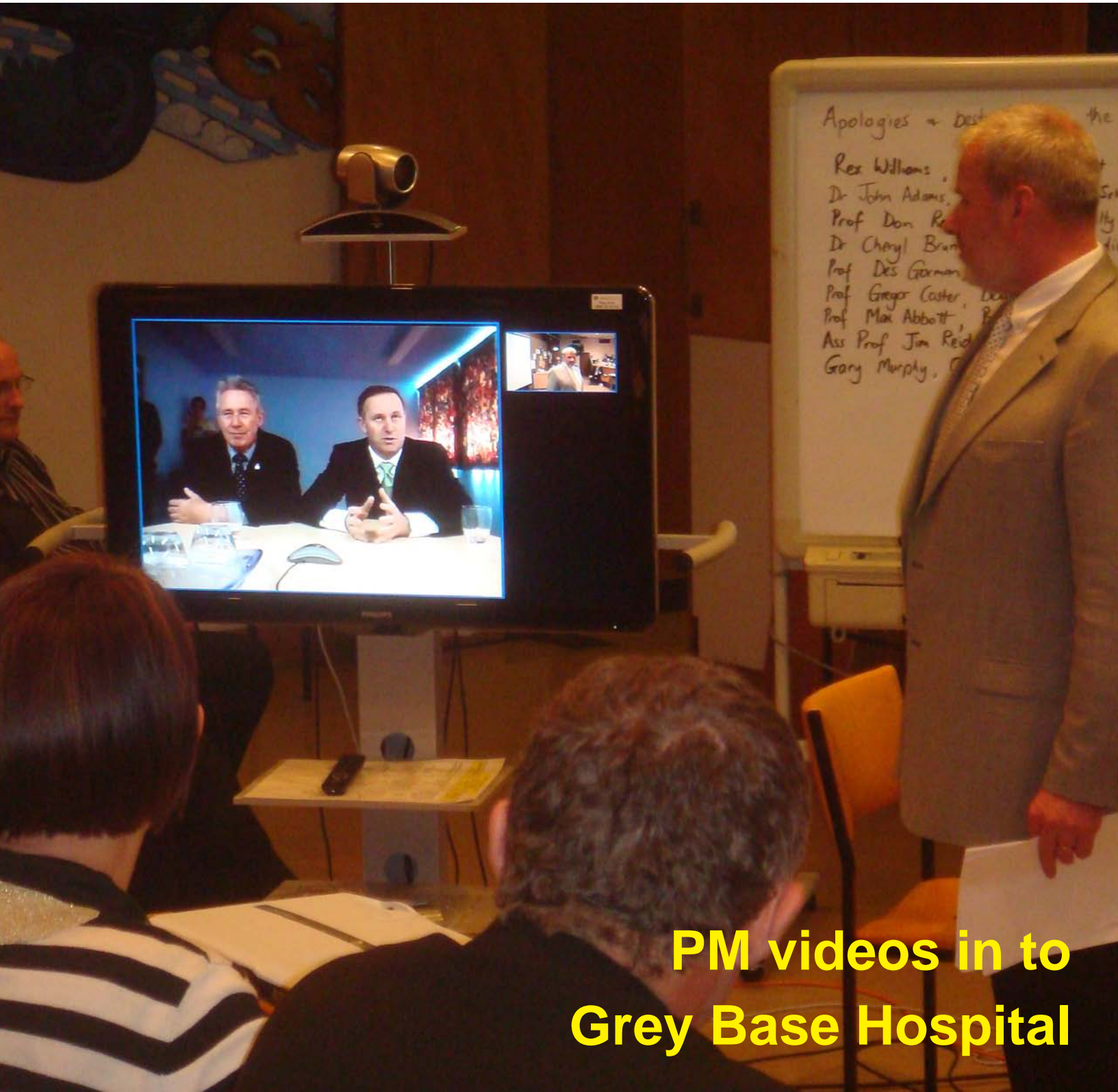


The Westerly

"Te Hauauru"

The staff newsletter of the West Coast District Health Board

October 2010



**PM videos in to
Grey Base Hospital**

Opening Day for Important Facilities

Hokitika Dental Upgrade



The chair is tried out for size at the newly refurbished Hokitika dental facility at Hokitika Primary School under the watchful eye of Westland District mayor, Maureen Pugh..

