



The papers have reported an upsurge in the sale of torches, bottled water, first aid kits and the like following the Hanmer earthquakes.

We need to make sure we're all prepared – for West Coasters this is particularly important. Get your personal emergency kits stashed in your vehicles. Make sure you know your responsibilities in your own teams – not everyone gets to take part in our training exercises – do the rest of your team know what to do in the event of an emergency?

We really appreciate that staff from the West Coast DHB helped out or

volunteered their services, and Kaikoura is still getting offers of support/relief. That could so easily be us on the Coast, at any time, and anywhere.

There's some brilliant information in the inside back cover of the phone book, or on the getthru.govt.nz website. Work with the Coast's Emergency Management team to make sure your Business Continuity Plans are up to date. And ensure you're prepared at home too and know your meet-up plans, should anything happen when you're away from home.

If you're wondering what else you might be able to do to help, people are being asked NOT to donate goods to the affected regions at this stage. It creates more work for the people on the scene.

Relief funds have been set up, including the Red Cross Appeal, and donating money to these is a good way to show your support.

You can also help by checking on your family, neighbours and anyone who might be feeling isolated across the country. Continue to support each other and ask for help if you need it.

The lead-up to Christmas can be stressful for some folk, so where you can offer extra assistance, and just show your colleagues you understand, that goes a long way.

David Meates, CEO

New Kaiawhina services start

This Hospital Kaiawhina service has been reconfigured to better meet the needs of Māori patients and their whānau and to better align to the DHB's vision.

Māori inpatient support is now being managed by the Māori health provider Poutini Waiora to ensure that support after people are discharged is provided in a more seamless way.

In setting up the new service, General Manager Māori Health Gary Coghlan says the changes to the service would also enable Poutini Waiora to build a solid connection with patients, and better understand their needs.

"This means they will be able to refer the person once they've leaving hospital to the most appropriate person within their service or any other service within the community."

With a growing Māori population and persistent inequalities for Māori, achieving equity of outcomes is an overarching priority for our health system. The DHB has a separate Māori Health Action Plan with a focus on improving the responsiveness and effectiveness of mainstream services, reorienting and integrating Kaupapa Māori Health Services and delivering on the national Whānau ora initiative.

The Māori Health team, senior DHB managers and Poutini Waiora representatives recently launched the new initiative.



2016 Liley Medal awarded

Professor Mike Berridge has been awarded the Health Research Council Liley Medal for his internationally recognised breakthrough in cancer research.

Announced recently by New Zealand's independent biomedical research facility, the Wellington-based Malaghan Institute of Medical Research, the Liley Medal recognises Professor Berridge's outstanding research contribution to health and medical science in 2015.

Professor Berridge's New Zealand-based research, published last year in the high impact journal *Cell Metabolism*, showed that metastatic melanoma and breast cancer cells without mitochondrial genes acquire these genes from surrounding normal cells and that this acquisition is required for tumour formation and lung metastasis.

His research uncovered a previously unknown phenomenon, namely that

DNA in mitochondria, where most of the cell's chemical energy is generated, can move between cells in the body. These findings were highly unexpected and challenged the dogma that genes remain within cells. The novelty of this research is reflected in high citations of the publication and invitations to present the research at a number of overseas scientific meetings.

"It is early days but a better understanding of how mitochondrial DNA transfers between cells could lead to the development of new treatment approaches that inhibit this transfer and improve clinical outcomes for cancer patients", says Professor Berridge. The novel discovery is highly relevant not only

to cancer and the many ways cancer cells spread and evade treatment, but may also relate to neurodegenerative diseases and to ageing.

Professor Berridge is currently leading a \$1.1 million Health Research Council-funded research project that will explore mitochondrial transfer in glioblastoma, a highly malignant brain tumour which currently has few treatment options and poor prognosis. He also works on another project aimed at understanding the drivers of mitochondrial transfer between cells.

Artworks donated to GP to cheer patients

Patients waiting at Grey Medical Centre can thank Greymouth artist Marilyn Clarke for providing a bit of cheer with artworks she has donated to the centre.

