

The Westerly

“Te Hauauru”

April 2008

Naida Glavish Tikanga Best Practice

Those staff who were able to come along to one of the sessions run by Naida Glavish, Chief Advisor Tikanga Maori GM Maori Health for Auckland DHB, enjoyed a clear and entertaining insight into the base reasoning behind the development of Tikanga Best Practice and its implementation in the healthcare setting.

To illustrate the application of Tikanga Best Practice an imaginary patient called Jackie Nohi was introduced. Naida explained Jackie's belief system and her relationships with the whanau, the hapu and the iwi, as well as her connection to the atua, tupuna and whenua.

The importance of the power of Karakia to keep the physical, spiritual and psychological elements of Jackie protected was also explained.

Healthcare staff are important in providing skills to start the wellness journey but the patient's whanau (meaning family and extended family) are also vital in the progression wellness process.



Naida looked at Jackie's journeys through the hospital; as a patient, as a surgery patient and then as a deceased patient. The presentation gave many things to think about and the base understanding behind Tikanga Recommended Best Practice.

Some of the important points that Naida made in her presentation included:-

- Our responsibility is as a servant to our patients, who are in a position of vulnerability.
- A person is connected with a physical body, spiritual energy and psychological energy. All three are connected and one cannot operate without the other. This is not only a Maori belief – many cultures, ancient and modern, have the same beliefs.
- People think if they are sick the doctor and nurse will get them better. Wellness is from within.
- Attempt to pronounce names properly.
- When you are under anaesthetic your physical body is numb but your spiritual and psychological energy is still vibrating and needs to be cared for.
- The deceased are tapu. The physical body is dead – the spiritual and psychological elements are still present. The whanau need to take care of them.
- The tangi commences at the time of death, not when the hospital releases the body.
- Whenever possible get the GP to sign the death certificate.
- Early release from a hospital could mean 1 or 2 hours or



even the next morning. Early release for Maori means half an hour.

- Contrary to popular belief Maori are happy to be organ donors. However by the time they present they may be unsuitable as they have multiple health problems.
- Whanau should be asked about being organ donors. Don't assume they will say no. They have the right to have the opportunity to say "no".
- Be involved in your new hospital design. Have meeting rooms large enough for whanau, have family rooms, have exit pathways for the tūpāpaku. Consider designated lifts where the tūpāpaku can travel to the morgue. Patients and staff can still use these lifts but no food or dirty linen is to travel in these lifts.

WCDHB earns Full Certification

The West Coast DHB has recently been awarded full certification by the Ministry of Health. Full certification is for a period of 3 years. Previously the West Coast DHB has achieved only partial certification. Certification is mandatory requirement by the Ministry of Health and it was introduced in 2003 to replace the old system of Hospital Licensing.

Providers of Health and Disability Services are required to have their services measured against a prescribed National set of Standards (the Health and Disability Sector Standards) by independent qualified auditors. The Health And Disability Sector Standards are designed to set an agreed level for safety and to encourage quality improvement.

Areas covered include:

- Consumer rights
- Organisational management
- Pre-entry and entry to services
- Service delivery
- Managing service delivery
- Safe and appropriate environments
- Infection control
- Managing restraint appropriately
- Standards for mental health services

Great gains have been made by the various West Coast DHB services as

they worked through the Certification process. It has given the organisation and its services an opportunity to examine itself from a quality and safety systems perspective, and to develop the idea of looking at how things are done, and making improvements where necessary.

The Benefits of Certification

1. For The Public

- Assurance that, within the hospital or service, good standards exist which also cover client safety, care and rights. Knowledge that service is being provided by an organisation continually striving to improve

2. For Staff

- Peers outside their organisation who can provide a fresh perspectives and new ideas review them
- They can become actively involved in assessing and improving the quality of services They have an opportunity to develop better teamwork

3. For Health Managers

- A framework for integrating quality improvement activities
- An opportunity for self-review

as well as external assessment

- The identification and communication of good practices and a means of promoting good internal communication
- A motivation to identify existing problems and a timetable by which to correct them
- A demonstration to the public that services are of high quality
- A demonstration of quality to purchasing agencies

New Website Launched



The new WCDHB website is up and offers a clear and consistent layout that will enable users to get information about the wide range of DHB activities.

