The Westerly

"Te Hauauru"

September (Mahuru) 2004

Buller Medical Service Renovations

West Coast DHB Chairman Gregor Coster and MP Damien O'Connor officially opened the renovations and expansion of the Buller Medical Service premises on September 3.

The opening was the culmination of much hard work particularly by the staff at Buller Medical.

The service has now been expanded to provide staff and patients with a brighter and more comfortable environment.

Around 50 members of staff and the public attended the opening as well as members of the Board and senior management.

We are all aware that there have been a number of challenges in Buller so the opening was a chance for health professionals celebrate a positive move forward for the Buller region.

Farewell Dr Graheme Jelley ...

Sadly the opening marked the end of an era for one staff member.

September 3 was Dr Grahame Jelley's last day with the service.

Dr Jelley took the opportunity to thank staff for their support over the more than four years he was with the service. Dr Jelley and wife Renene will be sadly missed and we wish them all the best for the future.

... Welcome Dr Clyde Green-Thompson

The smiling face of Doctor Clyde Green-Thompson will be a regular sight around Westport over the next two years.

Dr Green-Thompson who hails from Pretoria, South Africa has signed-on for a 24 month stint as a GP in Buller.

Dr Green-Thompson and his wife Rhoda had never been to New Zealand before noticing an advert in a South African newspaper for a GP in Buller.

The couple were intrigued and after some lengthy discussions with family decided to go for the job. He decided on the two-year term because he does not believe that 12 months is enough of a commitment or to make an impact on an area.

His practice in Pretoria was located in a suburb with approximately the same size population as the entire West Coast, but he isn't fazed by the thought of moving somewhere much smaller.

He plans to approach his job with a healthy sense of humour ``I love to laugh''. He says laughter helps breakdown the barrier between patient and doctor and puts people at ease.

Sherlock Holmes alive and well in Community Services

A community pager was lost in the New World Supermarket. On return to the Supermarket it was discovered that 'Yes it had been handed in ..... **but** a young gentleman had just claimed it. This gentleman was just boarding a Dunedin bus at the front of the Supermarket!!'

On return to Community with his story the **'department sleuths'** went to work.

A series of telephone calls followed - to petrol stations, travel agencies, then Transwest to see if anyone knew of this bus's destination. And this dogged investigating team were rewarded with a telephone number for the Dunedin firm. A phone call to them and they now have the name of the driver - and that the bus was heading for Fox Glacier.

So.... a further phone call, this time to the Rural Nurse with a request for her to investigate. She arrived at the hotel before this bus had unloaded the passengers and spoke with the driver. His captive audience was held on the bus while he explained to them that this pager was needed urgently and that lives were at stake!

As a sheepish Asian gentleman alighted, he placed in the drivers hand ...... the pager.

Great work Maxine, Brenda & Susan

Erin Josephine CONRADSON

Died 5th September 2004

Erin began her nursing training in 1959. She graduated in 1962. After a year as a Staff Nurse at Christchurch Public Hospital, she went overseas with friends for five years.

Upon returning in 1968 she worked for Nurse Maude. She first appears on the West Coast nursing staff as a casual Registered Nurse in Hokitika in 1982. From 1985-86 she was a part-time Registered Nurse in Barclay Ward. In 1986 Erin applied for and was successful in obtaining the night Supervisors job. She continued in this position until 1991, when she became the Day Supervisor.

In 1992 management decided this job was unnecessary and it appeared Erin would have to go elsewhere. The nurses rallied, not in support of the position, but in support of Erin. We were not prepared to lose her clinical knowledge and work ethics. All was resolved when she was appointed After Hours Co-ordinator, a position she carried out until September 2004.

Erin was a very private person, but touched all who worked for Coast Health Care. This is evident by the number of people who attended her Memorial Service.

All departments, units, wards and periphery hospitals were there to say their goodbyes and give their thanks for who she was and the enormous impact she had on their lives.

She shared her vast knowledge with everyone and gave many the impetus to grow, learn and go on to become not only a better human being, but to challenge their careers and make a difference.

Erin was a great reader. She loved her garden and adopted stray cats. At one time she had four who happened to arrive hungry and homeless, never to leave her tender care.