"I've been a patient there for many years, and I've often sat there and thought it was a bit drab and dull," Marilyn says.

Problems with her eyesight meant the artist wanted to offer something in case she ended up losing her sight.

While art is a hobby, Marilyn has had commissions, completed murals and her work is in private collections.





New incident review group provides important analysis

The new Serious Incident Review Group (SIRG) was established in August this year provides senior clinical governance and oversight on all DHB adverse events of a SAC 1 & 2 nature irrespective of their final coded outcome, Quality and Patient Safety Manager Paul Norton says.

SAC1 & SAC2 (SAC = Severity Assessment Code) are the most serious of reported incidents.

“The group has been formed to provide senior level clinical decision making in and around final coding on adverse events submitted in the Safety 1st incident management system by frontline clinicians engaged in patient care,” he says.

The SIRG group ensures the DHB works through lodged events in a timely and transparent manner, appropriately allocating staffing resources in undertaking clinically

required incident reviews.

SIRG works in support of the existing Incident Review Group (IRG) which is tasked with incidents of a less serious nature linked to SAC 3-4 coding. Both groups have the capacity to highlight potential trends or concerns related to patient safety, and as such better facilitate an appropriate organisational response, Paul says.

“Even if an event is downgraded, we still want it noted and ensure it’s monitored where clinically appropriate for protection of both patient and staff member alike.

“Since its inception in August 2016, this

has proved to be quite fruitful in terms of unblocking a backlog of RCAs, as well adding a further dimension of rigour in DHB incident management process.”

The SIRG terms of reference are available on the staff intranet, and anyone wanting more information can contact Quality Patient Health & Adverse Events Facilitator Deb Wright, Deborah.wright@westcoastdhb.health.nz, phone 769 7685, or on ext 2685.



Bouquets

Good day!

Our family of four, from Sydney, including my 13 year old daughter were on vacation in the South Island in late September. My daughter was down with flu symptoms and started coughing and gradually getting

breathless. As luck would have it, we ran out of the steroid inhaler which we normally carry for emergencies.

We drove into Greymouth Hospital emergency at around 2pm on 26 September, 2016 and explained our predicament. A trainee nurse (unfortunately I do not remember her name) triaged us and we were very quickly seen by Dr Richard Martin. An X-ray was done which was thankfully fine. Richard took great pains to examine our daughter and explain all the treatment options to us. He prescribed the steroid inhaler and other necessary medication and we were on our way. Thankfully she made an uneventful recovery and we really enjoyed our NZ trip.

I wish to put on record that the front staff at Greymouth hospital emergency, the trainee triage nurse, Dr Richard Martin and the Trainee radiographer provided absolutely world class exemplary clinical service and all of them touched our hearts with their kindness and genuine concern. God bless them all! I wish all hospital staff across the world were like them (my wife and myself both of us are in healthcare - she is a Paediatrician and I am a Radiologist so we know a thing or two about medicine).

Kind Regards,
Rajiv Rattan



All about: The Buller Huddle

The Buller Huddle is an innovation of a Buller Health Integrated Family Health Service working group. Key people came together in October 2014 to look at how we could prevent older people in particular falling between the cracks in our service delivery. Our Occupational Therapist at that time had worked in a similar way in the U.K. Members of the multidisciplinary team decided to meet for 15 minutes at the start of every week day to discuss anyone in need of additional services.

The Huddle was seen as complementary to the fortnightly Inter-Disciplinary Team (IDT) meeting focused on complex care. The working principles set were that everyone stands up, time per client is limited to 2 minutes and the team works on the basis of handover rather than referral between services. The Huddle started the day after the decision was made and it has now been operating effectively for over two years.

At the beginning of November this year Huddle (IDT) members were asked what they found valuable and what had improved in meeting every morning at 0845hrs.

Provides a positive start to the day

A sense of trust has developed within the team and respect of each health professional's role, this has provided support to new team members as well as ongoing support for each other. Double handing of information has reduced and those present felt the meeting was a living interdisciplinary team. From an inpatient perspective the Huddle has assisted with admissions into the community and supported inpatient care.

