

Better Health Southern District



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APRIL 2021

Back: David King - Southern president of People's First; Gail Thomson, SDHB Executive Director of Quality and Clinical Governance Solutions and Chris Fleming, SDHB Chief Executive. Front: Chris Ford - Member of Disability Strategy Steering Committee and John Marrable - Chair of the Disability Working Group



New mum Kimberly Duncan and Lochie

Disability Strategy launched

The launch of the Southern Disability Strategy this month marks an ongoing commitment by Southern DHB to remove barriers to healthcare for disabled people, and to provide equitable health and disability services throughout the Southern district.

It clearly sets out the things the DHB wants to achieve in order to make a difference over the next five years and beyond. It is a key document for building on the work already completed to improve the health service experience and health outcomes for people with disabilities and their whānau.

The launch follows two years of consultation with the wider Southern disability community, and has been developed in partnership with the Donald Beasley Institute.

"The Strategy has been developed based on community feedback and contribution from people with diverse experience of the health and disability sectors both as consumers and providers," says Southern DHB Executive Director of Quality and Clinical Governance Solutions, Gail

Thomson. "They have told us what is important, we have listened to the community, and the Disability Strategy reflects community perspectives."

The Strategy will now be implemented with the support and guidance of a **Disability Working Group that connects** to the Disability Support Advisory Committee (DSAC), Community Health Council (CHC) and the Iwi Governance Committee (IGC).

Junction Health prioritising maternal heath

A new initiative at a Central Otago general practice is providing better support for new mums.

Junction Health, a Health Care Home practice in Cromwell, sends a card, makes a follow up phone call and offers a free appointment with a nurse and GP to new mothers.

Unlike most post-natal health appointments, the focus is on maternal health - with everything covered, from lactation to mental health, and contraception to starting with Well Child/ Tamariki Ora services.

"We felt there is a real need for this type of support, that isn't normally offered to new mums, between the handover from midwives to Plunket," says Junction Practice Nurse and Co-owner, Angela Ryley.

For new mum Kimberly Duncan, this support couldn't have been more timely, and baby Lochie is thriving. "Alice [her practice nurse] was really caring and listened to what was going on," she says.

"They put me onto a lactation consultant who got in contact with me the next day and helped me out."

Angela explains that being part of the WellSouth Southern Health Care Home programme has been a driving force behind Junction's innovation with services such as this.

There are 19 Health Care Home General Practices in the Southern region currently, with an additional 5 practices joining the programme this month.



Suture skills shared

Southland Hospital Campus's consultant surgeons and urologists recently conducted a suture workshop, teaching surgical skills to a group of junior doctors and medical students in Invercargill.

Guided by the consultants, participants practised tying and suturing, and learned about the variety of needles and techniques used.

Similar workshops addressing suture and laparoscopic skills are planned soon.



Social support for NICU families

Parents of babies who have spent time in NICU at Dunedin Hospital are invited to enjoy weekly afternoon teas with staff and other NICU families.

The Friday gatherings offer NICU parents – past and present – a chance to connect in a relaxed environment away from the ward.

For more information, please email dunedin@neonataltrust.org.nz

COVID-19 vaccination underway



COVID-19 vaccination is now well underway in the Southern district, with a number of pop-up clinics established across the district in recent weeks.

Around 575,000 vaccinations are required for the Southern population – two doses for everyone aged 16 and over, administered three weeks apart.

The first locals to receive the vaccine were port workers and their household contacts, a group that numbered close to 1000 people. The workers were from Port Otago, South Port and NZAS Tiwai Point Aluminium Smelter, which has an international berth.

Now, work has begun vaccinating frontline health workers. All health staff who have contact with patients are eligible for vaccination, regardless of which organisation they work for. This includes those who work in aged residential care. People for whom COVID-19 poses a higher risk can expect to start receiving vaccinations from May, followed by the rest of the population from July.

This prioritisation for receiving the vaccine has been set out in national guidance from the Ministry of Health.

