

The Westerly

“Te Hauauru”

February / March 2008

Quality The underpinning concept of our organisation.

With the recent publicity through the media regarding Serious and Sentinel Events in New Zealand's DHBs and the release of a number of Health and Disability Commissioner's reports it is important to realise just how much the entire West Coast DHB's reputation relies upon our quality and safety record and processes.

The “no shame, no blame” reporting philosophy is vital in ensuring that our facilities are safe for our patients and staff. This ensures that all incidents that have the potential to cause harm to patients are investigated with a view to making any necessary changes to policies or procedures to reduce the likelihood of them recurring.

It is important to realise that this does not mean that people don't need to take responsibility for their errors. There are processes that hold clinical professionals accountable for the quality of their work and maintaining professional standards – those are separate processes.

Any preventable error in a hospital is unacceptable and regrettable. However medical care is performed by healthcare professionals who are human and sadly in spite of policies and procedures designed to prevent incidents, mistakes are occasionally made.

Public confidence in our health system is reliant upon people feeling safe when they access our services. They need to know that every care is being taken with their care and that in the event of some-

thing going wrong that steps will be taken to prevent it from happening again and that any apologies necessary will be made.

Since November 2007 mental health have been trialling a new incident reporting system and this is likely to be introduced to the whole of the WCDHB early in 2008. The strength of the new system is an improvement in reporting back procedures and feedback.

If you have any doubts about whether an incident should be reported through the appropriate channels go ahead and report it. You are safeguarding our patients, our staff and our organisation.



Jill McBride (1955 - 2008)

Jill McBride began work at CAMHS as a youth support worker in mid-2001. She held this position for five years. In early 2006 Jill became qualified as an Alcohol and Drug Counselor. She also was the Intake Officer at CAMHS.

At each stage of her career Jill demonstrated dedication to her belief in the fundamental rights of children. There are many colleagues, as well as children, now grown, who, over the years, have witnessed Jill's extraordinary courage and her unflinching ability to say it like it is. It was this quality of bald honesty which earned Jill the respect of many young people and fellow professionals. However, above all else, we loved her sense of humour, the impish twinkle in her eye, and the sound of her laugh. We miss her. We will always miss her.

Letter from WCDHB Health Scholarship Recipient Sarah Bushby



Sarah Bushby was a familiar sight around the hospital as she worked in the Medical Administration area prior to returning to her studies at the University of Otago.



As a DHB scholarship recipient for the past two years I was asked to write a brief overview of what I have been up to.

My year began with the move to Dunedin, to do the Health Science First Year course at Otago University.

Initiation into Studholme College started 5am the following morning, which involved 180 Freshers, waking up the majority of North Dunedin, then crossing the Leith whist dodging flying items which may have once been items respectable enough to consume for breakfast, as well as a few individual challenges. Certainly it is a unique way to meet the people who you will live with for the rest of the year.

University life was brilliant as expected, although the night physics labs were not really

appreciated, the video-linked lecture theatre to deal with the overflow of eager Health Sci students definitely had novelty value.

There has definitely been a lot of contact over the year with the WCDHB which has been much appreciated, both in the form of the mentor program as well as the holiday work, which has seen me based out at Dobson between semesters as well as at Community Services and Medical Administration over the summer months.

Overall 2007 was a pretty successful year, and in December I found out that I had been accepted into the Dunedin school of Pharmacy. I am grateful to the continued support of the WCDHB and looking forward to heading back to Dunedin to continue the studies.

Reefton Health Services Integration Project Underway

With the appointment of Christine Howard-Brown as project manager the RHSIP is all go.

The goal of this project is to re-design existing services to combine individual components into a single integrated model of care for the Reefton community in a sustainable and effective manner.

In particular, the integration of the primary health care practice with a neighbourhood nursing service will be planned.

The development of both inpatient and community based services for older people and those who have long term health care needs is also planned.



Reefton Hospital is the central focus of the Reefton Health Services Integration Project.

Congratulations

The WCDHB entry Alternative Pathways for New Patients, has been short-listed as a finalist in the Excellence in Process Improvement Category of the NZ Health Innovation Awards for 2008.

Thank you to all those who donated blood last time the NZ Blood Service were in town. They are short of donors so why not go along and make a contribution when they return in May.

Vicky McGhie has joined the staff of Grey Hospital as the Clinical Nurse Educator for acute services. Formerly a registered nurse at Christchurch Hospital, her husband Paul is the new receptionist at Grey Hospital.

Google Internal Network Search Tool

Today is 26/02/2008

West Coast DHB's IT department have recently installed and configured a dedicated Internal Network Search appliance which will enable all West Coast DHB staff with access to our computer network to quickly and easily find information they are looking for. Staff can now search for content in not only HTML, Microsoft Word files, but also all PDF documents (and many other supported file formats) currently stored on our network.

This Google searching tool will later on be also integrated into other DHB systems, such as the ability to search for phones/contact details. More information on this will be coming in the following months.

The WCDHB IT department sees this tool as a major step up in the delivery of content and information in a timely fashion to all staff.