One of the biggest improvements is the increase in communication or

relationship building between team members particular between community and inpatient services. This type of face to face communication saves a lot of phone calls, emails and provides an opportunity to liaise with health professionals after huddle as required.

Another advantage has been receiving general information about inpatient and community clients as a heads up which has assisted with planning of client care. For clients who are border line in the community, community teams are able to be proactive in supporting clients to keep well and continue living in their own home.

The team also identifies clients who are appropriate for the wider Buller Community IDT which has a Geriatrician present.

One of the biggest achievements has been improved client outcomes

When asked: What could be improved?

The team felt the Huddle needs representation of all services to be really effective in ensuring the client receives the right service, right time, right place, and right outcome. We have not fully realised this objective as yet.



Bouquets

I cannot compliment enough all the staff at WCDHB that I came into contact with before, during and after my surgery on 31/8/16.

They were each really caring, helpful and professional. An awesome team!

Services involved: Dr Jenny Spring (Grey Medical Centre), Mr Sheri Mehrez & Eddie Nimmo, Barclay Ward nurses and doctors, Rural Practice – emergency Dr Brendan Marshall, Outpatients staff.



Special days...

World Aids Day

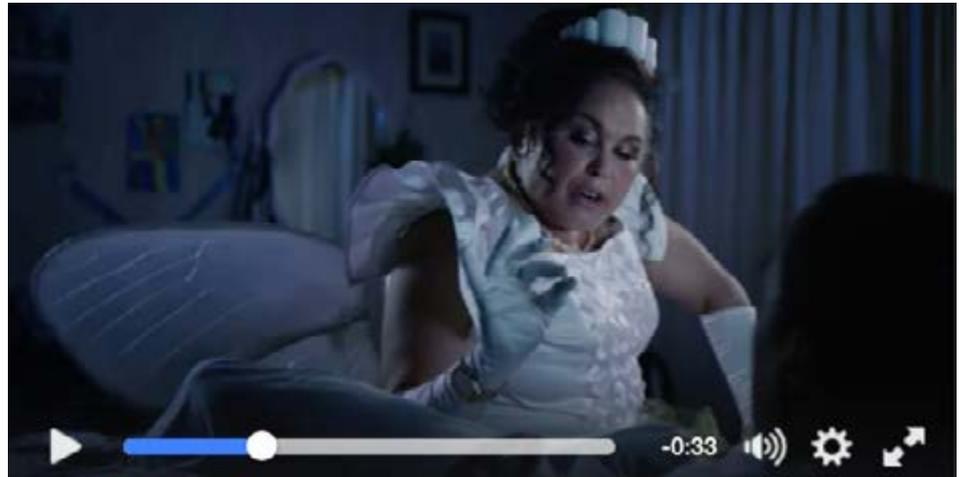
1 December 2016

The Child Oral Health campaign is now live!

We are excited to launch the first phase of the campaign!

The aim of the campaign is to improve oral health for children under five. It's targeted at parents and caregivers of under-fives, particularly Māori and Pasifika. The campaign encourages parents and caregivers to brush their little one's baby teeth twice a day with fluoride toothpaste.

We have created a video clip based on a concept that tested really well with our target audience. The initial phase of the campaign is called 'social seeding' where we release the video only in social media while it is new and novel. The advertisement is very shareable and is an excellent way to get people talking about such an important issue. This phase is deliberately limited to social media ahead of the next phase (from February 2017) when we pull out all the stops and launch the advertisement on TV for four weeks. In this phase there will also be radio advertising and other paid social



media, and promotional resources for you to use.

As a champion for good oral health - get sharing!

We have a plan to share the video clip on Facebook through November but we need your help to make it go viral!

Get involved by sharing the video on Facebook and other social media pages

which you use to communicate with the families you work with and your wider networks. Use it to start a conversation about the things we can do to protect our children's teeth.

How to share it

[CLICK HERE](#) to watch the video clip.

To share it, simply click on the above link, then press 'share'.

Sponsorships

Four young West Coasters are working at the DHB for the next few weeks after winning studentships.