Erin married Bernie, became mother to David, Kathryn & Vicki. She was Maddi, Ruby and Reed's grandmother and Ian's mother-in-law. We wish the family our sincere sympathy. As members of her work family we acknowledge the loss of a colleague, friend, mentor, teacher, arbitrator and advocate. She will be sadly missed.

District Health Board Elections

A draw was held on August 25 to establish to order of names for the West Coast District Health Board election.

Mark Bowen, liaison officer for the election, and Richard Simpson the electoral officer for the WCDHB conducted the draw.

The candidate's names were drawn at random and will appear in the order shown on the right.

The Board chose pseudo random order as the preferred method for finding the order of names on the ballot at a meeting earlier this year.

All voting papers will be sent out between September 17 and 22.

Voting closes on October 9 and results will be available in the week following.

The Board will take office on December 6, at which time the Minister of Health should have also made four appointments.

STV—How it works

In total there are seven elected positions on the DHB, with a further four positions filled by ministerial appointments.

For the first time the seven elected members will be voted for using the Single Transferable Voting system. STV means there will be no wards within the West Coast, with all candidates competing on an even playing field.

The STV system allows the public to rank the candidates from most preferred to least preferred.

How STV works: once a candidate has reached the threshold for being elected their remaining votes are transferred to the next most preferred candidate and so on down the list.

For instance on a ballot with 15 names a voter can place a number 1, next to the candidate they would most like to see elected.

The voter can then rank as many or as few candidates as they choose.

This means voters will be able to express a preference for every candidate standing for election, rather than just one.

Candidates in the order they'll appear on the voting papers:

1, Barry Jones
2, Robyne Bryant
3, Marguerite Moore
4, Barbara Beckford
5, Carol Atmore
6, Norman Walsh
7, Colin Peterson
8, Malcolm Stuart
9, Brian Wilkinson
10, Brian MacKenzie
11, Margaret Jamieson
12, Simon Moran
13, Mohammed Shahadat
14, Julie Kilkelly
15, Keith Kibblewhite
16, Maurice Austin
17, John Vaile.

vote!
2004 Local+DHB Elections

An old saying brings new meaning

You know the old saying: “Assume makes and ‘ass’ out of ‘u’ and ‘me’”? Never was this more appropriate to learn than when discussing disabilities.

Disabilities tend not to be as sexy as a number of other high profile, but less prevalent conditions that receive fantastic media coverage and fundraise with ease. While disabilities are all around us (one in 5 people have a disability) they are not always visible and you can’t always tell that someone has a disability by looking at them.

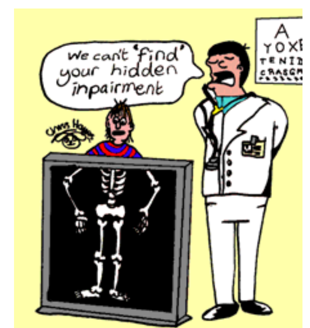
Discrimination doesn’t just occur from people who are ignorant. At the Disability Awareness Training held in Westport last week, the facilitator turned her back on the audience to speak from an overhead projected onto the wall (no good for people with even slight hearing loss), another speaker assumed everyone could read from overheads (when this was not the case), another speaker singled out members of the audience to tell them they didn’t understand what it was like to live with a disability (assuming that they didn’t have a disability themselves) and all items of food for lunch involved gluten (no options for anyone who had allergies). If these events were deliberate tests to see how much we were learning, none of us spoke up at the time. Likewise, people with disabilities won’t always speak up about barriers that they encounter.

The fantastic thing about the training is that it didn’t just provide an opportunity to hear the stories of people’s own personal journeys through our world with a disability, but it allowed us to have a glimpse of what it must be like by becoming “disabled” ourselves for a short time. Here is a summary:

Impairment	Thoughts, feelings and obstacles	Take home message
Wheelchair-bound	Footpaths rough and uneven (Easier to travel on the road), Fumes from cars at face level, Unsafe – can’t see or been seen, Hard/Impossible to use an ATM, Inappropriate signage, non-compliant ramps, narrow corridors, doors swing out, People know about problems but can’t/won’t fix them, Felt like an inconvenience (holding people up)	Look at your own backyard – it might not be as accessible as you think!
Sight and Hearing Loss	Required trust in guide, took longer to get around (esp. crossing roads), required intense concentration à fatigue, other senses heightened, Hard to find items and read labels, no help offered from shop assistant, footpaths uneven, avoid doing difficult things, safety concerns, different degrees of impairment in different environments (e.g. light/dark)	Be ready for anything Less than 2% of people who are legally blind have no vision.
Speech Impediment	Required effort by others to be understood, Object of curiosity, no privacy (people speak louder), aware of taking people’s time, people spoke to you like you were stupid, people got frustrated with you.	Have patience
Hearing loss	Sounds muffled, required high concentration, less inclusion, “spacey” feeling, altered perceptions, lost of bearings, isolated.	Work hard to include Can happen as a result of disease processes
Crutches	Uneven footpaths/roads, instability, hard to access buildings, hard to manoeuvre around shops, hard to carry things, sprung doors awful, sore back from standing – not offered a seat, exhausting.	Consideration/Awareness of needs
Hearing voices	Loud in my head, girls better at boys at ignoring them (able to multi task), reduced concentration, a reduced ability to function, couldn’t look people in the eyes, difficult to express self, frustrated.	Try to understand, be sympathetic.

So don’t assume that because someone looks like you that they have the same level of hearing or vision, that they are not sharing their heads with other voices, or that they can climb those stairs. Don’t assume that they can’t either. Better yet, just don’t assume.

Thank you to all the people who stood up and shared their stories so that we can become better people



Introducing: Community and Public Health

Public health on the West Coast is in safe hands with the staff of the Coast's public health

Public health is defined as "the science and art of preventing disease, prolonging life and promoting health through the *organised efforts of society*." It is distinguished from personal health where the emphasis is on an individual. If a person eats a healthy diet, exercises or sees a doctor about a back problem… these are personal health measures. If there is an effort to involve a group or the wider community in healthy eating, exercise, or proper lifting…these are public health measures. The two approaches complement each other.

Typically, employees of C&PH work in health protection, health promotion, or distribution of health resources (pamphlets, brochures, and the like). However, the job of one employee, Darcy Vaka, is to provide a personal health service in the form of smoking cessation to anyone on the Coast who wants help quitting.

C&PH's two Health Protection Officers Vern Newcombe and Christopher Bergin and the Medical Officer of Health Dr Cheryl Brunton work in the areas of communicable disease control, food safety, and environmental health. Their work is largely driven by legislation. The service that Vern and Christopher provide must be available 24/7. Examples of this team's work include: Auditing of water supplies, investigating disease outbreaks and individual notified diseases, investigating biosecurity events, e.g. mosquito excursions, poisonous spiders, etc. Responding to requests within their area of expertise.

Five Health Promoters work in nutrition (Nicky McCarthy), physical activity (Rosie McGrath), alcohol (Jem Pupich), smokefree (Jo Holmes), and mental health and sexual health (Kathryn Cannan). Both Jem and Jo also have Health Protection duties related to the legislation in place around the advertising, sale and consumption of alcohol and tobacco.

The team mostly deal with four of the biggest issues affecting New Zealand right now: smoking, obesity, alcohol consumption, and lack of exercise.

For example, Jo has taken on one of the biggest challenges—attempting to reduce the number of smokers on the Coast. A recent survey of homes around the country found that West Coast children live in the smokiest homes in New Zealand. While the news didn't come as a surprise to her, Jo hasn't given up on changing behaviour when it comes to smoking. She is currently working on a campaign to encourage parents who find it difficult to give up to take habit outside. Jo is also busy preparing for the smokefree legislation, which comes into effect on December 10 and will require all workplaces including bars, restaurants and gambling venues to be smokefree.

Tara Coates is the Ministry of Health's Authorised Provider for the Coast, which means that she stocks and distributes the myriad of health pamphlets, stickers, brochures, and posters available produced by the Ministry and other sources. Tara is the first person people meet when they come to C&PH's office on 3 Tarapuhi Street which is open from 8.30am to 5pm Monday through Friday. Most are amazed by the fabulous range of resources available at no cost.

Both Health Protection and Health Promotion staff are guided in their work by the principles of the Ottawa Charter, which was formulated by the World Health Organisation in 1986. Those principles are:

- Building healthy public policy
- Strengthening community action
- Creating supportive environments
- Building personal skills
- Reorienting the "medical care" system to health promotion and illness prevention.