This achievement was only successful by the many hours of hard work put in by the WCDHB web developer, Andreas Urban, the entire IT department in providing cover, support and feedback and many throughout the entire WCDHB who assisted whenever asked.

Congratulations



Two West Coast DHB nurses featured at the CPIT graduation ceremony in March.

Anne Knipe, Graduate certificate in Nursing Practice (wound management) and Maria Giles, Bachelor of Nursing both received their nursing qualifications.

New Staff

Welcome to the following new WCDHB staff:-

Sally Hagglow - Speech Language Therapist.

Rosie Billinge - Occupational Therapist with the Mental Health Service

Noemi Vazquez - Reefton GP

Jennifer Lee - fixed term GP Buller Health

Sarah Williamson - RN Morice Ward

Data Changes

Each year the ministry modifies the requirements on what data each DHB is required to collect through national collections. These changes mostly occur on the July 1st of each year. Depending on the changes WCDHB may need to change some of the data it collects, or add additional information. These requirements are not driven by IT, but by the ministry and can effect the amount of funding we receive, based on the data we provide, hence data quality is very important.

Detailed training for these changes will occur during the week of the 23rd June (last week before July 1st), however more information will be made available to those areas effected over the coming weeks.

Any questions on this information please call ITHelp on ext 2911 or email ithelp.

Below are some of the changes which WCDHB needs to make to its data collections.

Recording Mothers NHI on Childs NHI Record – by adding Mother as a Personal Carer linked by NHI on Baby's Record

Capture of Transfer to and Transfer From Facility - From 1 July events with an admission source of transferred from other facility will need the facility recorded in the Health Organisation tab of the admission, same applies for discharges, the transfer to facility will need to be recorded if the discharge type is transferred to or transferred for further care.

New Health Speciality Codes for Maternity, the P codes

- P00 Antenatal Service
- P10 Delivery Service
- P20 Postnatal Service (mother)
- P30 Postnatal Service Well Newborn

will be retired and replaced with

- P60 Maternity Services Mother (no community LMC)
- P61 Maternity Services Newborn (no community LMC)
- P70 Maternity Services Mother (with community LMC)
- P71 Maternity Services Well Newborn (with community LMC)
- P41 Neonatal Intensive Care

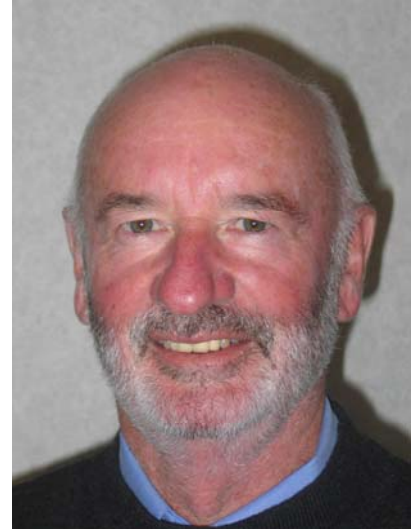
What is the definition of a Community Lead Maternity Caregiver (LMC)?

A community LMC is where the woman and her baby(s) is registered under the Section 88 Notice for Primary Maternity Services. This does not include a woman or baby(s) who have transferred over to secondary or tertiary maternity or specialist neonatal services.

Welcome

Mr Tom Fiddes has accepted appointment to the position of Acting Medical Director for a period of 2 to 3 months.

Tom will be working three and a half days a week based in Medical Admin, Grey Base Hospital and he has been asked to provide medical advice/input into the Executive Management Team and attend EMT meetings, coordinate and help provide medical input into the sustainability project workstreams and carry out the day to day duties of the Medical Director.



Born and bred in Rotorua, but with ties to the Coast, Ian Newcombe is the new head of the Social Work Dept. "My father met my mother while on a working holiday from the West Coast in 1950's and has lived in Rotorua ever since. On my Mum's side we are Ngati Whakaue of Te Arawa from the shores of Lake Rotorua.