From left Sponsorship Programme Organiser Marion Davis, Caitlin Iles (Greymouth), Megan Davidson (Hokitika), Rupert Wockner (Westport) and Matthew Sollis (Arahura) in Parfitt children's ward with registered nurse Miriam Kispa.

The students will be undertaking all sorts of projects during their paid placements with the DHB.





Healthy at home project update

The DHB's project to better integrate primary and community services so all care is planned through a shared vision is well underway, Project Manager Fran Cook says.

By Christmas this year, the project team expects to have an agreed understanding of their shared vision, which underpins all the different work groups to ensure teams are heading in the same direction.

One of the work groups is focused on improving care at home. The West Coast philosophy is to empower and enable people to look after themselves at home, as much as they can, for as long as it is safe to do so. Using a restorative model, different services work together to help people back to independence following any medical events.

Essential in the mix are Home Based Support Services staff, who are often the eyes and ears of the health service. They are in people's homes, seeing how people are coping and recovering. Some of the Staying Healthy work is focused on building the capabilities and expertise of these staff, so they are confident to raise any issues and give good feedback about the people they are caring for.

"They're such a valuable source of really important information and we need to be encouraging them in that role," Fran says.

Another work group is focused on discharge planning. Previously inpatient services would send a referral to primary/community as a person was leaving our facilities. Nurse Manager Clinical Services Julie Lucas is organising a strategic planning day on Friday 25 November to provide a more seamless transfer of care from inpatient to home.

Creating a single care plan that is accessible and managed by all those involved with a person's chronic conditions is another piece of work being planned.

"At the moment, there's so many different systems, including some paper-based records, used by different people involved in care. There's duplication of efforts, and could well be gaps, because people are not aware of what others are doing or organising. A single care plan will help solve those issues."

Other work groups are focused on the following:

- In Reefton a trial is underway to staff St John callouts with DHB nurses.
- The Grey Health merger of Rural Academic General Practice and Grey Medical Centre is underway, so the practices are completely merged before the new Grey Health facility opens.
- Information Project Specialist Mark Limber is leading work to look at better information management and systems solutions, to minimise administrative/non-patient time our clinical and medical staff face. The need for better tools to support staff is also part of this work – i.e. providing district nurses with the likes of smartphones so they can check lab results when they are due to visit people in their homes.
- Information Project Specialist Deb McCarthy is working with GPs on

centralised electronic rosters that provide an overview of demand for GP services across the West Coast.

"The driver for all of this the fact that there is going to be a new facility built with fewer beds because our whole model of care is to keep people well in their own homes. We need our community-based services to respond proactively and in an integrated way to the needs of the community," Fran says.

"And we're investing time and resource now to really build that."

Interim General Manager Grey / Westland Philip Wheble says Fran's work is helping to ascertain how services are working together in a way that the person at the centre of our care has access to health services at the right time, in the right place and by the right person.

"We want these people to go to the least amount of appointments as possible, with any resulting treatment in the fastest possible time, delivered by the best possible person. Our staff are the experts at delivering this care. The project team working on improving services is not trying to design everything or tell staff how to do things. We're trying to work with our colleagues who are the experts in this field, gathering patient stories – both good and bad will tell us what works and what doesn't," Phil says.

If you want to talk to Fran, email her at fran.cook@westcoastdhb.health.nz.



Think, don't click: Curiosity still kills cats

Most of us suffer from an itchy trigger finger on the mouse sometimes. You know, when you click on something when you didn't really mean to? Mostly you'd just have followed a link down some online rabbit hole to a website where you learn 15 reasons why you should never eat bananas.

Frankly, you're lucky if the outcome is that benign.

'Itchy trigger finger' isn't such a silly metaphor when you consider the potential consequences of clicking on a suspect link, so perhaps we should treat our mouse with a little more respect. Malware downloaded to your computer, and then onto any or all of our West Coast information systems could make systems unusable or even compromise the security of patient information.

All it would take is a thoughtless click.

The generic term for this kind of malicious link is malware, which includes viruses, Trojans, spyware, ransomware and the like. Until recently you had to wonder what people's motivation was in committing such acts of virtual vandalism. Whatever the answer used to be, it's now pure greed – there's money in it. Which means we can expect to see these attacks more often, in ever-smarter guises and with potentially devastating consequences.