For instance, if a staff member wanted to quickly track down policy information on appropriate internet use, they would simply type in the Google Search window: **policy internet use**, and this would bring up our Internet Use policy.

Potentially other valuable information can quickly be found as well, such as other policies, booklets, forms, Canterbury laboratory tests (try doing a search for **Euglobulin clot lysis time**), or information on how to do something in iSOFT (i.e.: try doing a search for **isoft admit a patient**). And there is so much more.

So, why not give it a try?! We at IT are confident that you will find Google Search an invaluable tool for finding just the information you are looking for.

The Google Search can be found:

1. At the top of our homepage,
2. Or simply navigate to it via our Intranet's main menu: Simply click on '**Google Search**' (the entry between **Home** and **Telephone**).



Welcome

Helen Paterson, who started here in January, is the new Obstetrics and Gynaecology registrar based at Grey Base Hospital.



Helen, a keen mountain biker is looking forward to enjoying some free time in the great West Coast outdoors



Heather Muir is our new Smokefree Coordinator. She comes to the West Coast from Dunedin with a background in nursing. She has worked in a variety of fields; public health, aged care and mental health. Heather and partner, John both enjoy the outdoors so are excited about the move to the West Coast. Heather's new position is to further develop, coordinate and advocate for smoke free environments and cessation. She can be found

situated at the PHO Brick Building opposite the station.

Andrea Kendrick is the new HEHA Coordinator - Education. For the last 14 months she has been focusing on nutrition in the education setting at C & PH.

She recently married a Coaster and enjoys the great outdoor lifestyle the Coast offers, especially mountain biking. Her new role with the DHB reflects the government's focus on improving nutrition and physical activity and on strengthening the relationships



between the Health and Education sectors. Andrea's role also includes administering the Nutrition Fund, available to all West Coast schools and licensed ECE's to support them in improving their nutrition environments.

CAMHS

CAMHS offered a Therapeutic Activity Programme during the summer holidays. The programme catered for a number of our young clients ranging in ages from six mths to 17 yrs. The programme offered a number of activities including art and crafts, rock climbing and games assisting the young people with social skills, communication and interaction skills, building confidence and self esteem, having fun, sharing and playing.

This was the first year CAMHS has offered a full therapeutic activity programme for its clients. The young people and staff had fun, gained new skills and built on existing skills. Well done staff and particularly Cathy for such a great summer programme and thanks to our parent helper for new and creative art and craft activities

New Website



The IT department, with help from many areas in the hospital, is developing a new external website. The current design is currently being altered to make it more user-friendly and all content easier to read and access.

We **NEED YOUR HELP** to fill all the gaps and suggestions on what else we should do to make this site the perfect tool for browsing.

This is also an exciting opportunity where we can reinvent how the public sees our DHB. **Let's show them how good a centre of rural excellence we really are!!**

NOW is the time for you to have a look at the new design and tell us what you think.

Where to send your valuable feedback

Send your emails to IT Help with constructive feedback, or additional content to "fill up the gaps". Content could be the kind of projects you are working on the public would like to know about, the kind of services your department offers, information you want the public to know about the services you offer.

We need lots of photos

If you have any photos that you think would look good (and you have copyright too) please also send them to IT Help.

Please make the most of your chance!

The new website can be viewed by going to: <http://coastweb/wcdhb/default.asp>

Welcome to new clinical trainees



On Feb 22, a mihi mihi (welcome) was held for students and graduates in the WCDHB chapel. Kaumatua, Eli Weepu from Arahura welcomed the group to Te Tai o Poutini (West Coast).

The group included pharmacy interns, RIMP students, new graduate nurses and students doing the rural component of their GP training all supported by their mentors and teachers from the DHB staff.

Parking

Car parking around Grey Hospital in particular, remains a problem for the WCDHB.

There are two issues:-

- Where people park
- How people park

The main time that parking is an issue is between 8am and 4pm and this is amplified when it is raining.



Day staff **should** be parking in the following areas:-

- By the transport garage
- Lower hospital area north of Morice Ward
- Upper hospital area north of and down the side of the Corporate block

Day staff **should not** be parking in the following areas:-

- Around A&E
- By the main entrance
- By the lower level entrance
- In the main park immediately right of the bridge
- In the park adjacent to Parfitt Ward and the whanau house

Consideration of others when you are parking is also important. Frequently you can see situations where one carelessly parked vehicle takes up the room where two should be able to park.

INFLUENZA

You're never too fit to get hit

Influenza 2008

As a healthcare professional you know that influenza can be a severe and sometimes life-threatening infection. In New Zealand influenza causes an annual average hospitalization rate of 11 per 100,000 persons.

Mortality surveillance has shown reduced deaths from influenza by 70% since 1997 when influenza vaccine became free to eligible groups.

Despite the known benefits of the vaccine and free vaccine for high-risk groups, vaccination rates remain well below the national target.

To get the message about influenza immunisation across we need everybody's help. The biggest influence on a person's decision to get vaccinated is a recommendation by their health care professional and seeing those involved in healthcare "walking the talk".

New Zealand research shows we need to dispel some key myths that are acting as obstacles to influenza immunization uptake.