If you are interested in knowing more about the public health unit and the services it provides, you are welcome to give them a call on 03 768 1160.

5+ a Day

You should aim to eat five portions each day. One portion is equivalent to one of the following:

- one slice of melon or pineapple
- one piece of "large fruit, e.g. an apple, orange or banana
- two pieces of "medium" fruit, e.g. satsumas, plums
- a small tea cup of "small" fruit, e.g. cherries, grapes
- two tablespoons of boiled vegetables
- one small cereal bowl of salad
- one tablespoon of dried fruit
- two tablespoons of baked beans

150mls of pure fruit juice

Updated financial results.

Clarification of additional funding received from the Ministry of Health at the end of the financial year has resulted in a $1.3 million improvement in the 2003/04 financial result for the West Coast District Health Board. Initial figures put the deficit at $1.8 million, around $200,000 better than budget.

However, an adjustment in funding from the Ministry of Health of nearly $1 million combined with a $200,000 improvement to the long-term employee liability and further $100,000 in minor adjustments has resulted in the West Coast DHB recording its best end of year financial result since 1992.

The interim result now stands at a deficit of $438,000, $1.64 million better than budget.

Chief Financial Manager Wayne Champion said while the results were still interim, he did not expect any significant changes. ``Staff throughout the DHB have done an awesome job to have controlled the deficit whilst maintaining the availability of services to West Coasters,'' Mr Champion said.

He said that, while there was an expectation by the Ministry of Health (MOH) that boards would break even, a deficit of around $2 million had been agreed between the West Coast DHB and Ministry officials, so it was pleasing to have achieved a significantly better result than that.

As some items leading to the result were "one offs", and because the DHB is coming under increasing pressure from costs related to specialist locums, rising interest rates and the costs of imported medical consumables, the Board does not expect to repeat this result next year.

Board Chairman Gregor Coster comments, "This result is testimony to the hard work of management and clinical staff to contain costs and obtain the best value for the health dollars spent on the Coast".

Chief Executive, John Luhrs also acknowledged the hard work of staff in containing the deficit, whilst noting that much of the additional adjustment related to revenue increases.

"The DHB's focus now is on working with the Ministry to agree the District Annual Plan for the current financial year", Mr Luhrs said.

In particular, he said the WCDHB wished to ensure, in working with the Ministry of Health, the gap between the Population Based Funding Formula and the total cost of delivery of services on the Coast was identified, agreed and, importantly, funded on a sustainable basis.

Tools of the Trade

A communication booklet to be used by cancer patients on the West Coast is a simple but effective innovation in care for cancer patients in the region.

West Coast DHB Oncology Nurse Maree Johnston has recently returned from Sydney where she presented the Communication Booklet to the Cancer Nursing Conference as a workplace tool that patients can use themselves.

Maree said the booklet wasn't new idea, but was a simple idea that allowed patients, family and medical staff to communicate between one another.

She said at times the amount of information given to a patient could be overwhelming and this was an excellent way for patients to keep everything in order and for the different medical personal to see what others had written.

Presenting the booklet at the conference meant Maree had to speak in front of an audience of around 200, under the heading of Tools in Practice. Her presentation focused on why the booklets were needed for the West Coast and the benefits they could have for a fairly isolated region.

She said literature had shown that in a region like the West Coast that has a relatively high doctor turn-over and literature had suggested that the greater number of doctors involved in care, the greater risk of medical and medication errors, lack of co-ordination and poor communication can occur.

Since the booklets became available to patients in March they have been used by Occupational Therapists, GP's, Pharmacists, Specialists and nurses and have been generally well received.

``Its been quite positive.''

She said because of the situation on the West Coast where patients may see several different doctors the booklet was a constant and gave patients the sense of being involved with their care.

ACCIDENT INCIDENT REPORTING

Hi All from Mark and Pic

Reporting of Accidents and Incidents that have caused, or are a potential cause of harm, (i.e. injury or distress) presents an opportunity to address any potential for harm or distress.

A recent audit identified a discrepancy in recordings of particular incidences. Investigation highlighted copies of forms not received at a recording point and also a categorisation difference.