Quite possibly the greatest threat to the integrity of all our electronic systems

today, including patient information, is something called ransomware.

Ransomware encrypts files so that they can't be opened until you or your organisation pay for an electronic 'key'. Once you (or we) have paid the ransom, you still can't be sure you'll ever get that information back uncorrupted. Either way it would be precious health dollars wasted.

There are however some easy precautions you can take to help keep ransomware, and other malware, out:

Think before you click. Hover first.

- Hovering on a link will often display where it goes – is the web address one you'd expect, and does it look legit?
- Were you expecting that email?
- Is there anything about the email, the language used for example, that gives a clue that it's not genuine?
- **If you think you have clicked on a malicious link, inform ISG straight away**

Not a real threat? Read on.

From Infosecurity magazine, Feb 2016

Ransomware strikes group of German hospitals

Initially staff were plagued by pop-up windows, then systems got slower and slower. As soon as the IT team realised it was a ransomware attack, they pulled the plug on everything – computers, servers, email. Doctors were reduced to swapping handwritten notes.

NZ Herald, also February 2016

Wanganui DHB systems held to ransom

Whanganui District Health Board has been targeted by hackers who infected its computers with a "ransomware" attack. The virus, known as "Locky", has spread to hundreds of thousands of computers around the world since first appearing in February 2016.

From Healthcare IT NewsWeek, April 2016

Two more hospitals struck by ransomware, in California and Indiana

The steady drumbeat of ransomware attacks continued this past week with new reports of two hospitals forced to fight off malware that froze IT systems.

Same publication, later during April

Tips for protecting hospitals from ransomware as cyber attacks surge

It's now easier than ever for criminals to get into hospital networks, and ransomware is on the rise. Cybersecurity experts offer advice to help hospitals beat back the hackers.



Time to regroup...

Maggie Boot may be leaving the West Coast DHB after 42 (!) years of nursing, but she's not retiring just yet.

The Greymouth-born nurse has thrown herself into her chosen career right from the outset – she even remembers being frustrated at having to wait for some months after leaving school at 16 until she was able to start nursing school.

"I've had varied positions through my nursing career. I did 18 months of community nursing training, with the view of going to university. But then I was offered a position in theatre and stayed there for 10 years because I loved it.

"It was orthopaedics in particular I loved - people came in broken and you improved their life. Back then we did everything here. Surgery has changed an enormous amount.

"It used to be for a gall bladder the absolute minimum you would spend in hospital was 7 – 10 days. Even for a minor gynaecological procedure you would come in the night before and stay an extra day afterwards. Day surgery has improved our lot. Techniques and medicine are so much better. And from a patient perspective, it's way better."

Maggie was at the DHB as an enrolled nurse when there was a major change management process that planned to make enrolled nurses redundant. Instead, they pitched a business case to the then chief executive Jane Holden, and got support for several enrolled nurses to retrain through UCol in Palmerston North.

"That meant keeping good staff, and they've certainly got their value for money out of us," she says, naming Julie Lucas, Marguerite Sheard, Lynn Bowes, Rose Kennedy, Nancy Fahey, Lynley McInroe, Rosalie Waghorn and Victoria Hampton as some of her retrained colleagues from that time around 24 years ago.

Hitting the floor running when they



came back to the DHB, Maggie remembers within 12 months quite a few of that cohort moved on to post-grad ICU diplomas.

Maggie's two children Patrick (30) and Maria (27) received their educations around their parents' working commitments. Both went to secondary school in Oamaru and loved it, Maggie says.

She has worked all sorts of shifts, including in general wards, outpatients, emergency department, Morice, Assessment, Treatment & Rehabilitation geriatrics, and Critical Care Unit (CCU).

Maggie remembers being worried about shifting upwards from night shift in CCU to night supervisor, and a well respected colleague reassuring her.

"She said it was around 60% knowledge, the rest was common sense. And she said 'don't let people know you don't know, because you can find out'. It was sage advice."

