrasound and Technology and Physiotherapy.

Simply reach out to Bronwyn on library@scdhb.health.nz or 03 687 2396 to find out more.

NETP

When students finish the third year of study they can apply to be in a NETP position.

This means they have a year fixed term contract that provides them with extra support so they are not just going into a registered nurse position they are getting twelve study days plus support from the coordinator and supernumerary time. It is set up by the nursing council to make sure that the nurses are fostered into the environment and they get an extra bit of support it that year because it is a hard transition from student to nurse.

12 for this group:

Surgical	Emergency	DPS
ATR	Department	Bidwill
Medical	District Nursing	Mental Health
Paediatrics	Theatres	NESP



During their final study day I was able to catch up with NETP coordinator Anneke Dossett and Registered Nurses Jemma Bower, Emergency Department and Hayley Black, Theatre.

What is NETP?

When students finish the third year of study they can apply to be in a NETP position. This means they have a year fixed term contract that provides them with extra support so they are not just going into a registered nurse position they are getting twelve study days plus support from the coordinator and supernumerary time. It is set up by the nursing council to make sure that the nurses are fostered into the environment and they get an extra bit of support it that year because it is a hard transition from student to nurse.

This year we had nurses in Surgical, ATR, Medical, Paediatrics, Emergency Department, District Nursing, Theatres, Day Patient Services, Bidwill and two Mental Health NESP.

What is it like being a NETP?

Really great because you aren't just thrown in the deep-end. You have an RN preceptor partner that you work alongside and you get the supernumerary study days. Going from a degree where you do placements, to suddenly you are a registered nurse and you have all this responsibility, is really tricky, so going into a safe environment where you aren't just thrown in the deep-end has been really important.

They call it the imposter syndrome. Your first year from student to new grad, you do so much learning in that first year, you are learning to find your own feet and go on your own. It is just all new. Even though you have your basics from your degree it is all new. We are lucky because it is like a learning hospital here. Everyone is so receptive. As a student you want to learn but you are kind of under that umbrella. And then in your first year you step away.

How did you cope with COVID-19?

Who starts their career in the middle of a pandemic! We were the last Aoraki students, we were the last Otago cohort, the last of health studies and then eight weeks into our careers the pandemic hit.

I think it made us stronger nurses. We dealt with things we never would have dealt with. We had to step up pretty quick. We had to learn to take on disgruntled people, we really learnt how to support and care for people and realised that the tasks really become about that.

They all managed in their areas because everyone was higher anxiety than normal but it meant everyone in their own areas teamed up and supported each other.

Peaceful privacy

Zero Seclusion aim, Covid-19 Isolation, audit recommendations and a Mental Health & Addictions team ethos that stoically works towards an inclusive service that works in partnership with its community.

Blessing of the Murals will take place December 15th at midday by Arowhenua and Waihao Upoko Te Wera King

CNM Mental Health Inpatients, Donna Bryce and team are delighted with the "Sally Port – Atea Hauora" that now adorns the Inpatient Unit Ward 10 at Kensington.

CNM Donna Bryce along with Hauora Māori Team Christine Akurangi say our team envisioned an empathic space, that aesthetically provided privacy, dignity, respect and recognised the needs of service users/takata whaiora and their loved ones when accessing crisis acute supports with a private entrance, designed to minimise stress and supportive to the recovery process.

Progressive planning around the static murals depicting indigenous bird life, flora and fauna, blends well with the natural environment of South Canterbury High Country mountain ranges, coastal and rural views complimenting the culture of Aotearoa New Zealand.

Our thanks to Auckland City Rail Link for their huge contribution and generosity of the Graphic Art, and transfer supports. Geoff Fitzpatrick – Head Graphic designer and Team for walking us through foreign terminologies, and Nicole Lawton for presenting our requests to your colleagues on behalf of Ward10 Inpatient Unit Kensington SCDHB.

CNM Donna Bryce



IN THE GENES

Sometimes it can be hard to express in words what makes us a unique community here at South Canterbury DHB. These photos on the other hand show it all.

Kara Hayes, Human Resources Business Partner, Sharyn Heath, Physiotherapist and Ella Hayes, CSU Technician make three generations all employed at the same time by South Canterbury DHB.

While a recent CME (continuing medical education) session saw Seamus Doran presenting his summer studentship project

on the effectiveness of residential care for drug and alcohol addiction to a crowd which included his father Dr Peter Doran, Clinical Director Anaesthetics and granddad Dr John Doran, who is a retired general physician who worked at the hospital for over 30 years including a period of being the Medical Superintendent.



Kara, Sharyn and Ella



Peter, Seamus and John