The Accident Incident Reporting System is a tracking system to identify trends or black spots and relies heavily on staff to completely fill in the Accident Incident Report and deliver to the required personnel. This is a key step to allow this process to happen (found on outer edge of form).

Other steps that occur in this process include:

- A review can be requested if the Accident Incident Report appears to have no resolution or has high risk potential
- If a review is requested once completed a feedback report should be issued to the reportee

Staff are to be congratulated on the use of this system and encouraged to continue to utilise as a resource for injury prevention.

Noro Virus

Approximately 20 patients (out of approximately 30) and 14 staff members were affected by the Noro Virus outbreak at Seaview between 26 July and 3 August .

A comprehensive cleaning and sterilisation programme was undertaken and there have been no new cases since it was completed.

Because of the nature of dementia care patients in that they are given to wandering it was difficult to isolate patients.

Staff who were affected were kept off work until they had displayed no symptoms for 48 hours.

Because of their diligence it was decided at a recent OSH meeting that all Seaview staff were to receive a recognition award for the huge effort in relation to the Noro virus.

Senior management felt the extra work put in by staff should be acknowledged and as an additional thank-you staff were rewarded with an afternoon tea on September 7.

Above: University of Otago staff in Westport to present to the Board on a rural GP training scheme

Participants experience partial blindness at the Disability Awareness Training held in Westport

A tribute to long-serving staff member Erin Conradson who sadly passed away this month

West Coast MP Damien O'Connor reveals the plaque commemorating the extension and renovation of Buller Medical Service.

Report from 5th International Mental Health Conference 2004: "Mental Health of Older People"

by Peter Ryan

I was recently given the opportunity to attend the 5th International Mental Health Conference 2004, the following are some points I would like to share with anyone interested in the care of the elderly.

It is fair to say that a lack of resources for old people are common in both New Zealand and Australia. The quality of care given varies considerably. There is a tendency for people in recent years to have high expectations of services, in general people are better informed and complain more. Health professionals need to follow policy and procedures and are expected to inform people adequately.

Kerri Rivett, Nurse Manager in Melbourne, talked about Nursing in Aged Persons Mental Health; education, training and service initiatives. She talked of Meaningful education needed to ensure people with psych nursing skills and knowledge of dementia management are working in the field. I thought of our ACE Programme addressing some of these issues.

- Creating a culture of learning for all staff - is effective from "no lift programmes" to "infection control" and more advanced learning.
- Critical incidents and reviewing of some; again - not "who's fault" but rather a "what can we learn" from this incident and change practice appropriately.
- Students do not have the view that Aged Care is an attractive area to work in - but in reality it can be the most challenging field as people are suffering multi issues physical and mental, this requires good problem solving skills.
- Adapting local resources for training opportunities, very relevant to the Coast. This means being aware of what we can teach each other, in-service talks, etc.
- Education around restraint; the need to review some and discuss options, eg buying beds which could be lower to ground level for confused elderly care to prevent falls and climbing out over bed rails.
- Education needs to be proactive, monitored and checked to ensure that we are putting into practice what we have learnt.
- Another area identified for nursing was that while nurses are well trained, they need leadership training also. Skills like delegation, roles being followed rather than personalities coming into effect, teaching how to manage shift changeovers to be effective and professional.

<u>Some of the other topics included:</u>

Triage in Psychiatry of Old Age

- we need to enhance access by being flexible and innovative; with aging in place the policy; timely assessments and treatment leads to better outcomes.

Depression in Old Age

- be aware that elderly who attempt suicide are most likely to succeed and depression is definitely the most under diagnosed mental illness for the elderly.

Parkinson Disease

- very complex to treat. Fluctuation in cognition often problematic for patient and carers to manage.

Behavioural and Psychological Symptoms

1. Depression common, delusions, patient emotional distress and carer burden are all common symptoms seen in elderly.
2. Resperidone and Olazapine, the jury is out at the moment as to how effective in elderly. 25% of patients charted with Resperidone suffer side effects.
3. Non drug interventions; indervidualised music, change the environment, less clutter and lower stimulus for elderly are all nursing interventions which are not difficult.