Ian originally trained as a Wooden Boat Builder and lived and worked in Auckland, finishing that career as a senior Boat Builder for the Auckland Maritime Museum. Disillusioned by the move away from traditional methods to fibreglass boats, he retrained as a Social Worker in 1998. I worked for the Auckland City Mission and CYFS. Then my partner of 22 years Kevin Hague was offered a job at the DHB here on the Coast, so we decided to leave Waiheke Is. where we had been living for 8 years and move to Greymouth.

We have been on the Coast for almost 5 years and love the place. I have lots and lots of relations all over (including a sister who works across the corridor) and the friendly atmosphere and great outdoors feel fits like a glove.

OUTSTANDING PERFORMANCE ACHIEVEMENTS BY CHILD & ADOLESCENT MENTAL HEALTH SERVICE

The CAMHS team had a particularly busy and successful year in 2007 with an increase in referrals of over 18% from 2006 and 36% from 2005; this increase in workload was managed against a backdrop of staff shortages.

We are also proud of the major achievements made in 2007 by staff. Many staff engaged in post graduate studies requiring a depth of dedication to both their studies and the Service.

Congratulations to:

Heather Fletcher for completing post graduate Certificate in Child & Adolescent Mental Health.

Michelle Reihana – post graduate studies in Cognitive Behavioural Therapy.

Shane Stevenson – post graduate studies in Cognitive Behavioural Therapy and neuropsychology.

Sonja Worthington – post graduate paper for Masters in Social Work.

Sarah Haskell – completing masters degree in Infant Mental Health.

Sonja Worthington also presented at conference in Brisbane on the Child of Parents with Mental Illness (COPMI) service offered at West Coast District Health Board – a service unique to the West Coast District Health Board.

Well done and thank you to all the staff at CAMHS for unflinching effort, dedication and continuing to provide a highly professional and excellent service to the infants, children and adolescents on the West Coast.

Documents, Documents...



Among the frequently fielded questions from staff are queries relating to "what levels of service we should be providing" and "where can we find out about them?". The first port of call for staff should always be the Service Specifications, the Operational Policy Framework (OPF); the National Service Coverage Schedule (SCS); and the current version of the Data Dictionary that are listed on the West Coast

DHB's Intranet. These are located under the look-up tab titled "Documentation/Organisation Info" under Section 1 - Service Specifications, (which also includes the National Travel and Accommodation Assistance policy information); and Section 2 - Data Dictionaries (which includes the OPF and SCS documents).

Although some of the Service Specifications look to be "old and dated" - and many of them say that they are to be reviewed way back in 2004 (or earlier) - they are still all correct and in current use, in spite of their titles.

Why use them? Failure to deliver upon them is both a clinical and legal risk - both to the organisation and to individual staff. They are among the Ministry of Health's core documents for all DHB staff to be able to determine the types and levels of services that they should be providing to our population through public funding, as well as determining the boundaries for those services too.

While they might not exactly be the most riveting of reads, they are nevertheless critical to the work that all staff of the DHB undertake - so it is important that all staff take the time to familiarise themselves with the sections of the documents that are relevant to the work they do, as well as those of related services. It is important that all staff - both current and new staff - are made aware of them, and how they can be accessed. Check them out on line

Wheelchairs and Hospital Equipment

A review of the whereabouts of the wheelchairs has identified that there are fewer wheelchairs available at the main entrance of Greymouth Hospital .

The pool of hospital wheelchairs is managed and maintained by the Occupational Therapy Service and the Orderlies. The chairs are for use within the hospital and hospital grounds only. This is a well utilised resource and replacement of the chairs is costly .

If you think a patient requires a wheelchair on discharge then please refer to the Occupational Therapy Service. We have procedures and criteria for issuing wheelchairs which is clinically based. Chairs for issue are held in a different pool and are not available for use within the hospitals.

Also of concern are crutches and splints that have been issued to patients but have not been returned once they are no longer needed.

If you are aware of any outstanding hospital issued equipment, please persuade the person involved to return it ASAP so that others might be able to use it.