Maggie believes empathy is crucial for nurses.

"You see all kinds of things, from the poorest of the poor to the drunkest of the drunks. But they're all someone's kids or someone's parents. A lot of

people don't have the family supports to help themselves. They're born into poverty and lack educational skills. You can't judge. The people I find the most difficult are the ones with a sense of entitlement – they want a single room in a small rural public hospital."

A few years ago husband Lionel decided on a change in direction, attaining a degree at the University of Canterbury and spending three years working in Australia. Maggie took 14 months off and worked for the same mining company for a year.

"That was quite an eye opener. But I know now I can turn my hand to office work if I want to."

At 59, she's not quite ready to retire, but wants to keep her options open for a while and plans to move to Wellington to be with Lionel.

"I might retrain as a barista, who knows! The plan is for me to take some time off and regroup. I want to move now while I'm still young enough to enjoy it. As my old man used to say, 'you're a long time looking at the lid, kid'. You just have to try these things."

Maggie has now retired from the DHB. She plans to visit Greymouth for Christmas with her kids and grandchildren.



Bouquets

Nice one Facebook!!

st Coast Communit... x Quakes cause heart proble... x +

544788870977/permalink/1580352591990185/?sale_post_id=1580352591990185

Community Noticeboard

Karen Poulton
Yesterday at 12:03

public thanks to grey hospital
FREE
City of Greymouth

We as a family just wish to say a massive thank you to the emergency staff and surgical team at grey hospital. You guys were so fantastic with our girl Grace after she ploughed through the ranch slider. The way you all surrounded her and made her feel safe and special despite her horrendous injuries was amazing and very much appreciated..... and a special thanks to whoever it was on the team who suggested dissolving stitches rather than normal ones..... oh my god what a blessing that is to know she doesn't have the trauma of having the multitudes removed. Once again a massive thanks to the entire team, you all played a big part in putting a smile back on her face and we want you to know how very much appreciated you guys are.

Message Seller

Like Comment Share

You, Emma Lacey-Williams, Libby Grace Doran and 227 others

3 shares 11 comments

Tamara Stollery They are amazing.. fully agree
Unlike · Reply · 3 · 23 hrs

Judy Nicolli Nice to see some positive comments instead of the usual haters, hope your little girl has a speedy recovery
Unlike · Reply · 13 · 23 hrs

Selina Pattinson Excally, drs and nurses are human too.
Unlike · Reply · 8 · 22 hrs

Nancye Mahuika Love nice comments
Unlike · Reply · 2 · 22 hrs

Paea Feral Peipi Lee Christine Harris
Unlike · Reply · 1 · 21 hrs

Chrystal Lee Dunbar Yikes that's no good well done team they are amazing there may I suggest if you have a clear glass ranch slider they have amazing sticker type decals on trademe that you can easily put on the doors yourself so it's easy to tell when the doors are closed 😊
Like · Reply · 1 · 19 hrs

Karen Poulton We had that done today 😊 on all 3 ranch sliders
Unlike · Reply · 2 · 19 hrs

Chrystal Lee Dunbar Good on yas 😊
Like · Reply · 19 hrs

Write a reply...

Nicola Jane Heal soon Grace xo
Like · Reply · 1 · 19 hrs

Norma Hyde Nice to read some thing positive about the team at Grey base hospital to many negative thing been said about them I can honestly say I've never had problems with them
Unlike · Reply · 4 · 17 hrs

Peter Darby Grey hospital staff are awesome
Unlike · Reply · 4 · 16 hrs

Anna Panther I bet this will be appreciated, especially by those involved. Nice to see positiveness!! Hope your wee girl recovers well ...
Unlike · Reply · 3 · 16 hrs

Trish Jellyman Totally agree with this post. Our family cannot fault Grey Base Hospital especially ED.
Unlike · Reply · 5 · 16 hrs

Angela Emmerson Yip couldnt have asked for better service when i sliced my hand to the bone can hardly even see the scar now fine work
Unlike · Reply · 2 · 15 hrs

Write a comment...

To see Grace's story, visit the West Coast DHB's video releases on our website!