"Having faced the challenges and disruption caused by COVID-19 over the past year, it is a great relief be rolling out a vaccine to protect our population," says Southern DHB Chief Executive, Chris Fleming.

Due to the magnitude of the historic rollout, it requires a system-wide effort from Southern DHB, WellSouth PHO, primary care, rural hospitals, pharmacies and more. There are some limitations around storage and use of the vaccine, which needs to be kept in super-low temperature freezers and used within five days of leaving that storage.

"It is a complex logistical task, given the sheer volume of people we need to reach, the geographical size of our district and the storage constraints of the Pfizer vaccine," says Southern COVID-19 Vaccine Rollout Incident Controller, Hamish Brown.

"We are working together to accomplish this important task that offers us a pathway to the safety and freedoms we have been missing for the past year. We are thankful to for the public's support and understanding as we work to deliver this important vaccine to our community," he says.

Wishbone Walk fundraiser

Southland Hospital's orthopaedic team is inviting all present and former patients and their whānau to the Southland Wishbone Walk, a behind-the-scenes orthopaedic walking tour and open day.

It is part of a national series of walks raising money for the Wishbone Orthopaedic Research Foundation of New Zealand.

The Southland Wishbone Walk will take people on a behind-the-scenes tour of Orthopaedics at Southland Hospital, so they can see equipment and prosthetics, and learn more about treating patients with broken bones and other orthopaedic conditions.

There will be walking involved but it will not be strenuous, and is just one part of a relaxed and interesting afternoon.

The public are welcome to attend on Saturday 15 May, from 1.00pm to 3.00pm at Southland Hospital.



Borewater information sessions

Residents on private water supplies in the Upper Clutha and Queenstown areas were invited to attend recent public information sessions to discuss ways of managing and monitoring their water supplies.

Southern DHB, Queenstown Lakes District Council and the Otago Regional Council jointly hosted the sessions to provide guidance, after elevated levels of arsenic were detected in two local water bores servicing private supplies late last year.

Groundwater can provide a good source of drinking water, but poorly secured bores can pose high contamination risk. Arsenic can be naturally present in groundwater in the region, so it is important for those on private water supplies to regularly have their water tested in accredited labs.

The sessions clarified the responsibilities of private water owners and private water suppliers, and the agencies' roles the oversight of the supply of water.

Residents were also informed about new regulatory changes coming into force from July 2021. At that time, a new national water regulator, Taumata Arowai, will oversee, administer and enforce a strengthened, national drinking water regulatory system.

Board Update



Pete Hodgson, Chair

Code black, and all that.

Readers may recall me talking about the 'patient task force' recently, and about how we are addressing the high hospital occupancy that we have been facing this past summer.

Then, in late March, Dunedin Hospital hit the national headlines by going into 'code black'. What does 'code black' mean, and how come we ran into trouble just as we were rolling out the 'patient task force'?

The answer to the first question is pretty easy. Code black was called, by our Chief Executive, because around seven am one morning we had 18 people waiting in the Dunedin Hospital's emergency department for a bed, yet there were no beds available. Thankfully, staff responded rapidly and thoroughly. Patients who were waiting to go home were quickly assessed and, if they were well enough, discharged. Within eight hours the hospital was well out of trouble.

The answer to the second question is harder. It is still the result of analysis. Sorting the facts from what we think the facts might be is rather important.

The early money is on the Otago Anniversary long weekend that preceded the 'code black' event. Perhaps a few more staff took an extra day's annual leave; perhaps some patients weren't given the discharge criteria they needed to go home; perhaps patients could have gone home if only their support hadn't taken a long weekend away; perhaps the poor old Dunedin Hospital is wearing out which is why we are building a new one. And on it goes. But these thoughts are conjecture, and such conjecture needs to be replaced by good analysis. That takes time.

So, as I write this, the answer is 'we don't yet know for sure'.

But we will find out, for sure, because we must. Only then can we stop it happening again.