Over 700 preschool to adolescent aged patients from the Hokitika area will benefit from the opening of a significantly upgraded West Coast District Health Board dental facility at Hokitika Primary School.

Maureen Frankpitt, Nurse Manager Community Services, explained that the Hokitika Dental Clinic is the first fixed facility on the West Coast to be upgraded.

The facility has an improved disability access and improved waiting and clinical areas to accommodate for the increase in parental involvement in children's oral health and the increasing focus on preventative care.

Adolescent oral health will be a major focus of attention as many teenagers, under the age of eighteen years, miss out on what is a free professional service at either private or DHB facilities on the Coast

Hecta Williams, West Coast DHB General Manager Community Services noted that the opening of the upgraded fixed clinic in Hokitika is a key milestone in the implementation of the DHB Child and Adolescent Oral Health Strategy and the overall goal of meeting the oral health needs of the children and adolescents in Westland.

Westland District mayor, Maureen Pugh unveiled a plaque to commemorate the opening welcoming the fact that Westland District children and youth will now receive oral health services from fit-for-purpose facilities that meet the latest national standards for dental facilities.

Rural Academic General Practice

The Prime Minister, along with West Coast-Tasman MP Chris Auchinvole, joined the opening of the Rural Academic General Practice at Grey Base Hospital. via videoconference from Motueka.

Dr Greville Wood, Clinical Director of the Rural Academic General Practice explained that the facility is a fully functioning primary care practice built to plans that are similar to other West Coast District Health Board rural practices.

The intention is to train medical, nursing and allied health staff to provide healthcare in a rural set-

ting. The post-graduate training will enable nurses to become rural nurse specialists and nurse practitioners and registrars to become rural GPs and rural hospital specialists.

Chief Executive of the West Coast District Health Board, David Meates paid tribute to the many people involved in getting the rural training concept developed to fruition and cited it as another example of the West Coast thinking outside the square and looking to develop a solution that meets its needs.



Grey District mayor, Tony Kokshoorn unveiled a plaque to commemorate the opening on behalf of the Prime Minister.

Loudest Department?

Grey Base Hospital medical technicians showed their support for The Hearing House and Southern Cochlear Implant Paediatric Programme by wearing their loudest shirts for the Loud Shirt Day appeal. These charities work with deaf and hearing impaired children who have a cochlear implant to enable them to listen and speak.

From left: Garry Chapman, Trudy Helem, Nancy Clark and Waitangi Waitai.



Health Needs Questionnaire

There has been a great response to the recent request for community input regarding what the health priorities for the West Coast should be, with over 800 replies.

The information received will be used to help set West Coast DHB priorities for the future and will be incorporated into the West Coast Health Needs Assessment.

Child Protection Coordinator



Tara Adams with Clair Newcombe, Family Violence Coordinator

Tara Adams has joined West Coast DHB, based at Grey Base Hospital in the 0.4 FTE role of Child Protection Coordinator.

Tara grew up in Belfast, Northern Ireland, and upon leaving school decided to follow in her mother's footsteps and become a social worker. Having worked as a social work assistant/ Homecare manager for three years, managing a team of over 50 home helpers, and established six personal care teams, all

working with the elderly.

Tara found her passion was working with children and families during her training, Tara worked for a year with Barnardos young carers,

a year with Antrim Family Centre, providing intensive support and counselling to families and children as young as five, however her real interest was in working with the children themselves within the Residences, she worked for six years with children and young people, both within Care and Protection, and the Youth Justice side.

At this stage, Tara and her family moved to New Zealand. Having worked at CYFS for a year in Wait-

akere in Auckland, she was fortunate to move to Thames and work with CAPS, (Child Abuse Prevention Services), where in addition to family work and counselling, she had the opportunity to facilitate the amazing 'Incredible Years' parenting courses, and the Ministry of Justice course for children who have witnessed and been a part of family violence, 'Helping to Heal the Hurt', to assist them on their first steps towards healing.