Workforce issues discussed were

1. The need for meaningful information.
2. Often we need to identify education needs and become involved in developing it ourselves.
3. Risk assessment with elderly needs further developing and usage.

If anyone would like more information please contact me at Ruru Villa Seaview Hospital. If a particular point was of interest we could arrange for a copy of the relevant conference paper to be sent to you.

What's in a name?

Most popular girls names in 2003:

Emma
Sophie
Ella
Emily
Jessica
Hannah
Olivia
Grace
Charlotte
Georgia

Most popular boys names in 2003:

Joshua
Jack
Benjamin
Samuel
Daniel
Jacob
Ethan
James
Thomas
Matthew

Grandparents' Week

Grandparents' Day is typically celebrated on the first Sunday after Labour Day. It's never been a big event here, but we're changing that. A common theme in the DHB's 2003 consultation on the Health of Older People was of the growing gap between the older and younger generations. Grandparents' Week intends to bring a programme of events and activities for Grandparent's and Grandchildren to participate in. A range of groups and organisations are getting involved: sports clubs, schools, movie theatres, museums etc.

It's not too late to get involved. If you belong to a group that would like to take part, please contact Melanie Penny, phone ext 2643 or email melanie.penny@westcoastdhb.org.nz.

Information about the events and activities will be available in the form of a passport from early-mid October. This passport will ensure entry to activities for grandparent and grandchildren.

If your grandchildren/parents don't live here, you are encouraged to adopt one for a day, a week or longer.

Health Promoting Health Services

This international vision is for health services to go beyond preventing and curing illness, to actively promoting the health of patients, staff and the wider community. How well the West Coast DHB does this is the subject of an investigation at the moment.

Staff will notice a survey attached to their pay slips over the next 2 weeks. This information will help to determine our priorities for action. Please have your say by responding.

On October 4th the DHB will launch a programme to help promote physical activity to its staff. It will be a 6-week team programme, similar to stroll, strut, stride and the Bikewise Week. Basically you will be able to do any form of exercise that suits your lifestyle (cycle, stroll, swim...) and so long as you do it continuously for at least 15 minutes you get a point for your team. More points will be awarded for exercise for 30 minutes or longer given the scientific evidence around the health benefits. Teams will preferably be departmental, with 4 to 10 members.

We will have spot prizes throughout the weeks for teams and individuals, e.g. for those seen arriving at work on their feet. The competition will be open for any DHB and OCS staff members.

What to do now:

Fill out and return the survey
Form a team
Start getting fitting exercise into your normal daily routine
Keep an eye out for Team enrolment forms

Tips:

See exercise as an opportunity not an inconvenience
Don't let the weather be an excuse - swim, walk corridors, housework(!)

We need your feedback...

... on important questions such as:

How well does this newsletter work for you?
What's the best format to receive it in i.e. emailed document or weblink, hardcopy sent to your department?
Is the content of the newsletter interesting? Informative?

Your comments will help us to ensure the Westerly is fun, interesting and relevant document for all DHB staff.

This is also be a good time to remind everyone that we need YOUR help with ideas, tip-offs, stories, photos etc. Please send them through: vikki.carter@westcoastdhb.org.nz

Upcoming Events

Disability Network Meeting:
14 September, Karoro Learning Centre, 12:30-1:30pm.

12 October, Karoro Learning Centre, 12:30-1:30pm.

Orientation: Wednesday 6th October 2004. Names to Tricia Taylor ext 2772.

Health of the Older Person Fora: Greymouth 6 October 2004, Karoro Learning Centre, 1–2:30pm. Theme: How to Survive Christmas.

Young Professionals: Tramp 2-3 October. Dinner on Tuesday 5 October 2004 with guest speaker. Contact Melanie ext 2643 for more details. New members welcome!

West Coast DHB Board Meeting: 10:15 am, Friday 1 October 2004. Boardroom, corporate Office.

West Coast DHB Elections: Last voting papers must be received by 12-noon Saturday October 9th. More information available on the West Coast DHB website: www.westcoastdhb.org.nz.

Mental Health Awareness Week: 10-16 October 2004. Theme is the relationship between physical and mental health.

Please let Vikki know of any upcoming events: ext 2665.

And finally: Bob in Pants!!
(and he thought he was going to get away with it... hee hee)