Myth - I have a natural immunity to influenza

Myth - Being fit and healthy means that you are less likely to catch it

Myth - You can get sick from the vaccine or even get influenza.

Annual immunisation is required for two key reasons: first, because protection wanes over time; second, because, each year, influenza can be caused by different influenza viruses that are not represented in the previous year's vaccine. The vaccine is reformulated annually to contain the most up to date composition of viral antigens, to ensure your patient gets the best vaccine match against likely circulating strains.

It is important that we understand that the reason why we vaccinate against influenza is not only to stop the 10 day illness, but more importantly to prevent the complications of the disease, which can be severely debilitating or even fatal. Many of our 'at risk' patients are hospitalized because of these complications.

The choice we make not to vaccinate ourselves against influenza means we, the carers, may inadvertently expose those 'at risk' around us to influenza. This may exacerbate their other illnesses and may even be fatal. The choice to vaccinate or not against influenza is indeed a personal choice, but for health providers it is also important we are aware that we can transmit the virus to those around us.

Thank you to those who participated in last year's programme and provided us with feedback through the survey. This year we have implemented a number of your recommendations to improve our service.

The 2008 WCDHB influenza vaccination programme begins in the second week of April.

Vaccination is free to all DHB and OCS employees and their partners.

Watch out for more details about the vaccination programme on the intranet and through flyers and posters brought to you by the Occupational Health Team.

IMPROVE YOUR DEFENCE





1. Influenza is a serious illness with severe effects

Influenza is not just a “bad cold”. Although some of the symptoms may be similar, influenza is much more severe. Influenza may lead to serious complications, particularly in people with an existing medical condition.

Symptoms of influenza include a cough, headache, fever or chills, body aches and pains, fatigue and generally feeling miserable. Complications include pneumonia and heart failure. Existing medical conditions may be made worse. In some cases influenza may be life threatening.

Between 10 and 20% of the population are infected with influenza each year.¹

Up to 156,000 will consult a GP¹ and, from 1989 to 2004 surveillance reports indicate there were 5,226 hospitalisations and 414 deaths, making an average of 327 hospitalisations per year, directly attributed to influenza.²

In 2006, there were a total of 652 hospital admissions in New Zealand for influenza, the highest recorded number from 1990 to 2006.³

2. Will natural immunity protect me from influenza?

Immunity develops after you have been exposed to the influenza virus strain. Even if you have had influenza before you may not be protected from the strain of influenza circulating as these may change each year.

3. Influenza can affect anyone, no matter how fit, active and healthy they may be

While your state of health affects how likely you are to get an infection, the influenza virus doesn't care how fit, active or healthy you are. It's a contagious virus and anyone can catch it. Effective protection is provided by influenza immunisation.

4. Influenza immunisation is the best protection

The effectiveness of vaccinating against the influenza virus is well established. For healthy adults under 65 years of age, and where there is a good match between the vaccine and circulating strains, it is usually 70–90% effective in preventing infection.⁴ For elderly persons living in the community, influenza vaccine was shown during 10 seasons to be associated with a 27% reduction in the risk of hospitalisation for pneumonia or influenza and 48% reduction in the risk of death.⁵

5. Immunise early and immunise each year

Immunise as soon as possible after the vaccine becomes available, because it takes up to two weeks to induce immunity. Ideally, immunisation should be carried out as soon as the vaccine is available – before the main influenza activity in May to September. High-risk individuals can be immunised at any time during the influenza

season, but the vaccine is only free until the end of June for those in the high-risk groups.

The influenza vaccine provides optimum protection in elderly people for about six months and in younger, healthier adults for up to a year. So annual vaccination is necessary, even if the vaccine strains do not change.

6. Influenza immunisation cannot cause influenza because it contains no live viruses

The vaccine contains fragments of disrupted (inactivated) virus. It stimulates the immune system to make antibodies that protect against circulating influenza viruses.

Many other viruses are also present throughout the year, so people may catch a different respiratory infection with ‘flu-like’ symptoms and unfairly blame the influenza vaccination or influenza virus.

The influenza vaccine is generally well tolerated. Some side effects have been reported and usually disappear within one to two days without treatment.

7. The vaccine is free for those most at high-risk

The influenza vaccine is free to eligible people as soon as it becomes available from the supplier (usually mid March) until the end of June each year. People who are eligible are those at high-risk of complications, either because of their age (65 years and over) or under 65 with an ongoing medical condition, as set down by the Ministry of Health.

References:

1. Jennings L, Huang Q S, Baker M, et al. Influenza surveillance and immunisation in New Zealand, 1990-1999 New Zealand Public Health Report. 2001;8:9-11.
2. Ministry of Health. Immunisation Handbook. 2006. Wellington
3. ESR. Influenza in New Zealand 2006. Wellington: ESR; March 2007.
4. Centers for Disease Control and Prevention. Prevention and Control of Influenza; Recommendations of the Advisory Committee on Immunization Practices (ACIP) MMWR. 2003;52(RR08):1-36
5. Nichol K L, Nordin J D, et al. Effectiveness of Influenza Vaccine in the Community-Dwelling Elderly. New Eng Journal Med. 2007;357(14):1373-1381.