Having been at home for the last year with her three young children, Tara is very excited to commence as the new Child Protection Coordinator, a role which involves supporting staff to respond to Child Protection issues and includes providing training, debriefing and support to staff including the referral process. Tara's usual days of work will be Tuesday to Thursday until 2.30.

Telemedicine - a West Coast update

A West Coast Canterbury Telemedicine project has been set up with the goal of supporting clinical networks, shared care and continuing education and professional development by telemedicine. Associate Professor Micheal Sullivan and Bronwyn Petrie have been engaged to provide clinical leadership and project management support.

Professor Sullivan gave a presentation to the WCDHB Board explaining the concept of telemedicine.

Telemedicine is about “human interaction” and “the content” which together make up the clinical network.

- It is not about the technology
- It does not replace services that don't exist
- It can foster the development of clinical care networks for health care across geographic regions
- Enables collaboration in clinical care
- It enhances equity of access to health care

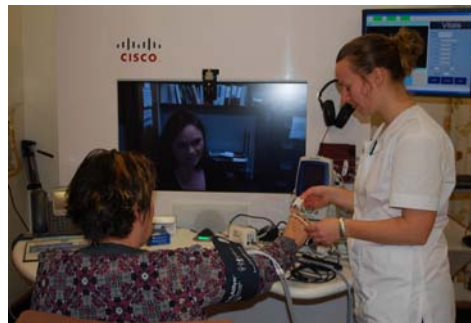
Telemedicine only succeeds when human factors and service barriers are addressed and overcome. Failure to address the barriers results in telemedicine failure (technology gets the blame!).

The Cisco HealthPresence pilot between Buller Health and Grey Base Hospital provided the first real opportunity to explore telemedicine from a clinical perspective on the West Coast. The pilot combined state-of-the-art video, audio and call centre technology. HealthPresence interfaces with a variety of medical diagnostic equipment, such as stethoscopes and otoscopes, and

can monitor vital signs (for instance, blood pressure, temperature, pulse, oximetry). It also has a remote camera that can be used for closeup examinations of, for example, wounds and skin conditions.

The bandwidth capacity the system requires was achieved with a fibre-optic cable between Greymouth and Westport.

Initial use was quite spasmodic as staff came to grips with such issues as the siting of the equipment, ease of use, capabilities, applications and clinical responsibility.



The Ministry of Health recognised the importance of the work being done during this pilot for the rest of the health sector and has funded a project manager (Pat Kerr, Simpl) and researcher (Karen Day, National Institute for Health Innovation) to oversee the pilot. The pilot, approved by the Upper South Ethics Committee, has gathered feedback from patients, clinical and administrative staff. The final report will be available to the whole health sector. The pilot has seen the system used for Outpatient consultations in General Surgery, Oncology, Nutrition and Speech Therapy, Methadone and Mental Health clinics. It has also seen the benefit of using the equipment for acute events.

A patient presented to Buller ED with an eye infection/injury. He was assessed by the GP who wished to confer with a specialist due to the complexity of the condition. Anthony

Spencer a Christchurch based physician was working from OPD, Grey Base hospital at this time. Arrangements were made by telephone to use the Telehealth equipment to enable a remote visual examination.

Dr Mologne presented the patient to Mr Spencer who was able to assess and recommend treatment.

Benefits resulting from this type of consultation:

- no further travel was required
- the patient could have been transferred direct to Christchurch for further assessment if necessary where Mr Spencer is based
- Mr Spencer was able to go to the Telehealth equipment between scheduled OPD patients so the patient did not have to wait
- Dr Mologne was able to be guided in treatment of this patient resulting in an education opportunity for him
- Patient was assessed and a care plan was developed in a timely way resulting in better health outcome

The experience gained during the Buller Health pilot will assist in future planning for telehealth / telemedicine services within West Coast DHB and between West Coast and Canterbury. This includes equipment configurations, room facilities, and training for staff using the equipment. The experience also includes the criteria for selecting patients suitable for telehealth outpatient clinics, procedures for booking clinic appointments and procedures for conducting clinics.